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RUH Information for Patients

**Laparoscopically Assisted
Vaginal Hysterectomy (LAVH)**



This booklet is designed to give you information about having a laparoscopic assisted vaginal hysterectomy and the care you will receive before, during and after your procedure. We hope to answer some of your questions. This leaflet is not meant to replace discussion between you and your surgeon or other health professionals.

What is LAVH?

This operation aims to remove the uterus (womb) and cervix (neck of the womb). Laparoscopy is also called keyhole surgery. A tiny 1cm cut is made in the umbilicus (tummy button) and a small telescope (laparoscope) is passed into it. The telescope is connected to a video camera and television so that the inside of the abdomen can be seen on the screen. Two or three further small cuts are made in the abdomen to allow narrow instruments to be inserted. Viewing on the screen, the surgeon can perform the hysterectomy and sometimes remove the ovaries if necessary. The womb is then actually taken out of the vagina through a further small cut made in the roof of the vagina.

The operation is performed under general anaesthetic and usually takes 90 minutes. Gas is used to inflate the abdominal cavity. This makes it easier to see the internal organs through the camera. Most of the gas is released from the abdomen at the end of the operation.

Hysterectomy association

60 Redwood House

Charlton Down

Dorchester, Dorset DT2 9UH

Email: www.hysterectomy-association.org.uk

Tel: 0844 3575917 Mondays and Wednesdays 10.00 - 12.00

This leaflet explains the most common side effects that some people may experience. However it is not comprehensive. If you experience other side effects or have queries please feel free to ask your doctor, your hospital consultant or the nursing staff on the wards. We continually strive to improve the quality of information given to patients. If you have any comments or suggestions regarding this information leaflet please contact Mrs Qureshi's Secretary. If you need an interpreter or the document in another language, large print, Braille or an audio version please let us know.

Healthcare Associated Infections

How can I help to reduce Healthcare Associated Infections? Infection control is important to the wellbeing of our patients, and for that reason we have infection control procedures in place. Keeping your hands clean is an effective way of preventing the spread of infections. We ask that you, and anyone visiting you, use the hand rub (special gel) available at the main entrance of the hospital and at the entrance of every ward before coming into and leaving the ward or hospital. In some situations hands may need to be washed at a sink using soap and water rather than using the hand rub. Staff will let you know if this is the case.

Please keep visitors to a minimum and avoid young children and elderly relatives from visiting you in the hospital as they are the vulnerable group.

Advice/Queries - You can contact staff at the Charlotte Ward for any advice up to 6 weeks. Your doctor will also be another point of contact.

What are the alternatives to this procedure?

You should have had a clear discussion about alternatives before having this major surgical procedure. There are many reasons why you may require a hysterectomy; some of them do have an alternative but this is not always the case. The route of surgery should also be carefully weighed according to known risks and benefits. Hysterectomy can be carried out by open surgery by making a cut across the lower abdomen in order to take the womb out. In many cases it may be safe to remove the uterus through the vagina.

Useful Contact Numbers

Charlotte Ward, RUH
01225 824434

National Osteoporosis Society

Camerton
Bath BA2 0PJ

www.nos.org.uk

01761 471771 (general inquiries) 0845 4500230 (Medical queries)

Womens Health Concern

PO Box 2 2126

Marlow, Bucks SL7 2RY

www.womens-health-concern.org

Tel: 0845 123 2319

Advantages of laparoscopically assisted vaginal hysterectomy:

- Shorter hospital stay (1-2 days)
- Less time to recover from the operation (normal activities in 4-6 weeks)
- Less pain after the operation from the small cuts compared to large cut needed for abdominal hysterectomy
- The scars are either unseen (in the vagina) or very small (less than 1 cm on the abdomen)

Why might a hysterectomy be necessary?

