

Total Laparoscopic Hysterectomy (TLH)

What is Total Laparoscopic Hysterectomy (TLH)?

TLH is a surgical procedure which involves removing the uterus (womb) and cervix using keyhole (laparoscopic) surgery. Both Fallopian tubes are usually removed during this surgery. One or both ovaries may also be removed depending on the indication of the surgery; your doctor will discuss the advantages and disadvantages of this.

After a hysterectomy, you will no longer have menstrual periods and cannot become pregnant.

After the operation, the uterus, cervix, fallopian tubes and ovaries if removed, are routinely sent for examination. You will receive a letter informing you of the results and advice about whether you need to continue with cervical screening.

Why do I Need a Laparoscopic Hysterectomy?

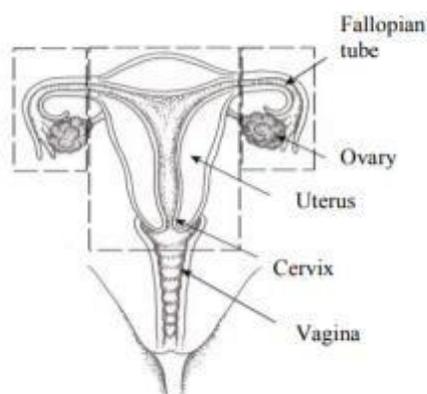
Reasons for laparoscopic hysterectomy include:

1. Period problems: Heavy or irregular.
2. Endometriosis.
3. Pelvic pains.
4. Cancer or precancerous cells: Womb, Ovaries, Cervix.
5. Ovarian cysts and fibroids.

You would have been given advice on alternatives to this surgery such as medication, coils or less invasive surgery by your doctor in clinic. Alternative surgical options are vaginal hysterectomy and abdominal hysterectomy.

Different Types of Laparoscopic Hysterectomy

- **Total hysterectomy:** uterus (womb), fallopian tubes and cervix (neck of the womb) are removed.
- **Total hysterectomy with bilateral salpingo-oophorectomy (BSO):** along with the womb and cervix, either both or one of your ovaries will be removed.
- **Laparoscopic assisted vaginal hysterectomy:** part of the operation is done through key hole surgery and the remaining is done through your vagina.
- **Laparoscopic Subtotal Hysterectomy:** the uterus and fallopian tubes are removed and the cervix is left in your tummy.

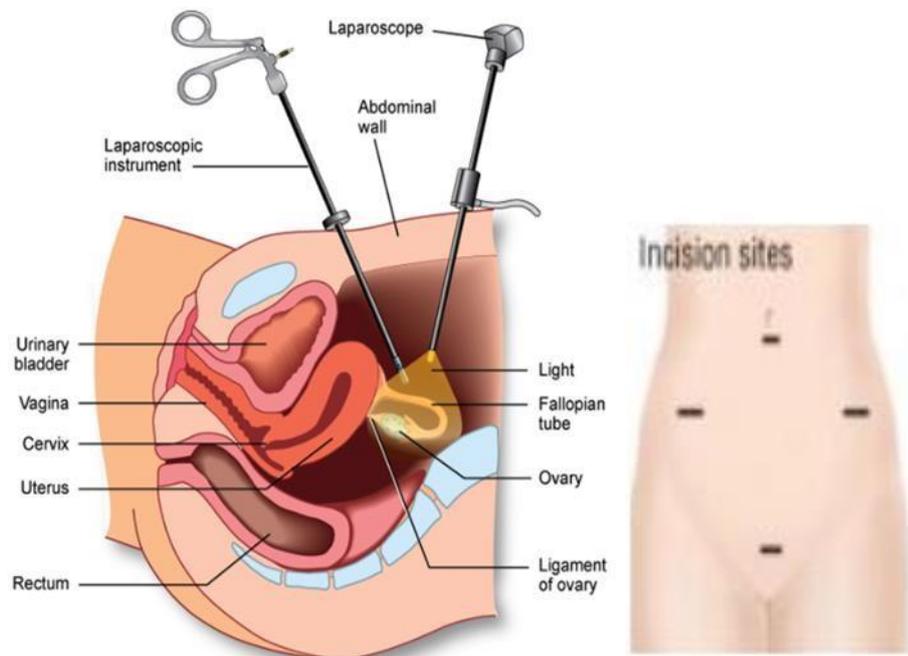


How is the TLH Performed?

