Laparoscopic Hysterectomy

Laparoscopic surgery is an alternative to open surgery. A laparoscopic hysterectomy is a procedure to remove your womb (*uterus*). This procedure has a shorter recovery time, less discomfort, and is less expensive than an open operation. Laparoscopic surgery allows you to return to normal activities and recover faster. If laparoscopy is started and your surgeon feels it is not safe to continue on because of various reasons, it will be converted to an open abdominal procedure.

A laparoscopic assisted vaginal hysterectomy (LAVH) is done when a vaginal hysterectomy (removing the uterus through the vagina) should not be done because of an increase risk of complications.

Laparoscopic procedures may not be good to do when:

- There is major scarring from:
  - Previous surgery
  - Infection
  - Endometriosis
- There are bleeding disorders.
- There are other conditions which make the laparoscopic procedure impossible
  - The uterus is too large
  - There are too many large fibroids.
  - There may be cancer of one of the female organs.

It will no longer be possible to have menstrual periods or become pregnant. Removal of the tubes and ovaries, is sometimes also done with this. If the tubes and ovaries are removed before menopause, you will go through a sudden (*abrupt*) menopause. This can be helped with hormone medications.

The birth canal (*vagina*) is left intact and this procedure will not affect your sex drive or sexual relationship.

RISKS AND COMPLICATIONS

Some problems that can occur following this procedure include:

- A germ starts growing in the wound (*infection*). This can usually be treated with medications which kill germs (*antibiotics*).
- Bleeding following surgery. Your surgeon takes every precaution to keep this from happening.
- Blood clots to your leg or lung.
- Damage to other organs.
- Anesthetic side effects (allergic to the anesthetic, too little or too much anesthesia).
- Rarely can death occur with this or any operation.

BEFORE SURGERY LET YOUR CAREGIVER KNOW ABOUT:

- Allergies.
- Medications taken including herbs, eye drops, over the counter medications, and creams.
- Use of steroids (by mouth or creams).
- Previous problems with anesthetics or Novocaine.
- Possibility of pregnancy, if this applies.
- History of blood clots (*thrombophlebitis*).
- History of bleeding or blood problems.
- Previous surgery.
- Other health problems.

PROCEDURE

You will be given an anesthetic. This will keep you pain free during surgery. When you are asleep, a harmless gas (carbon dioxide) will be used to inflate your abdomen. This will allow your surgeon to look around inside

your abdomen and perform your surgery and treat any other problems found if necessary. Several small incisions will be made in your abdomen. One of these incisions will be made in the area of your belly button (*naval*) to insert a laparoscope a small telescope with a light on the end of it). Your surgeon will look through the laparoscope while doing your procedure. Many surgeons attach a video camera to the laparoscope to enlarge the view of the pelvic organs and so they can be seen on a monitor (TV screen). Operating instruments used to perform the surgery will be inserted through the other incisions.

AFTER YOUR SURGERY

- After the procedure, the gas is released from inside your abdomen. Your incisions are closed. Because these incisions are small (usually less than one-half inch), there is usually minimal discomfort following the procedure.
- You will be taken to the recovery area where a nurse will watch and check your progress. Once you are awake, stable, and taking fluids well, barring other problems, you will be returned to your room or allowed to go home.
- You will have some mild discomfort in the throat. This is from the tube placed in your throat while you were sleeping.
- **Do not** drink alcohol, drive a car, use public transportation or sign important papers for at least 1 to 2 days following surgery.
- Try to have someone with you the first 3 to 5 days after you go home.

HOME CARE INSTRUCTIONS

Healing will take time. You will have discomfort, tenderness, swelling and bruising at the operative site for a couple of weeks. This is normal and will get better as time goes on.

- Only take over-the-counter or prescription medicines for pain, discomfort or fever as directed by your caregiver.
- **Do not** take aspirin. It can cause bleeding.
- **Do not** drive when taking pain medication.
- Follow your caregiver's advice regarding diet, exercise, lifting, driving and general activities.
- Resume your usual diet as directed and allowed.
- Get plenty of rest and sleep.
- **Do not** douche, use tampons, or have sexual intercourse until your caregiver gives you permission.
- Change your bandages (*dressings*) as directed.
- Take your temperature twice a day. Write it down.
- Your caregiver may recommend showers instead of baths for a few weeks.
- **Do not** drink alcohol until your caregiver gives you permission.
- If you develop constipation, you may take a mild laxative with your caregiver's permission. Bran foods and drinking fluids helps with constipation problems.
- Try to have someone home with you for a week or two to help with the household activities.
- Make sure you and your family understands everything about your operation and recovery.
- **Do not** sign any legal documents until you feel normal again.
- Keep all your follow-up appointments as recommended by your caregiver.

SEEK MEDICAL CARE IF:

- There is swelling, redness or increasing pain in the wound area.
- Pus is coming from the wound.
- You notice a bad smell from the wound or surgical dressing.
- You have pain, redness and swelling from the intravenous site.
- The wound is breaking open (the edges are not staying together).
- You feel dizzy or feel like fainting.
- You develop pain or bleeding when you urinate.
- You develop diarrhea.

- You develop nausea and vomiting.
- You develop abnormal vaginal discharge.
- You develop a rash.
- You have any type of abnormal reaction or develop an allergy to your medication.
- You need stronger pain medication for your pain.

SEEK IMMEDIATE MEDICAL CARE:

- You develop a temperature of 100º F (37.8º C) or higher.
- You develop abdominal pain.
- You develop chest pain.
- You develop shortness of breath.
- You pass out.
- You develop pain, swelling or redness of your leg.
- You develop heavy vaginal bleeding with or without blood clots.

Document Released: 03/26/2009 Document Re-Released: 10/14/2010
ExitCare® Patient Information ©2011 ExitCare, LLC.