- Period problems such as heavy or irregular periods
- Fibroids, where the uterus is less than the size of a 16 week pregnancy, causing symptoms
- Precancerous and early uterine cancer
- Ovarian cysts
- Pelvic pain
- Endometriosis

If you have a hysterectomy:

- You will NOT be able to become pregnant.
- You will NOT need to use contraception.
- You will NOT have periods.
- You will NOT require cervical smears unless your previous smears have been abnormal.
- You will NOT have accelerated aging.
- You will NOT lose your sex drive.

Removal of fallopian tubes and ovaries

Your surgeon will discuss this with you in the clinic. If your ovaries remain they keep producing hormones and eggs as usual. Your body will absorb the eggs with no residual harm to you. If your ovaries are removed before your menopause it will abruptly reduce your oestrogen levels and you may have some menopausal symptoms like hot flushes, dry skin and dry vagina. Usually your body adjusts to it in the next six months. Please discuss with your own doctor regarding hormonal replacement therapy (HRT) once you recover. It is not essential to start HRT before your discharge from the hospital.

Is every patient fit for LAVH?

Most surgeons will not recommend LAVH for:

- Patients with severe heart or lung conditions
- Extremely overweight patients
- Patients who have had multiple previous lower abdominal surgery
- Patients with advanced cancer of the uterus
- Patients with extensive pelvic adhesions due to history of endometriosis or pelvic inflammatory disease

The procedure can be converted to open procedure at the time of surgery if laparoscopic approach is assessed by the surgeon to be unsafe during your operation.

What should I expect before the procedure?

You will receive an appointment to attend the pre-assessment clinic to discuss your plan of care. If you smoke, try to stop completely as this will make you anaesthetic safer, reduce the risk

Stitches - You will have vaginal stitches which are all dissolvable. Threads may come away for up to 3 months, which is normal. Stitches on your abdomen are usually dissolvable and do not need coming out.

Exercise - It is important to do pelvic floor exercises and general physical exercise. Walking is an excellent example. Gradually increase the length of your walks and remember to walk a distance that you can achieve comfortably without tiring yourself. Swimming is an equally good exercise and can be commenced 4 weeks after having the operation.

Weight - The operation itself should not cause you to gain weight. A reduced level of activity and feeling better after the operation can lead to an increase in appetite causing weight gain if you are not careful.

Daily routine - You should be fit enough to do light activities but avoid heavy lifting and sports for at least 6 weeks. Most people need 4 to 6 weeks off work.

Sexual intercourse - You should wait 6 weeks before sexual intercourse. Sexual response is usually improved after a hysterectomy due to the lack of discomfort and symptoms which led to the procedure in the first place. You may find a vaginal lubricant such as K-Y jelly, Sensilube or Replens helpful. You can buy this over the counter at your chemist. Talk to your partner about this as you will need extra gentleness and understanding.

Driving - You should be fit enough to drive within 4 weeks after the procedure but please check with your doctor and insurance company before doing so.

- Deep venous thrombosis (DVT) is the formation of a blood clot in the leg vein. This occurs in 1 in 250 women. A clot can then move to the lungs to cause a very serious condition called pulmonary embolism. Preventative treatment will be given to reduce the risk of DVT.
- Infection can affect the wound, bladder, lungs or around the operation site internally. An antibiotic injection is given during the operation to prevent this. Most infections are easily treated with a course of antibiotics.
- Prolapse of top of vagina.
- Urinary retention or inability to pass urine. If this occurs, urine can be drained using a catheter until you are able to void, usually within 24 hours.

Getting back to normal

Recovery is time consuming and can leave you feeling tired, emotionally low or tearful. This is particularly true after a hysterectomy and is an expected reaction. Laparoscopic surgery does not produce a long visible scar but it does not shorten the healing process of the internal organs. The body needs time to repair itself. You may feel tired for up to 4 to 6 weeks. The average stay in the hospital is 1-2 days but it will depend on your general health, your own positive attitude, and how smoothly things go after surgery. Recovery time varies from woman to woman and everyone's experience is different.

