THE GYNAECOLOGY GROUP

MR ROB GORNALL MR MARK WHITTAKER MISS KATHRYN HILLABY

PATIENT LEAFLET - LAPAROSCOPIC SUB-TOTAL HYSTERECTOMY

MORE INFORMATION CAN BE FOUND AT WWW.THEGYNAECOLOGYGROUP.CO.UK

WHAT IS A LAPAROSCOPIC SUB-TOTAL HYSTERECTOMY?

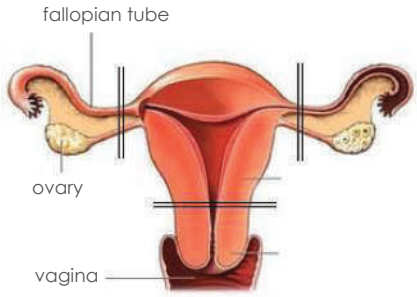
This procedure involves removing the uterus but leaving the cervix in place using 'keyhole' (laparoscopic) surgery. Ovaries and fallopian tubes can be removed at the same time. Although this is a 'keyhole' partial hysterectomy it is still a major surgical procedure.

WHY DO WE DO THIS OPERATION?

The operation is usually for patients with heavy, irregular or painful periods. It is also undertaken for patients with fibroids causing symptoms.

Leaving the cervix behind reduces the risks of surgery and usually shortens the operation time. In nearly all women periods are permanently stopped. The operation does this by removing the main part of the uterus where the lining of the womb ('endometrium') is found.

As the cervix is not removed, patients will need to continue to have smears.



WHAT ARE THE ALTERNATIVES TO THIS TREATMENT?

A number of other conservative / surgical interventions may be appropriate for your particular condition and will normally have been considered prior to your surgery i.e hormonal treatment, Mirena coil or endometrial ablation.

ADVANTAGES OF LAPAROSCOPIC SUB-TOTAL HYSTERECTOMY

90-95% of patients have no periods at all

Most patients home within 24-36 hours

No need for any other contraception

Less Post-operative pain

Less wound complications

Shorter recovery time (on average 2 days less in hospital), less disruption to family life and earlier return to work (on average 2 weeks quicker return to normal daily activities)

Less disruption to bowel and bladder function

Less risk of infection

Less risk of DVT (deep vein thrombosis)

Less adhesion formation

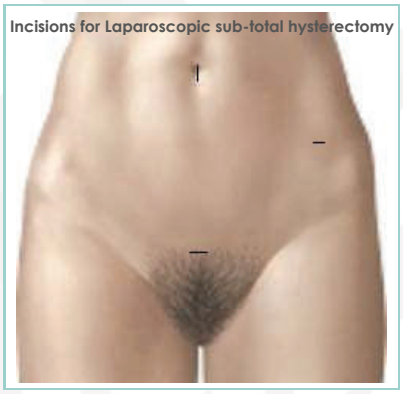
Better cosmetic results

WHO IS SUITABLE FOR THIS PROCEDURE?

To be considered for this procedure you must have completed your family. You should also have not had significantly abnormal smears in the past, have major womb prolapse or a womb that is too enlarged. Your consultant will check these with you prior to surgery and discuss other options if any of these issues are present.

HOW WILL MY PROCEDURE BE CARRIED OUT?

The procedure is performed under a general anaesthetic. A catheter (a tube for urine drainage) is inserted into your bladder after you have been put to sleep (anaesthetised). A small cut (1 cm) is made inside your tummy button. The abdomen is filled with gas and an instrument, called a laparoscope (similar to a telescope) is inserted to visualise the internal organs. Two further small incisions (1 cm and 2cms) will be made in your abdomen (see adjaecent image). The uterus is removed (with or without both tubes and ovaries) piecemeal through the 'larger' abdominal incision in the bikini-line. The cervix is left in place. The skin wounds are closed with dissolvable stitches or skin 'adhesive'. The procedure itself takes approximately one to two hours, but you can expect to be in theatre and recovery for 3-4 hours.


Incisions for Laparoscopic sub-total hysterectomy

WHAT SHOULD I DO BEFORE THE PROCEDURE?

Any investigations or consultations arranged at the preoperative consultation should have been completed. You should continue your regular medications, unless advised otherwise. We strongly advise that you stop smoking. Should you develop an illness prior to your surgery or have any question, please contact the appropriate ward.

WHAT TO EXPECT AFTER THE OPERATION

Women wake up in the recovery room and when suitable are transferred to the ward. The anaesthetist will prescribe a range of painkillers to have regularly and then when necessary. Shoulder pain and gripey bowel pain are frequently experienced. Shoulder pain is related to the gas used during the procedure and if it occurs will resolve over 24-48 hours. Bowel pain and abdominal bloating can last for several days; peppermint tea/water can be very effective in relieving this. Most women can drink and eat when they feel ready.
All women will have a catheter placed during the operation and this is usually removed the following day. Information about do's and don'ts when at home will be given to women before discharge.

WHAT ARE THE POSSIBLE COMPLICATIONS OF THIS PROCEDURE?

Every surgical procedure has associated risks. Complications include, but are not limited to:
The surgery: Injury to the bladder, ureters (connection between the bladder and the kidney), bowel or blood vessels requiring further surgery, blood transfusion or longer admission. Rarely the procedure may not be able to be completed entirely laparoscopically. You may require an 'open' operation with an increased hospital stay. 'Major' complications have occurred in our patients at a significantly lower rate than published elsewhere (<2% vs 5%).
The recovery period: Urine infection, wound infections (internal and external), chest infections, blood clots that may form in the leg or pelvis and travel to the lung; unpredictable wound healing, bruising and variable postoperative pain and recovery. All women have some temporary abdominal bloating for up to a week or so following surgery.
Later: Some patients may still have some period bleeding. Amongst our patients this is <5% and is almost invariably only spotting. 1% of patients will need the remaining part of the cervix to be removed at a later stage. Usually because of irregular bleeding but new pelvic pain can occur in <5% of patients. Tiredness and fatigue is a very common issue and improves over 4-6 weeks.

Summary Laparoscopic sub-total hysterectomy is a highly effective and safe procedure for treating heavy periods and/or fibroids with the added benefit of being 'contraceptive'. Recovery is generally very quick with minimal post-operative pain.