Patient Information

University Hospitals Coventry and Warwickshire NHS Trust

Gynaecology

Having robotic assisted Gynaecological surgery

This information sheet covers procedures that can be carried out using robotics, and includes:

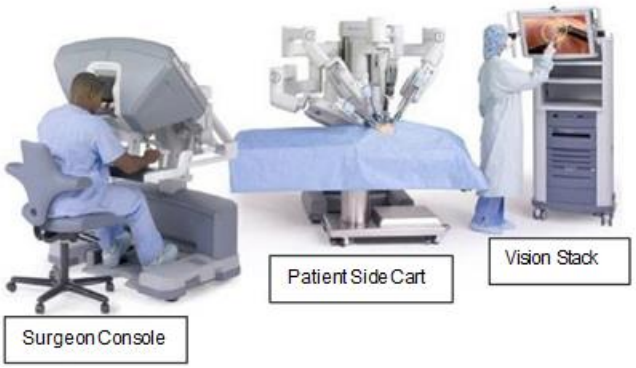
- Hysterectomy (removal of womb)
- salpingectomy (removal of fallopian tube)
- oophorectomy (removal of ovary)
- ovarian Cystectomy (removal of a cyst from the ovary)
- Lymph node dissection (removal of lymph nodes)

The operation involves having a general aneasthetic, which means you will be asleep.

Depending on the type of operation you are having, it can take from 90 minutes to four hours.

Your length of stay in hospital will depend on how well you recover, and we will talk to you about this beforehand.

Your Gynaecologist will also talk to you about the type of operation being recommended, and the risks and benefits to you.



Robotic Assisted Gynaecological Surgery

All gynaecological operations such as hysterectomy (removal of womb (uterus) with or without cervix), Salpingectomy (removal of fallopian tubes), Oophorectomy (removal of ovaries) and Ovarian cystectomy (removal of cyst from ovary) can be performed as a traditional open operation, a Keyhole (laparoscopic) operation, and in this hospital, we are also able to offer a robotic assisted approach.

Robotic assisted surgery involves the surgeon operating using a console that allows them to see in 3-D, high definition, and control instruments within the body that have additional range of motion. This enables the surgeon to operate in a precise, controlled manner with a better range of movement

Robotic surgery has been performed for these gynaecological operations for the last 10 years. At UHCW, we have been performing robotic operations in other specialties since February 2014, as one of just over 20 centres in the United Kingdom.

The benefits are

- Greater chance of the operation remaining key hole
- Quicker recovery and discharge from hospital
- Faster return to normal activities of daily living
- Less post-operative pain
- Avoidance of open surgery

This will have been explained to you by your surgeon. The surgeon is trained and qualified to perform the operation by a cut on your tummy, key hole (laparoscopic) and robotically. If you have any concerns, please discuss them with your surgeon or nursing staff. Your safety remains our priority at all times.

After the Operation

When you wake up after the operation you will have a number of tubes attached to you, all of which will be temporary:

- A drip will be in your arm which allows fluid to be given to you.
- Sometimes a drip is placed into a vein in your neck. This makes it easier to give you fluids and drugs after your operation.
- Pain relief will be given either through a drip in your arm/neck or through a small tube into your back called an epidural.
- A flexible tube called a catheter will be in place; this will drain your urine away into a bag.
- A drainage tube may be placed in your tummy (abdomen) if the surgeon feels it would help. Your wounds to heal quickly and cleanly.

Complications of surgery

- **Chest infection:** You can help by practicing deep breathing exercises and following the instructions of the Physiotherapist. (1in 100 (1%) patients may experience this complication)

- **Wound infection:** Antibiotics will be given to you through the drip when you are in theatre to help prevent this. You can help by eating a diet rich in protein and vitamins as soon as you are able to. (2 in 100 (2%) patients may experience this complication)

- **Urine infection**: You will have a catheter to empty your bladder during and sometimes after the operation. This will be removed as soon as possible after the operation. You may get a urine infection. Antibiotics will be given to you through the drip when you are in theatre to help prevent this. (2 in 100 (2%) patients may experience this complication)

- **Risk of lymph fluid draining through the surgical port sites (surgical cuts on your tummy):**

  Your surgeon may recommend that you have your lymph nodes in your pelvis removed at the time of surgery. This is done in order to help stage your cancer (determine the spread of cancer). In turn this

helps the team to decide if you would benefit from any extra treatment in the form of radiotherapy or chemotherapy after your surgery.

