Total Laparoscopic Hysterectomy (TLH)

Gynaecology

Note to doctor: This is a specific procedure leaflet which should be handed out together with the general hysterectomy information leaflet

This leaflet is to provide you with information about a total laparoscopic hysterectomy. We hope it will help to answer some of the questions you may have. If you have any further questions or concerns, please speak to a doctor or nurse caring for you.

What is a total laparoscopic hysterectomy (TLH)?

Hysterectomy can be carried out vaginally, abdominally, laparoscopically or in a combination of these. Total laparoscopic hysterectomy is a gynaecological surgical procedure, which involves removing the uterus (womb) and cervix (neck of womb) using a keyhole (laparoscopic) technique and removing it through the vagina. The fallopian tubes are generally removed during hysterectomy but your ovaries may or may not be removed depending on the reason for your surgery

Hysterectomy may be combined with other procedures, such as repair of a prolapse or removal of pelvic lymph nodes if surgery is being performed to treat a cancer.

Why do I need a laparoscopic hysterectomy?

There are many reasons why a woman may need a hysterectomy which include heavy or painful periods, fibroids, endometriosis, prolapse or a gynaecological cancer or pre-cancerous condition. Your doctor will discuss this with you.

Consent

We must seek your consent for any procedure or treatment beforehand. Your doctor will explain the risks, benefits, and alternatives where relevant before they ask for your consent. If you are unsure about any aspect of the procedure or treatment proposed, please do not hesitate to ask for more information.

What are the benefits of a total laparoscopic hysterectomy?

Laparoscopic surgery carries these advantages:

- less pain after the operation
- wounds are quicker to heal and less likely to become infected and scars are smaller and less noticeable
- a shorter stay in hospital

The prevention of infection is a major priority in all healthcare and everyone has a part to play.

- **Please decontaminate your hands frequently for 20 seconds using soap and water or alcohol gel if available**
- **If you have symptoms of diarrhoea and/or vomiting, cough or other respiratory symptoms, a temperature or any loss of taste or smell please do not visit the hospital or any other care facility and seek advice from 111**
- **Keep the environment clean and tidy**
- **Let's work together to keep infections out of our hospitals and care homes.**

- potentially lower risk of Deep Vein Thrombosis (DVT) as you can mobilise quicker
- shorter recovery time compared to traditional 'open' wound hysterectomy

What are the possible risks and complications of total laparoscopic hysterectomy?

- The anaesthetist will discuss risks associated with a general anaesthetic prior to your surgery. Anaesthetic complications are generally rare but more common if you have serious medical problems or if you are excessively overweight
- Pain, swelling and bruising on the abdomen or in the vagina
- Infection - surgery is covered by antibiotics, but up to 10% of patients require antibiotics afterwards for infection in the chest, urine, scars or pelvis. Infection internally (pelvic abscess) can present as fever, severe abdominal pain and foul vaginal discharge. This can be serious and if you have these symptoms, you should to seek urgent medical attention
- There is a risk of bleeding. If the bleeding is heavy, we might need to give you a blood transfusion. On rare occasions there may be internal bleeding which may require a second operation
- There is a small chance that we may not be able to gain entry to your abdomen laparoscopically or might not be able to complete the intended procedure
- Conversion to open surgery: sometimes it is difficult or unsafe to complete the operation through keyhole surgery. Your surgeon might decide to convert to open surgery
- There is a risk of injury to internal organs like bowel (1%), bladder, ureter (2.5%) or major blood vessels. The risk of damage to surrounding organs is higher in women who have had previous abdominal operations (such as a caesarean section), in overweight women and in women with pelvic endometriosis. If any damage occurs this may make additional surgery necessary to repair the damage and you may require open surgery (laparotomy) and there would be possibility of a stoma if there is bowel injury. Some of these injuries (up to 15%) might not be diagnosed at the time of operation and may require additional surgery/intervention at a later date. Risk of urinary tract injury is greater in total laparoscopic hysterectomy than in other forms of hysterectomy
- Vaginal vault haematoma: this is when blood collects at the top of vagina. This usually resolves and many patients will not require treatment apart from antibiotics. Occasionally, this blood collection might require surgical drainage. If your bleeding gets heavier or becomes smelly please contact either the hospital or your GP
- Blood clots in the legs and/or lungs can occur after surgery, though the risk is small (less than 1%). Specific steps are taken to minimize this risk such as use of compression stockings and blood thinning injections. By staying active and well hydrated you can further reduce the risk of clots
- As with any operation, there is a rare risk of death (32 per 100,000)
- The wound may not heal properly (known as wound breakdown) or organs may push through the scar forming a hernia
- Bladder and bowel problems are common (about 1 in 10 women) including difficulty passing urine (a catheter may be put in to help with this), irritable bladder, and slow return of function to normal. Some women may have less interest in sex after having a hysterectomy
- Internal scarring (known as adhesions) in the abdomen and pelvis can form, which may cause problems such as painful sexual intercourse or pelvic pain. Rarely adhesions can cause bowel obstruction in the long term
- Women who have had a hysterectomy for pelvic pain may find that their condition has not improved. Some women may develop chronic pain after hysterectomy
- Abnormal connection between organs such as bladder, vagina/bowel called a fistula can form. If this happens, you may need further surgery to repair the fistula
- Vaginal vault dehiscence: After a hysterectomy, the top of the vagina can open, particularly if

there is an infection or trauma to the area. This risk is greater in total laparoscopic hysterectomy (1%) than in other forms of hysterectomy

