

Laparoscopically Assisted Vaginal Hysterectomy (LAVH)

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إذا احتجت إلى هذه النشرة بلغة أخرى، أو بتنسيق
يسهل الوصول إليه، يرجى التحدث إلى أحد الموظفين لترتيب ذلك لك.

Introduction:

Hysterectomy is the removal of a woman's uterus (womb) and cervix surgically. An LAVH is the removal of the womb using both keyhole surgery and vaginal surgery. It is performed for a variety of reasons and is a less invasive alternative to open surgery.

Why perform an LAVH?

- To stop bleeding in women with severe irregular, painful or heavy periods.
- To treat conditions of the womb such as fibroids, endometrial carcinoma (cancer of the womb lining), cervical cancer or endometriosis.
- Prolapse of the womb into the vagina.

What happens during an LAVH?

An LAVH is a common surgical procedure. It requires a general anaesthetic (you will be asleep for the procedure). If you are part of the Enhanced Recovery Programme you will also be offered a spinal anaesthetic (see Enhanced Recovery Programme Information Leaflet).

The procedure is performed in two parts:

Initially, laparoscopically (via keyhole); a camera (laparoscope) is passed into the abdominal cavity. The womb and fallopian tubes are identified and separated from their attachments all the way down to the cervix (neck of the womb).

From the vaginal side; the womb is then removed downwards through the vagina. The top of the vagina is then sewn over to close the hole the womb was removed through.

As part of the procedure it may be necessary to remove one or both ovaries; this will be discussed before your surgery. If you are not menopausal, removal of both ovaries will make you menopausal and you may need Hormone Replacement Therapy (HRT); this will be discussed with you before surgery.

Very Important

It is vital you are not pregnant at the time of your operation. You **must** continue with a reliable contraceptive method from the time you are listed for surgery until it is carried out. A pregnancy test will be performed on your admission if you are not menopausal.

Please note a negative pregnancy test does not exclude a very early pregnancy so let your doctor or nurse know if you suspect you may be pregnant before the procedure.

It is only likely that your procedure will be postponed until you have a period or pregnancy is excluded.

What are the benefits of the procedure?

The reason for your hysterectomy will be explained by your surgeon. A hysterectomy is performed for treatment of a number of conditions. Once the womb and cervix are removed you will no longer have any periods (if applicable) and you will not require any further cervical screening. An LAVH allows for quicker recovery and mobility after the operation because it avoids major surgery involving opening the abdomen.

Are there any risks with the procedure?

As with all operations there are always risks, however these rarely occur. Some occur during surgery whilst others occur following the operation, after discharge.

Vaginal bleeding/Discharge: Some women have a small blood-stained discharge post-op, occasionally it may be quite heavy. This should reduce following the operation. Inform your nurse if this occurs as it may be a sign of your wound not healing, a blood clot or infection. If you have a heavy or offensive loss after discharge you should **contact your GP or Ward 3E**.

Infection: There is a risk of infection with any invasive operation. Most infections occur in the bladder or vagina. There is a risk of a chest infection also, especially if you have a lung condition or you smoke. Another area of infection may be the wounds, this would be seen as redness or discharge from the wounds. Your temperature and other observations will be taken regularly to look for signs of infection.

Bleeding: As well as vaginal bleeding, there is a risk some blood vessels sealed off during removal of the womb may bleed internally. This can occur during or directly after your operation. If it is severe, you may need a blood transfusion or, very rarely, need to be brought back to theatre to stop it. An abdominal drain (tube) may be placed to observe for internal bleeding.

Damage to bowel or bladder: Due to the anatomy of the pelvis there is a small risk of damage to the bladder, ureters (tubes connecting your kidneys to your bladder) or bowel, which all lie very close to your womb. You will be informed if you are at high risk of this. If there are any problems they will be dealt with appropriately and you will be informed after your surgery.

Adhesions/Hernia: Almost all patients undergoing abdominal surgery will develop adhesions; these are scar tissue that can cause bowel to stick together. They normally do not cause any symptoms; however, they can sometimes cause pain and problems with bowel function. A hernia is a defect in a scar which may require correction with surgery; this is rare as the incisions are so small.

Thrombosis: Major surgery is a risk factor for developing blood clots in your legs called deep vein thrombosis (DVT) or lungs, called Pulmonary Emboli (PE). You will be assessed for your risk of this and be advised to wear anti-embolism stockings whilst you are not fully mobile, and you will be given injections into your abdominal wall to thin the blood.

Discomforts of the procedure:

Wind pain/Delayed bowel function: Bowel function can occasionally be affected, causing wind pain felt in the abdomen, shoulder and neck. This can be helped by eating small quantities of food and plenty of water as well as by mobilising. Occasionally the bowel will stop all together, termed an ileus; this causes pain, distension, vomiting and constipation. If this occurs you will need to not eat anything and have a drip until it resolves.

Constipation: It can take some time for bowel function to return to normal, laxatives may be offered to help this.

Bloating: Your abdomen may feel bloated and appear 'blown up' after your operation. This is due to any gas remaining. It may irritate the diaphragm and cause some pain in your shoulder. This will settle, but painkillers will be offered.

Urinary symptoms: After your operation you may feel the need to pass urine more often and this may be painful. This is often due to bruising of the bladder related to the catheter you have had. Pain relief will be offered and your water may be tested for an infection if it persists.

Are there any alternatives to LAVH?

Alternatives like oral medication, hormone releasing intra uterine device (Mirena) or endometrial ablation (heat treatment to remove/reduce the lining of the womb) may have been discussed with you. Another option is total abdominal hysterectomy (TAH). Recovery time after the TAH is longer and the risk of infection is higher than with an LAVH; however, the risks of organ damage are similar.

What else is there to know about the procedure?

Removal of ovaries: if you are having your ovaries removed and are still having periods, this will cause you to experience the menopause. You may need HRT.

Returning to work: You will need to refrain from work for 6 weeks.

Driving: Your movement and strength must be able to cope with an emergency stop before driving again. Guidelines suggest 4-6 weeks should be left before returning to driving. You should check with your insurance.

Sexual activity: You are advised to refrain from sexual activity for at least 6 weeks.

Follow-up appointment: You will be informed of a follow up appointment after discharge. You may not be offered one if your surgery is straight forward and for a benign condition.



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