

Patient Information

Gynaecology

Total Laparoscopic Hysterectomy (TLH)

This leaflet is to provide you with information about a total laparoscopic hysterectomy and should answer any questions you may have.

What is a total laparoscopic hysterectomy (TLH)?

This is a gynaecological surgical procedure, which involves removing the uterus and cervix using a keyhole (laparoscopic) technique and removing it through the vagina.

We may also remove the ovaries, fallopian tubes and may also remove pelvic lymph nodes if your surgery is to treat a cancer.

If we remove your ovaries, depending on your age you may start the menopause.

Why do I need a hysterectomy?

There are many reasons why a woman may need a hysterectomy which include; heavy or painful periods, fibroids, pelvic pain, prolapse or a gynaecological cancer. Your doctor will discuss this with you.

Preparing for surgery

Before surgery we will send you for a pre-screening appointment. This will either be on the same day as your outpatient clinic appointment or on another day.

This appointment is to make sure you are fit for surgery; this involves blood tests, ECG (heart recording).



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After this appointment you will be sent an appointment to see our pre-admission nurse, who will complete Nursing documentation and discuss your procedure, pre and post op care and discuss any concerns you may have.

Day of surgery

On the day of your operation you will be seen by the doctors, anaesthetist and nursing staff who will go through medical checks with you and you will be able to answer any questions or concerns you may have.

During surgery

A TLH is carried out under a general anaesthetic (being put to sleep). A narrow plastic tube called a cannula is inserted into a vein in your arm or hand using a needle; this is used to give you fluids and medications. After you have been given a general anaesthetic and you are asleep, a catheter (a tube for urine drainage) is inserted into your bladder.

A small cut (about 2 cm) is made within or around your navel (belly button). The abdomen is filled with gas and an optical instrument, called a laparoscope, is inserted to allow the internal organs to be viewed before 2 or 3 further small cuts, about 1 cm each, are made on your abdomen. These cuts are for other instruments to be inserted.

Your ovaries and fallopian tubes may or may not be removed depending on the reason for your surgery.

In most cases the uterus and cervix are removed through the vagina. If the uterus is too large to remove vaginally, or the vagina is too narrow, a slightly larger cut is made on the abdomen and it is taken out that way.

The wounds are closed with dissolvable stitches or skin glue.

The procedure takes a minimum of 2 and half hours, but you can expect to be in theatre and recovery for 3 to 4 hours.



Risks and complications

Side-effects you may get after having the procedure

- Pain, swelling and bruising on the abdomen or in the vagina
- Vaginal discharge
- Chest infection
- Bloating stomach
- Urinary tract infection (UTI)
- Adhesions (tissue sticking together)

Complications are when problems occur during or after the operation.

- Injuries to the bladder, ureters (tubes between the bladder and kidneys), bowel or blood vessels, which may require further surgery.
- Blood loss which may result in a blood transfusion
- Anaesthetics can carry a small risk as some medical problems might increase those risks or unexpected reaction to the anaesthetic
- Thromboses (DVT or PE) blood clots in the leg or chest. Preventative treatment will be discussed
- Infection urine/chest/wound/intra-abdominal

These risks are not common and will be discussed with you before the surgery.

Benefits

- Less pain after surgery than having a laparotomy (open surgery)
- Less wound complications
- Potentially lower risk of Deep vein thrombosis (DVT) as you are able to mobilise quicker
- Shorter recovery time compared to traditional 'open' wound hysterectomy
- Reduced risk of bowel or bladder dysfunction
- Reduced length of hospital stay

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After surgery

- When you wake up you will be in the recovery area in theatre, you will be transferred to the ward when you feel comfortable
- On return to the ward the nurse will continue to monitor you regularly
- An oxygen mask will help you with your breathing
- You will have a drip to keep you hydrated, which will usually be removed later that day
- You will have a catheter into your bladder to drain your urine, which may be removed on the evening of surgery or the next morning.
- You may also have some vaginal bleeding
- Occasionally a surgical drain
- You will be given regular pain relief: there are different ways of treating your pain after surgery. The pre-admission nurse will discuss this with you and provide a leaflet

Day 1/home

- Your catheter will be removed in the morning and the nurse will ask you to produce a urine sample to make sure you are passing adequate amount of urine
- You may go for a shower
- If the doctors are happy and you feel well you can go home

If you need any specific medication this will be prescribed by the doctor and you may have to wait for these to be dispensed by the pharmacist.

Recovery

You may still have some abdominal discomfort, such as 'wind pains'. This pain is from having medical air inside your abdomen; this should stop within a few days. Drinking some peppermint cordial in warm water, keeping mobile and passing wind can all help.

You may also have some vaginal bleeding for up to three weeks or intermittent spotting for several weeks. We advise not to use tampons but you should wear a sanitary pad. If you have any fresh bleeding or offensive smelling discharge after leaving the hospital you should contact your GP.

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The stitches at the top of your vagina will not need to be removed as they are dissolvable. It is important to maintain good feminine hygiene as this reduces the risk of infection. Daily showers or bath are recommended.

You may feel much more tired than usual after your operation. A hysterectomy can also be emotionally stressful leaving you feeling tearful and emotional at first.

Your body and your emotions need time to recover and this can take up to six weeks but will vary from person to person.

Returning to work

Returning to work depends on your personal circumstances and type of work. We advise that you stay off work for 4 to 8 weeks. We can give you a sick note for 6 weeks. If you need any longer off you will need to see your GP.

Sex and emotional effect

The area at the top of the vagina where the cervix was will have stitches, which will need about 6-12 weeks to heal before intercourse can be resumed. You will tend to know when you feel ready to resume intercourse, you should find that there are no changes in the sensation, but there may initially be slight discomfort if you are over enthusiastic. If you experience any pain please seek advice from your GP.

Driving

You should be able to drive after 4 weeks. You should be able to safely carry out an emergency stop.

Please check with your insurance company.

HRT (hormone replacement therapy)

HRT will be discussed with you at your Outpatient appointment

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Smear tests

You will usually no longer need smear tests unless advised by your consultant.

The Trust has access to interpreting and translation services. If you need this Information in another language or format please contact 0247697340 and we will do our best to meet your needs.

The Trust operates a smoke free policy.

To give feedback on this leaflet please email feedback@uhcw.nhs.uk

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