- There is evidence of increased risk of prolapse after hysterectomy
- Ovarian failure: Even if one or both of your ovaries are preserved at the time of hysterectomy, they could fail within five years of having your hysterectomy. This is because ovaries receive some of their blood supply through the womb, which is removed during the operation
- Nerve injuries are uncommon complications of laparoscopic hysterectomy
- There is a risk of Covid infection whilst in hospital which can be fatal

Are there any alternatives?

The options available to you will depend on why the surgery is being recommended and your individual circumstances. Your doctor will discuss this with you in more detail. Hysterectomy is required when other methods have not been successful or not suitable. Alternative options could include:

- medication (such as tranexamic acid or hormonal tablets)
- a MIRENA® coil
- endometrial ablation (procedure which destroys the lining of your womb)
- uterine artery embolisation which is a treatment option for fibroids. This procedure is done by radiologists and involves blocking the blood supply to your womb by placing fine wire through a blood vessel in your groin
- hysterectomy can also be performed abdominally, through one larger cut in your abdomen, or vaginally, where the whole operation is performed through your vagina (avoiding the need to cut your abdomen)

Does my cervix have to be removed?

Total laparoscopic hysterectomy involves removal of uterus and cervix. Some women are concerned that removing the cervix will lead to a loss in sexual function, but there is no evidence that this is the case. If you are reluctant to have your cervix removed, you should talk to your gynaecologist about possible risks of keeping your cervix. 5% of women who keep their cervix will require an operation at a later date to address problems related to the retained cervix (on going bleeding etc).

Will my ovaries be removed?

The decision to remove your ovaries depends on the reason for doing the hysterectomy. Your gynaecologist may recommend removal of your ovaries if you have a family history (mother or sibling) of ovarian cancer or breast cancer or they are found to carry a genetic fault (BRCA1 BRCA2), to reduce the risk of cancer occurring in the future. Sometimes it is advisable to have the ovaries removed to increase the success of the operation. This applies particularly to patients who have a condition called endometriosis, patients with severe premenstrual symptoms and patients with cancer/pre-cancer of the lining of the womb. If you have already gone through, or are close to the menopause, your gynaecologist may recommend removing ovaries regardless of the reason for your hysterectomy to protect against the possibility of ovarian cancer developing in the future. Other gynaecologists feel it is best to leave the ovaries in place if the risk of ovarian cancer is small, for example, if there is no family history. This is because the ovaries produce several hormones that are beneficial to women. They can help protect against conditions such as osteoporosis and they play a part in feelings of desire and pleasure. Your gynaecologist will be able to discuss the benefits and disadvantages of removing your ovaries with you.

Removing the ovaries will cause you to go through the menopause, so you may be advised to take Hormone Replacement Therapy (HRT), dependent on your age at the time of your operation.

If you would prefer to keep your ovaries, make sure that you have discussed with your gynaecologist and make it clear before your operation. You may still be asked to give your consent for your ovaries

to be removed if an abnormality is found during the operation. Think carefully about this and discuss any fears or concerns you have with your gynaecologist.

Do I need to do anything before I come in to hospital?

To help you recover from your operation and reduce your risks of complications it helps if you are as fit as possible beforehand. As soon as you know you are going to have a hysterectomy operation, try to:

- stop smoking
- eat a healthy diet
- do regular exercise
- lose weight if you are overweight

Pre-operative assessment

You will be invited to the hospital before your surgery for a pre-operative assessment. During this assessment we will check your fitness for general anaesthesia and surgery. This will include recording a full medical history, any current medication and arranging any investigations required. You will also be advised regarding which medicines you can take on the day of the surgery so please bring a list of all your regular medicines to the appointment. Please tell the nurse or doctor if you have had problems with any previous surgery, anaesthetic or if you have any allergies – this is very important. At this visit you will have the opportunity to discuss what to expect before, during and after your surgery. If you have any medical conditions, we will aim to optimise their management prior to your operation.

When should I stop eating and drinking?

Detailed instructions will be included in your admission letter about this. It is very important that you follow the instructions otherwise your surgery may need to be put off until a later date. This will be discussed at your preoperative assessment appointment.