All laparoscopic procedures are performed with the patient under general anaesthesia and with a catheter (a tube for urine drainage) inserted into the bladder.

A small cut up to 1cm is made in your belly button and the abdomen then gets filled with gas to lift the abdominal wall so that the surgeon has a clear view of your internal organs. A small camera is then passed into the abdomen, which allows the surgeon to inspect your pelvic organs. Further 2 to 3 small cuts will be made in the abdominal wall to insert the surgical tools. During a laparoscopic hysterectomy the uterus (womb) with the cervix is taken away from the surrounding structures and removed through the vagina.

The top of the vagina and the wounds are closed with dissolvable stitches. Sometimes a small drain is left in the abdomen which is usually removed the morning after the surgery. The procedure takes about 1 to 2 hours but you can expect to be in the operating theatre and recovery area for 3 to 4 hours.



What are the Benefits of Laparoscopic Approach?

Benefits compared to abdominal route:

- Faster recovery and return to normal activities.
- Less pain after surgery than having open surgery (smaller wound).
- Earlier discharge from hospital.
- Lower risk of wound infection.
- Less blood loss.
- Allows for concurrent treatment of other pelvic pathology like endometriosis, scarring, ovarian cysts or affected fallopian tubes (not possible with vaginal approach).

What are the risks of TLH?

Understanding Risk

Term	Equivalent numerical ratio	Colloquial equivalent
Very common	1/1 to 1/10	A person in family
Common	1/10 to 1/100	A person in street
Uncommon	1/100 to 1/1000	A person in village
Rare	1/1000 to 1/10 000	A person in small town
Very rare	Less than 1/10 000	A person in large town

Although TLH is a relatively safe operation and serious side-effects are not very common, it is still a major operation. Your surgeon will help you to weigh up the risks and benefits and advise you of the alternative options that may be available for you, depending on the indication for your hysterectomy.

The Main Risks of TLH are:

Common

- Shoulder tip pain/ abdominal pain.
- Nausea/vomiting.
- Urinary retention/infection.
- Wound infection/bruising.

Rare

- Damage to the internal organs like bladder, ureter, bowel and blood vessels. This can happen to 5 in 100 women. The risk will be higher if you have had previous abdominal surgery.
- Excessive blood loss may require blood transfusion or return to the operating theatre to stop the bleeding. If you have any objection to receiving blood or blood products, please discuss them with your surgeon in advance. This can happen to 5 in 100 women.
- Infection rarely occurs inside the abdomen or pelvis. This can happen to 2 in 1000 women.
- Conversion to laparotomy (open surgery) in case of excessive bleeding or difficulty during the operation. This can happen to 4 in 100 women.
- Venous thrombosis (clot in the leg/lung). This can happen to 1 in 100 women. □ Return to theatre. This can happen to 5 in 100 women.
- Vaginal cuff dehiscence, where the stiches in the vagina come apart. This can happen to 5 in 1000 women.
- Developing a hernia in the scar. This can happen to 1 in 100 women.

Anaesthetic Complications

The anaesthetist will discuss these with you on the day of the surgery.

Long Term Problems □

Adhesions/scar tissue.

- Prolapse, (a bulge of your vagina), may occur due to weak support following any type of hysterectomy including laparoscopic, vaginal and abdominal approaches. It is important to do your pelvic-floor exercises after recovery.
- Complications with passing urine, such as needing to pass urine more often or incontinence (release of urine) when you exercise, laugh, cough or sneeze.

Before your Surgery

During the pre-assessment appointment we will discuss the **enhanced recovery programme** with you; this will help you have a quicker recovery and shorter stay in hospital.

Plan Ahead: After your surgery you will need some extra help at home for the first 2 weeks.

Smoking: Stopping smoking will make the anaesthetic much safer and reduce complications after surgery.

Losing Weight: Optimising your physical fitness and weight loss will lead fewer complications and a quicker recovery.

Medication: Certain medication will need to be stopped, the medical team will advise you on this at the pre-assessment appointment.

Bowel Preparation Solution: Occasionally prior to your surgery we may provide you with bowel preparation medicine to empty your bowel prior to surgery. This will be in the form of a strong laxative. Your consultant will inform you if this is needed prior to surgery.

What to Expect after the Operation: You will initially be in the recovery area for a few hours. If you experience any concerns such as pain or nausea please inform the nursing staff.

Once you are back to the women's health ward a nurse will check your blood pressure, pulse, temperature and for vaginal bleeding.

