Hysterectomy

Laparoscopic subtotal and total laparoscopic hysterectomy are performed to remove the uterus (hysterectomy) using keyhole surgery (laparoscopy). If the cervix (the “neck of the womb”) is also removed this is known as a total hysterectomy. If the cervix remains, this is a sub-total hysterectomy. The operation may also be combined with removal of your ovaries as well (bilateral salpingo-oophorectomy). It is important to clarify the risks and benefits of this with your doctor.

A hysterectomy may be performed because of problems with heavy periods, pain or prolapse. If there is significant other vaginal prolapse, the operation may also be combined with other prolapse surgery. If you are suffering with urinary stress incontinence, the doctor may also perform additional surgery. If you have problems with prolapse, it is likely that some additional supporting stitches will be used to help support the top (vault) of the vagina, to lessen the chances of prolapse returning.

What happens after the operation?

After the operation, you may experience nausea and wound pain. Medication will be given to relieve these symptoms. You will normally be allowed to drink and eat on the same day of operation. The urinary catheter will normally be removed on the following day. The nurse looking after you will make sure you are passing water without a problem and check there is not a large volume of urine left in the bladder after you have finished urinating. A small number of women will not adequately empty their bladders. They may have to go home with a catheter in and come back a week later for removal of the catheter. If a vaginal pack / bandage is used at the time of surgery, it is removed the following day.

There is likely to be some vaginal bleeding after surgery, and this may take a few days to settle down. You are likely to experience pain in the abdomen / pelvis that will require regular painkillers for up to a couple of weeks following surgery. Providing there are no problems you will be allowed home a one-three days after surgery.

Are there any risks?

Laparoscopic hysterectomy is a safe and effective operation, but as with any surgical procedure there are risks. The risks common to all operations include anaesthetic risks, infection, bleeding, recurrence of symptoms, and formation of a blood clot in the legs/lungs. The risk of having a significant complication in relation to a laparoscopic hysterectomy are 2-4%. The main risks specific to a hysterectomy are:

- Damage to surrounding structures: This includes bowel, bladder or ureters (pipes leading from the kidneys to the bladder). The risk of this is small although is increased the more abdominal / pelvic operations you have had. In general, if such a complication were to occur, we would repair the damage that had been caused. This may mean repairing the bladder and may mean that the catheter (plastic tube to drain the bladder) has to be kept for a few weeks after surgery. It may mean repairing the bowel (and perhaps requiring a larger cut (laparotomy) and this may mean that parts of the bowel need to be temporarily rested and a special bag ("colostomy") used for a several weeks following surgery. These risks are uncommon, but every woman is warned about them.

- Slow return to satisfactory bowel or bladder function: Many women complain of these symptoms prior to surgery, and they may be improved by surgery. Some women notice a worsening or urinary leakage after prolapse surgery. This occurs not because the surgery has caused the problem, but that it reveals a pre-existing problem with the bladder. The prolapse had previously been masking the bladder incontinence problem, and now that the prolapse is corrected, the bladder problem becomes apparent. This affects a small number of women, may be predictable before the operation depending on your symptoms, examination findings and tests, and is often relatively easily treated following surgery. Some women may require a subsequent surgical procedure to correct this problem.

- Scarring and problems with sexual intercourse. Any operation carries the risk of scar tissue forming. This scar tissue is most apparent a few weeks after

surgery, and generally resolves over a period of a couple of months. It is not noticed by most women. In a small minority of women, the scar tissue may be uncomfortable whilst making love. Again, for most women, this resolves with time, although some women may need to have further medical or surgical treatment to remove the scarring.

- Recurrence of prolapse symptoms. As prolapse is a problem that involves weak muscles / tissue, although a surgical repair has been performed, prolapse may recur at the same site or in a different part of the vagina that has not been apparent or planned to be repaired at the initial operation.

- Hernia. As a result of the surgery, the scar sites can become potential spaces that may predispose to the development of a hernia. This is where a part of the bowel can track through the weakened areas of muscle at the site of the surgical incisions. If this rare complication were to occur, you may require an operation to treat the hernia and repair the weakened muscle area.

- Urinary Retention: (Difficulty or failure to pass urine) This is quite common as a temporary problem and means that your catheter may need to stay in place for a couple of weeks. In a very small number of women, (1-2%), the bladder continues to not empty adequately, and women may need to learn to self-catheterise. This latter process involves passing a very fine straw size catheter into the bladder on a daily basis. This outcome is uncommon, unless you have a problem prior to surgery, but every woman needs to be aware of this.

- Urgency: Some women have an element of urgency (needing to rush to the toilet) prior to the operation. For them, this symptom may get marginally better or worse. Occasionally for other women, there may be new symptoms of urgency. This generally only lasts a few months and can be treated with tablets.

What should I do after the operation?

You should be back on your feet quite quickly, but you avoid heavy lifting for 6 weeks. There may be some bleeding / brown vaginal discharge as the wounds in the vagina heal which is completely normal.

Sexual intercourse may be resumed after 6 weeks if you are feeling comfortable and the discharge has stopped. We generally suggest at least 4 weeks off work.