

Total Laparoscopic Hysterectomy Patient Information

What will be done?

This procedure will remove the cervix and uterus. Ovaries and tubes may or may not be removed during this procedure, depending on the reasons for the surgery. If the ovaries are removed, you will enter the menopause ("change of life"). A hysterectomy is a major surgical procedure with physical and psychological consequences.

Why is this done?

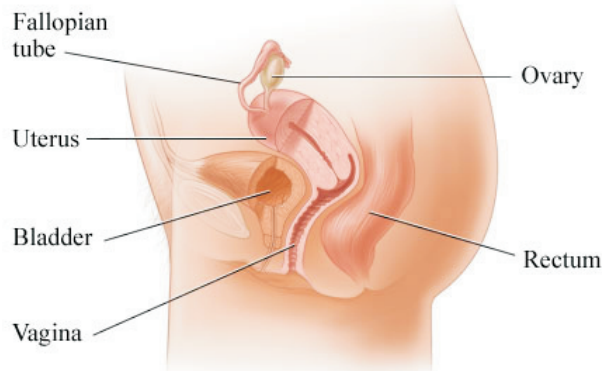
Common reasons include painful or heavy periods, pelvic pain, fibroids or as a part of therapy for cancer. You should have a clear understanding of your reason for this surgery.

What are the alternatives to this treatment?

A number of other conservative interventions may be appropriate for your particular condition and will usually have been considered prior to your surgery. Hysterectomy may be performed vaginally, abdominally, laparoscopically or in a combination of the above, each with their specific advantages and risks. Laparoscopic hysterectomy may reduce your recovery period (including hospital stay), reduce postoperative pain but may be associated with a higher risk of complications, particularly urinary tract injury.

How is a Laparoscopic Hysterectomy done?

The procedure is performed under a general anaesthetic. A drip is inserted into your arm. A catheter (a tube for urine drainage) is inserted after you have been anaesthetised. A small incision is made either in or just below your umbilicus. The abdomen is inflated with gas and an optical instrument, called a laparoscope (similar to a telescope) is inserted to visualise the internal organs. Further small incisions may be made on your abdomen. The uterus and cervix are removed with or without both ovaries and tubes. The wounds are closed in layers. The procedure itself takes approximately one to two hours, but you can expect to be in theatre and recovery for a number of hours.



What should I do before the procedure?

Any investigations or consultations arranged at the preoperative consultation should have been completed. You should have only fluids (soups, jellies, cordials, juices or similar drinks) in the 24 hours prior to the surgery. The bowel preparation medication should be taken as ordered.

You should continue your regular medications, unless advised otherwise. Stop smoking. Should you develop an illness prior to your surgery, please contact our office immediately.

What should I do on the day of the procedure?

Unless otherwise specified, you should stop eating and drinking at the following times on the day of the surgery:

1. at midnight for a morning procedure; or,
2. at 6 am for an afternoon procedure.

You should continue all your usual medications, unless otherwise specified.

You should bring:

- toothbrush / paste / toiletries
- nightgown
- underwear
- sanitary pads
- all usual medications
- all X Rays

What should I expect after the procedure?

When you wake from the anaesthetic, you will be in the recovery room. A drip will be maintained for one to two days and the catheter will normally be removed the following day. You should expect a stay of two to five days in hospital. You will be given specific discharge medication if required, but you may use panadol or panadeine as required (one to two tablets every four hours up to a maximum of eight tablets per day).

After discharge from hospital, you should:

- eat and drink normally
- remain mobile
- use sanitary pads (not tampons) if required
- shower normally

You should not:

- have intercourse for 6 weeks
- undertake any heavy lifting or straining for 6 weeks

You should expect some vaginal discharge for several days after the procedure. It is normal to experience some depression after this procedure. You may require up to six weeks off work. You should have returned to normal activity by three months, but full recovery may take longer. After the hysterectomy, you will no longer be menstruating or be able to conceive. Menopause occurs a year earlier on average.

Hysterectomy may result in variable bladder and bowel dysfunction and an increased risk of urogenital prolapse. Statistically, this risk appears to be highest following vaginal hysterectomy. Although studies have not demonstrated any overall changes in sexual function, you may experience some changes in your sex life.

Numbness under or around the wound

is relatively common and may be permanent.

What are the complications of this procedure?

Every surgical procedure has associated risks. Complications include, but are not limited to:

1. the anaesthetic
2. the surgery

injuries to bladder, ureters (connection between the bladder and the kidney), bowel or blood vessels, requiring further surgery, blood transfusion or longer admission; the procedure may not be able to be completed laparoscopically, and you may require an "open" operation with an increased hospital stay

3. the recovery period

infections of the bladder, wound (internal and external), abdomen or lungs; blood clots that may form in the leg or pelvis and travel to the lung; unpredictable wound healing; variable postoperative pain and recovery

Any specific risks and complications will be discussed prior to the procedure.

What if I have any problems?

You should notify the following problems:

- fever or feeling unwell
- offensive vaginal discharge or heavy bleeding
- wound becomes hot, painful or discharges
- intractable nausea or vomiting
- inability to empty your bladder or bowels
- severe pain

Please contact the office on (07) 333 21 999 or attend the Mater Emergency Department if you require urgent attention.