You may experience some lower abdominal pain and shoulder tip pain from the first few days after surgery. This is due to the effects of the gas that was inserted into your abdomen for the laparoscopy.

The staff will help and encourage you to mobilise within a few hours of returning to the ward. You will have a catheter (flexible tube) to drain your urine. This will be removed 4 hours after the surgery. We will monitor your urine and ask you to measure 2 samples after the catheter has been removed. We may scan your bladder to ensure that it is empty.

You may require blood thinning injections to help reduce blood clots. You may have to do this yourself once you are at home.

Peppermint capsules and laxatives may be needed to prevent constipation and discomfort from trapped wind.

Discharge Home

The surgeon will see you after the operation to explain the surgery, decide on any followup and answer any questions. The following morning the nurse will check on your recovery and discharge you home with any required medication. A few women may be eligible to go home on the same day as the surgery. You may discuss this with your surgeon in clinic before surgery is booked.

Starting HRT: If your ovaries have been removed during the operation you may be offered hormone replacement therapy (HRT). Discuss this with your surgeon and decide together on the best way forward.

How Long Does it Take to Recover from TLH?

How long it takes for you to recover will depend on your surgery and your health before the surgery. Recovery usually takes about six weeks.

Hospital Stay: Most women stay in the hospital for one night only. You should expect to be home the morning after the operation.

Vaginal Bleeding: You should expect to have some vaginal bleeding/discharge up to 2 weeks after the surgery.

Heavy Lifting: You should get plenty of rest and not lift heavy objects for four to six weeks after surgery.

Having Sex: You should usually allow six weeks after your operation to allow your scars to heal. It is then safe to have sex- if you feel comfortable.

Driving: Before you drive you should be free from the sedative effects of any painkillers, able to sit in the car comfortably and work the controls, able to wear the seatbelt comfortably, able to make an emergency stop and able to comfortably look over your shoulder to manoeuvre. In general, it can take two to four weeks before you are able to do all the above.

Returning to Work: Many women are able to go back to normal work after four to six weeks if they have been building up their levels of physical activity at home. Returning to work can help your recovery by getting you back into your normal routine.

Follow Up: Your surgeon will decide when is the best time to come back to the outpatient clinic, usually between 6-12 weeks, depending on the indication for your surgery. Alternatively we may write to you with any follow-up advice.

When Should I Seek Medical Advice After a Laparoscopic Hysterectomy?

You should seek medical advice from your GP, the hospital, NHS 111 or NHS 24 if you experience:

- Burning and stinging when you pass urine or pass urine frequently: This may be due to a urine infection. Treatment is with a course of antibiotics.
- Vaginal bleeding that becomes heavy or smelly: If you are also feeling unwell and have a high temperature (fever), this may be due to an infection or a small collection of blood at the top of the vagina called a vault haematoma. Treatment is usually with a course of antibiotics.
- Occasionally, you may need to be admitted to hospital for the antibiotics to be administered intravenously (into a vein). Rarely, this blood may need to be drained.
- Red and painful skin around your scars: This may be due to a wound infection. Treatment is with a course of antibiotics.
- Increasing abdominal pain: If you also have a temperature (fever), have lost your appetite and are vomiting, this may be due to damage to your bowel or bladder, in which case you will need to be admitted to hospital.
- A painful, red, swollen, hot leg or difficulty bearing weight on your legs: This may be due to a deep vein thrombosis (DVT). If you have shortness of breath or chest pain or cough up blood, it could be a sign that a blood clot has travelled to the lungs (pulmonary embolism). If you have these symptoms, you should seek medical help immediately.

Contact Details:

<p>Hinchingsbrooke Hospital Huntingdon, PE29 6NT Procedure Unit Telephone: 01480 428958 Daisy Ward Telephone: 01480 428959</p>	<p>Peterborough (City Hospital) The Emergency Gynaecology Assessment Unit (EGAU) Women's Health Outpatients, Bretton Gate, PE3 9GZ Telephone: 01733 673758 Open: Weekdays 0800-1800-phone line open until 1730 Weekends/Bank holidays 0800-1200</p>
<p>For emergencies only, out of these hours, please attend the Emergency Department</p>	

Within this leaflet we use the term woman/women, however we acknowledge that it is not only people who identify as women for whom it is necessary to access our services. We recognise the importance of providing inclusive and respectful care to all people and their families, including those whose gender identity does not align with the sex they were assigned at birth. Please let us know if there is anything we can do to make you feel more comfortable while you are under our care.