Vaginal bleeding - You may have some vaginal bleeding or blood stained discharge for up to 4 weeks after the operation. This should not be excessive or even like your normal period. If you have any new pain, fresh bleeding or bad smelling discharge you should contact your GP. Do not use tampons.

of complications after the operation, and speed up the time it takes to recover. If you are not able to stop completely, stopping for a few days will be helpful. You will not be able to smoke while in the hospital. Smoking predisposes you to chest infections, and coughing may put a strain on the sutured tissues.

You should make sure that you tell your family and employers of your inability to do heavy housework or lifting for up to 2 months. You should avoid standing for long periods, ironing, driving and strenuous exercise for the first 4 weeks.

The length of your stay is variable depending on the type of operation and your general health. You can expect to be in the hospital between 1-2 days.

Admission to hospital on the day of the operation

You should bring nightwear, a dressing gown, slippers, toiletries and any medication which you take regularly at home. You can also bring some magazines or books to pass the time. Please have a bath/shower on the day of the procedure. Remove all your make-up, nail varnish and jewellery before coming to the hospital. You will be seen by the anaesthetist and the surgeon (or a senior member of the team) who will explain to you what will happen during the operation. You will receive clear information regarding the risk and complications associated with the procedure before being asked to sign a consent form. You will also have an opportunity to ask any outstanding questions not covered during your pre-admission clinic.

You will be measured for anti-embolic (support) stockings which will aid blood circulation in your legs while you are less mobile. You will need to put these on before you go to theatre. A hospital gown is provided to be worn before going to theatre.

What will happen after the procedure?

After the operation we will take you to the recovery room. Once you are awake and breathing on your own we will take you back to the ward. You may have:

- A mask supplying oxygen.
- A narrow tube in your vein to replace lost fluid.
- A catheter (tube) draining urine from the bladder which will be removed after 24 hours.

You may experience pain in your shoulders due to residual gas irritating a nerve supplying the shoulder. This is expected and settles down in 2-3 days

Most women experience some pain or discomfort for the first few days after the operation. We will offer you painkillers in the form of injections, suppositories or tablets to help with this. The anaesthetist will discuss pain relief with you before you have your surgery.

If you feel the need to cough, it is safe to do so. You should also carry out leg exercises which will help to prevent circulatory problems while you are less mobile. Do not cross your legs while in bed, move your feet up and down at the ankles so that you can feel the calf muscle tighten and relax. Circle your ankles round and round. Bend and straighten your knees.

A physiotherapist will see you and explain to you some pelvic floor exercises to help tone the pelvic muscles. The physiotherapist will also teach you leg exercises.

The nurses will help you wash yourself in the bed on the first day, and will offer you something to eat and drink. On the second day you will be helped and encouraged to have a shower.

Your doctor will visit you the next morning to talk to you about the operation and answer your questions.

You can eat and drink, if you feel well on the first day after the operation. You may have some wind pains. These may be helped by peppermint water, deep breathing and moving around. Stitches, bruising and swelling can cause discomfort, particularly when sitting.

It is normal not to have a bowel movement for the first 2 days. It is, however, important not to develop constipation. Try to eat fresh fruit and vegetables. A suppository or laxative may be given to prevent constipation and straining.

What are the risks?

Most operations are straight forward, without complications. You need to be aware of the associated risks of the procedure when deciding about the treatment. A LAVH is a relatively safe operation and serious complications are not common. You and your doctor must weigh the benefits and risks of surgery, giving consideration to alternative treatments.

- Converting to an open procedure (called a Laparotomy) through a cut in the lower abdomen. This may be due to unexpected difficulty in your procedure or other rare complications i.e. bleeding or damage to other organs like bowel or blood vessel.
- Damage to the bladder or one of the tubes which drain the kidneys (the ureters). This occurs in 1 in 150 women.
- Excessive bleeding during or after the operation requiring a blood transfusion, return to theatre or a laparotomy. This occurs in 1 in 75 women.