St Helens and Knowsley Teaching Hospitals NHS Trust

# Total Laparoscopic Hysterectomy (TLH)

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**Document Number:** STHK1805
**Version:** 1
**Review date:** 01 / 05 / 2025

This information is for you if you are about to have, or you are recovering from a laparoscopic hysterectomy and should answer any questions you may have.

## What is a total laparoscopic hysterectomy (TLH)?

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

You might also need ovaries/fallopian tubes to be removed, your doctor will discuss this with you.

## Why do I need a hysterectomy?

A laparoscopic hysterectomy is usually considered as a last resort after other treatments have failed unless it is performed as life saving measure for conditions such as cancer. The decision to have a hysterectomy should be shared between you and your doctor. In most cases a laparoscopic hysterectomy is needed to relieve either acute or chronic painful and distressing symptoms where other treatments have failed or there are no other treatment options.

There are many reasons why a woman may need a hysterectomy which include:

- Heavy or painful periods, (not responding to the progesterone-releasing coil (Mirena) or treatment to the lining of your womb (Endometrial Ablation)
- Fibroids
- Pelvic pain
- Endometriosis not responsive to medical treatment
- Adenomyosis
- Gynaecological cancer

Your doctor will discuss this with you.

## What are the types of Laparoscopic Hysterectomy?

- Total hysterectomy is when your uterus and cervix is removed
- Subtotal hysterectomy when your uterus is removed but cervix is left behind
- You may also have the above procedure combined with removal of both tubes /ovaries/both.

## The benefits of Laparoscopic Hysterectomy (keyhole surgery) are:

- Shorter hospital stays (1-2 days)
- Faster recovery back to normal (2-3 weeks)
- Less blood loss during the operation
- Less wound infection and breakdown
- Minimal scarring
- Reduced risk of bowel/bladder dysfunction.

## Are there alternative treatment options?

There are different routes of offering hysterectomy, which depends on your condition. These include:

- Abdominal hysterectomy - Performed through a larger cut in your abdomen.
- Vaginal hysterectomy - Performed without any cut in your abdomen and the womb is removed through the vagina.

Your doctor will discuss this with you if the above options are suitable for you.

## Preparing for surgery

Before surgery we will invite you for a pre-operative appointment to assess your fitness for surgery.

At this appointment a nurse will review your previous medical history and will arrange for some blood tests. You may also have a chest x-ray and ECG. You will also be told if you need to stop taking your medications or not on the day of the operation. The nurse will discuss any concerns you have.

Gynaecology School:

You are asked to attend a pre-operative assessment clinic (Gynaecology School) where you will be informed about your admission date and will have a full nursing and medical assessment. This session will take approximately 2 hours. The Gynaecology School is a group session and will involve talks from most of the team that will be involved in your care. It will also include a tour of the ward.

During the session you will:

- Have an opportunity to talk to the nursing staff
- Receive a free supply of a carbohydrate drink to be taken before surgery

- Receive a pair of stockings that you are advised to wear to prevent thrombosis.

- Pre-operative planning of the day of discharge.

Patient, relatives, carers and community agencies can ensure that the appropriate support is available for the planned discharge by ensuring information about length of stay following a procedure is provided. You will have the opportunity to discuss your operation and pain control with anaesthetists.

## Day of surgery

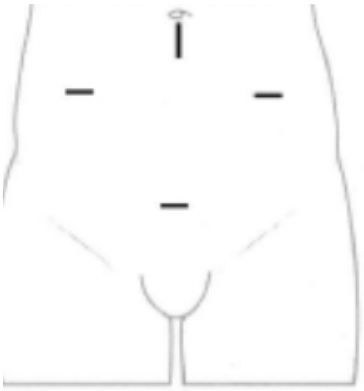
On the day of your operation, you will be seen by the doctors, anaesthetist and nursing staff who will go through medical checks with you and will be able to answer any questions or concerns you may have. It is not unusual to feel anxious, the nursing staff will gladly discuss how you are feeling and talk you through your emotions.