The day of your operation

Have a bath or shower before you come into hospital. You will usually be admitted to the ward on the morning of the operation. A nurse will take your blood pressure, heart rate and temperature. You will be seen by the surgeons and anaesthetist who will go through medical checks with you and will be able to answer any questions or concerns you may have. Occasionally a pre-med may be given as per anaesthetist's advice.

You will need to change into a theatre gown and put on anti-embolic stockings. You will then be escorted to anaesthetic room where you will meet the anaesthetist again and their assistant. You will be anaesthetised in this room and then transferred asleep into the operating theatre.

During surgery

A TLH is carried out under a general anaesthetic. After you have been given a general anaesthetic and you are asleep, a catheter (a tube for urine drainage) is inserted into your bladder to drain urine and reduce the risk of injury to it during the operation. A small cut (about 1-1.5 cm) is made within or around your navel (belly button). The abdomen is filled with gas and an optical instrument, called a laparoscope, is inserted to allow the internal organs to be viewed. Two or three further small cuts, about 0.5-1 cm each, are made on your abdomen for other instruments to be inserted.

The womb is taken away from its surrounding structures and removed through your vagina. The top of the vagina and the cuts on the abdomen are closed with stitches which are all dissolvable, and the stitches will dissolve within a few weeks.

The length of the procedure will depend on the complexity of your case, but you can expect to be in theatre and recovery for three to four hours.

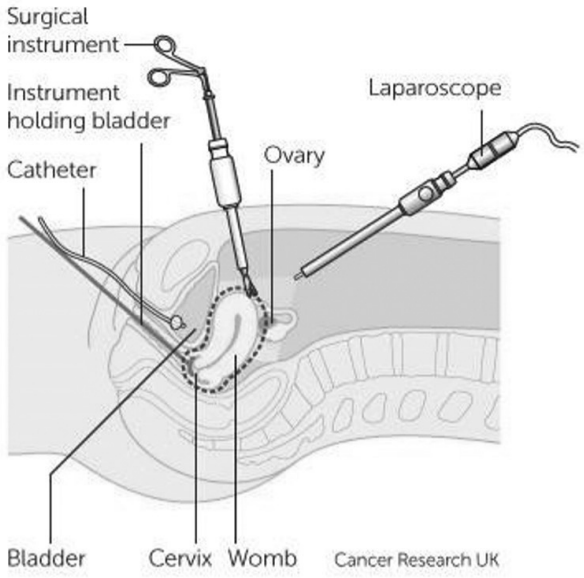

Image courtesy of Cancer Research UK

After your operation

- When you wake up, you will be in the recovery area in theatre and you will be transferred to the ward when you feel comfortable
- On return to the ward, the nurse will continue to monitor you regularly
- An oxygen mask will help you with your breathing
- You will have a drip to keep you hydrated, which will usually be removed later that day or the following day
- You will have a catheter into your bladder to drain the urine, which may be removed on the evening of surgery or the next morning. After removal of catheter, the nurse will ask you to produce a urine sample to ensure you are passing adequate amount of urine
- Sometimes a drain is left in the wound overnight
- There are different ways of treating your pain after surgery and you will be given regular pain relief. Pain relief may be given through a drip to start with, followed by tablets- usually paracetamol and codeine or anti-inflammatory tablets are sufficient if taken regularly. You can expect some pain and discomfort in the lower abdomen for a few days and you may also notice some pain referred to the shoulder blades from trapped gas. You will be given pain killers when discharged from hospital. Walking about helps shift trapped wind and reduces the risk of blood clots
- The nurses will advise you when it is reasonable to eat and drink. Drinking water should be possible soon after you wake up.
- You should be able to have a shower after 24 hours. Pat your wounds dry and let the air get to them
- Length of stay in hospital: You may be able to go home within 24 hours or, depending on your circumstances, you may need to stay in hospital for one to three days
- Vaginal bleeding: You may have some light vaginal bleeding or discharge after surgery. This may last up to six weeks and it may be like a light period. Use pads rather than tampons
- Menopausal symptoms: If both your ovaries have been removed, you may experience some menopausal symptoms, including hot flushes and night sweats. These can vary in severity and frequency. Depending on your diagnosis, it may be appropriate for you to take hormone replacement therapy (HRT). If you cannot have HRT, your gynaecology doctor will discuss any alternatives with you

Frequently asked questions

When can I go home?

You may be able to go home within 24 hours or, depending on your circumstances, you may need to stay in hospital for one to three days.

What do I need to do after I go home?

You will need someone to take you home and to be with you for the first 24 hours after the general anaesthetic. You should be able to resume light daily activities within two weeks.