The risk of lymph fluid coming through the surgical ports is approximately 5% (5 in 100). If the lymph fluid is coming through the surgical ports on your tummy, the team will put a surgical bag/stoma bag over the port site in order to collect the fluid and help keep you and your clothes dry. If you do experience lymph fluid coming through the surgical port sites, it usually stops within 2 weeks of surgery.

- **Risk of lymph fluid draining through the vaginal vault (top of the vagina):** As previously mentioned your surgeon may recommend that you have your lymph nodes in your pelvis removed at the time of surgery. This is done in order to help stage your cancer (determine the spread of cancer). In turn this helps the team to decide if you would benefit from any extra treatment in the form of radiotherapy or chemotherapy after your surgery. The risk of lymph fluid coming through the vagina post operatively is approximately 5% (5 in 100 people). If this happens your surgical team will want to hear from you to ensure that the fluid coming through the vagina is definitely lymph fluid and not urine. Urine coming through the vagina could indicate that you have a surgical complication called a fistula. A fistula is a communication channel between the ureters (tubes that carry urine from the kidneys to the bladder) and the vagina or a communication channel between the bladder and vagina.

  Once the surgical team have established it is lymph fluid, you will simply be asked to wear sanitary towels/incontinence pads to keep you dry.

  Once the top of the vagina (the vault) is ‘water tight’ the fluid will stop leaking through the vagina. This may take a couple of weeks to resolve.

- **Blood clot (thrombosis):** This is due to changes in the circulation during and after surgery. A small dose of a blood thinning drug will be injected before your operation and afterwards. These injections will be prescribed for once a day for a total of 28 days after surgery. The ward staff will teach you or a carer/ family member how to inject yourself. You can help by drinking plenty, and moving around as much as you are able and by exercising your legs whilst in the chair or in bed. (1 in 200 (0.5%) patients may experience this complication)

- You will also be given some knee length surgical stockings to wear while you are in hospital and for a total of six weeks after your surgery. They must be worn for 23 hours a day and only taken off for washing, inspecting your skin and moisturising your legs. The ward will supply you with two pairs of surgical stockings.
- **Bleeding:** As gynaecological structures are rich in blood supply, you may bleed more than usual for the operation. You may need to receive blood transfusions, if you have any objections to receiving a blood transfusion, please tell the consultant before your surgery. You may be given iron tablets to take at home. (1 or 2 in 100 (1-2%) patients may experience this complication)
- **Risk of injury to other internal parts of your body**: The gynaecological organs are surrounded by bowel, bladder, blood vessels, nerves and ureters (tubes that carry urine from kidney to bladder). There is a small risk that these may get damaged during the operation. This risk is associated with your operation even if you chose to have the operation open (cut on tummy) or key hole (laparoscopic). Your surgeon will explain this to you before the operation. (2 in 100 (2%) patients may experience this complication)
- **Admission to Intensive care/ Enhanced care/ High dependency unit**: If you have significant underlying conditions, your surgeon and anaesthetist may request that an enhanced care/high dependency bed is booked for you to stay in at first after your surgery. If there are any problems during your operation e.g anaesthetic or heavy bleeding, when you need one to one care after surgery, you may stay on one of these units for a few days. (this complication is extremely unlikely)

Your surgeon will discuss all risks of surgery with you before you are admitted to hospital. Please ask if you have any questions.

Diet and nutrition

Most people who have had gynaecological surgery will be able to drink and eat normally either the same day or the next day after their operation. When you are able to eat, you can eat whatever you feel like and you will be encouraged to return to a normal diet. You might prefer a light diet at first with foods that are easy to digest.

Local Services

Age UK Coventry Age UK	Warwickshire	024 7623 1999 01926 458100
Macmillan Cancer Information Centre	Main Entrance UHCW	024 7696 6052
Coventry Macmillan Care Team	Hospital & Community	024 7696 5498 024 7623 7001
Rugby Macmillan Care Team.	Community	01788 555119
Chaplaincy (Hospital)	Hospital	024 7696 7515
Specialist Gynae Oncology Nurses	Hospital	024 7696 7238
Surgical Counselling Service	Hospital	024 7696 6188
Oncology Counselling Service	Hospital	024 7696 7290
Complimentary Therapies	Hospital	024 7696 7290
Psychosexual Therapy	Hospital	024 7696 7290
Citizens Advice Bureau	Coventry Rugby	024 7625 2050 (Appointment only) 0844 855 2322
Coventry Carers Centre	Support for carers	024 7663 2972
Guideposts Trust	Support for carers	024 7638 5888

The Trust has access to interpreting and translation services. If you need this information in another language or format please contact us on 024 7696 6101 and we will do our best to meet your needs.

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Document History

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