## 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 0.5 to 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 a half hours, but you can expect to be in theatre and recovery for 3 to 4 hours.

## Risks and complications

Side-effects that you may experience after having the procedure:

- Pain, swelling and bruising on the abdomen or in the vagina
- Vaginal discharge
- Bloated stomach
- Adhesions (tissue sticking together)

Complications are when problems occur during or after the operation, such as:

- 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
- Thromboses (DVT or PE) blood clots in the leg or chest. Preventative treatment will be discussed
- Infection urine/chest/wound/intra-abdominal
- Hernia at site of entry
- Return to theatre because of bleeding
- Vaginal vault dehiscence (Rare)

These risks will be discussed with you before the surgery when you will sign your consent with your doctor. Please ask any questions to make an informed choice.

## 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
- You will be given regular pain relief: there are different ways of treating your pain after surgery.

## 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

### Rest

Rest as much as you can for the first few days after you get home. It is important to relax but avoid crossing your legs for too long when you are lying down. Rest does not mean doing nothing at all throughout the day, as it is important to start doing light activities around the house within the first few days.

## Pelvic floor exercise programme

Your pelvic floor muscles span the base of your pelvis. They work to keep your pelvic organs in the correct position (prevent prolapse), tightly close your bladder

and bowel (stop urinary or anal incontinence) and improve sexual satisfaction. It is important for you to get these muscles working properly after your operation, even if you have stitches. You will be given information leaflet on how to do the exercises.

## Keep your bowels working

Your bowels may take time to return to normal after your operation. Your motions should be soft and easy to pass. You may initially need to take laxatives to avoid straining and constipation. You may find it more comfortable to hold your abdomen (provide support) the first one or two times your bowels move. If you do have problems opening your bowels, it may help to place a small footstool under your feet when you are sitting on the toilet so that your knees are higher than your hips. If possible lean forward and rest your arms on top of your legs to avoid straining.

## Support from your family and friends

You may be offered support from your family and friends in lots of different ways. It could be practical support with things such as shopping, housework or preparing meals. Most people are only too happy to help - even if it means you having to ask them! Having company when you are recovering gives you a chance to say how you are feeling after your operation and can help to lift your mood. If you live alone, plan to have someone stay with you for the first few days when you are at home.

## A positive outlook

Your attitude towards how you are recovering is an important factor in determining how your body heals and how you feel in yourself. You may want to use your recovery time as a chance to make some longer-term positive lifestyle choices such as starting to exercise regularly if you are not doing so already and gradually building up the levels of exercise that you take or eating a healthy diet. If you are overweight, it is best to eat healthily without trying to lose weight for the first couple of weeks after the operation; after that, you may want to lose weight by combining a healthy diet with exercise.

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.

Your cuts will initially be covered with a dressing, please remove in 48 hours, these are dissolvable stitches. We advise you shower daily and keep the wound clean and dry. There is no need to cover the wound with dressing. 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.

## Preventing DVT

There is a small risk of blood clots forming in your legs after any operation and these clots can travel to your lungs. Reduce these risks by:

- Being mobile
- Leg exercises
- Blood thinning injections
- Compression stockings.

## 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 are ready to resume intercourse. You should find that there are no changes in the sensation, but there may initially be slight discomfort. If you experience any pain, please seek advice from your GP.

## Will I need hormone replacement therapy (HRT)?

If your ovaries have been removed during your operation you may be offered HRT. Your doctor will discuss this with you and together you can decide the best way forward.

## When will I be seen again?

You may be seen in outpatient clinic in 6-8 weeks after your surgery, if necessary.

## Smear tests

Some women who have had a laparoscopic hysterectomy will need to continue to have smears from the top of the vagina. Check with your GP or Gynaecologist whether this applies to you. Your Gynaecologist will inform your GP if you need any further smears.

**If you have any further questions, please speak to a doctor or nurse caring for you.**

## References

1 RCOG patient leaflet, recovering from Total Laparoscopic hysterectomy

2 NICE Sept 2010 Laparoscopic hysterectomy

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