Eat a healthy balanced diet: This will ensure your body has all the nutrients it needs to aid recovery. A healthy, high fibre diet (fruit, vegetables, wholegrain bread and cereal) with up to 2 litres a day of fluid intake, mainly water, is recommended.

Keep your bowels working: Your bowels may take time to return to normal after your operation. Your motions should be soft and easy to pass. You may initially need to take laxatives (e.g. lactulose) to avoid straining and constipation.

When to seek further help

After you leave hospital you should contact your GP or the hospital immediately if you experience any of the following:

- Pain or burning on passing urine, or the need to pass urine frequently, as this may indicate a urinary tract infection
- A swollen leg, shortness of breath or coughing up blood: Blood clots in the veins (DVT) can travel to the lungs (pulmonary embolus). If you develop these symptoms you should consult a doctor urgently
- Red or painful skin around the scars, or fever, or smelly vaginal discharge: These can be a sign of infection and may require antibiotics
- Vaginal bleeding that is smelly or becomes heavier than a normal period
- Increasing abdominal pain: Although rare, damage to the bowel or bladder could present with increasing pain, a temperature, abdominal distension, loss of appetite or vomiting. These symptoms may require further investigation and readmission

When will I be able to drive?

You can drive again once you are able to do an emergency stop safely and without being in discomfort. You must make sure you are not drowsy from any painkillers you may be taking. It is important that you tell your insurance company that you have had surgery.

When can I return to work?

We advise that you stay off work for four to six weeks: this can depend on the type of work you do. We can give you a sick note for 6 weeks. If you need any longer off you will need to see your GP.

When can I fly?

We recommend that you don’t fly for four to six weeks after your surgery. Please discuss this with your gynaecology doctor in more detail.

When can I have sex?

We advise you not to have sex for 10-12 weeks after your surgery to allow the top of the vagina to heal. You may also find that you don’t feel ready psychologically. Your gynaecology doctor can talk to you more about this.

Will I have a follow-up appointment?

You would generally receive a follow-up appointment four to eight weeks after your surgery, and further follow up may be offered depending on the reasons for your operation. We will write to you with the histology results.

What about my smear tests?

You will usually no longer need smear tests unless advised by your consultant.

Contact details:

If you need further advice or information after discharge from hospital please contact:

The secretary who is working with your consultant, via hospital switchboard 01902 307999

Ward D7 –01902 694034 / 695034

Gynaecology Assessment Unit 01902 694606

Where can I get more information?

RCOG
http://www.rcog.org.uk/information-for-you-after-a-laparoscopic-hysterectomy

NHS Choices
NHS Choices provides online information and guidance on all aspects of health and healthcare, to help you make decisions about your health. Web: www.nhs.uk

The Hysterectomy Association
https://www.hysterectomy-association.org.uk

www.rcoa.ac.uk

Information leaflets by the Royal College of Anaesthetists about 'Having an anaesthetic'.

English

If you need information in another way like easy read or a different language please let us know.

If you need an interpreter or assistance please let us know.

Lithuanian

Jeigu norėtumėte, kad informacija jums būtų pateikta kitu būdu, pavyzdžiui, supaprastinta forma ar kita kalba, prašome mums apie tai pranešti.

Jeigu jums reikia vertėjo ar kitos pagalbos, prašome mums apie tai pranešti.

Polish

Jeżeli chcieliby Państwo otrzymać te informacje w innej postaci, na przykład w wersji łatwej do czytania lub w innym języku, prosimy powiedzieć nam o tym.

Prosimy poinformować nas również, jeżeli potrzebowaliby Państwo usługi tłumaczenia ustnego lub innej pomocy.

Punjabi

ਜੇ ਤੁਹਾਨੂੰ ਇਹ ਜਾਣਕਾਰੀ ਕਿਸੇ ਹੋਰ ਰੂਪ ਵਿਚ, ਜਿਵੇਂ ਪੜ੍ਹਨ ਵਿਚ ਆਸਾਨ ਰੂਪ ਜਾਂ ਕਿਸੇ ਦੂਜੀ ਭਾਸ਼ਾ ਵਿਚ, ਚਾਹੀਦੀ ਹੈ ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਸਾਨੂੰ ਦੱਸੋ।

ਜੇ ਤੁਹਾਨੂੰ ਦੁਭਾਸ਼ੀਏ ਦੀ ਜਾਂ ਸਹਾਇਤਾ ਦੀ ਲੋੜ ਹੈ ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਸਾਨੂੰ ਦੱਸੋ।

Romanian

Dacă aveți nevoie de informații în alt format, ca de exemplu caractere ușor de citit sau altă limbă, vă rugăm să ne informați.

Dacă aveți nevoie de un interpret sau de asistență, vă rugăm să ne informați.

Traditional Chinese

如果您需要以其他方式了解信息，如易读或其他语种，请告诉我们。

如果您需要口译人员或帮助，请告诉我们。

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