



## **PATIENT INFORMATION LEAFLET**

# **GYNAECOLOGY ROBOT-ASSISTED SURGERY**

This leaflet is to help to explain what robot-assisted means for your surgical treatment. Most surgical treatments in gynaecology inside the abdomen are treated in one of three ways, your actual operation (for example hysterectomy, excision of fibroid, treating endometriosis) would not change irrespective of the approach used:

- Open approach: which means a cut in the wall of your tummy which is usually 10 - 15 cm in length.
- Laparoscopic approach: also know keyhole surgery where small cuts usually shorter than 1 cm are made and you could need 3-5 of these.
- Robot-assisted approach is another keyhole surgery technique, it is seen as the state of art.

## **WHAT IS ROBOT-ASSISTED SURGERY?**

Robot is used to help the surgeons to improve the quality of surgery performed, the robot itself does not perform your surgery it is only a very smart tool assisting the surgeon. The surgeon still does the procedure, but the robotic console allows more controlled and precise movements during the operation.

Robot assisted surgery is a laparoscopic (keyhole) technique that the surgeon performs by using a robotic console during the operation. Your surgeon is in the same room, but away from you, and controls the robot's arms during the operation.

The robot has four arms. One holds a high-magnification 3D camera, which is inserted into your abdomen through one of the keyholes. This allows your surgeon to see inside. The other robotic arms hold various instruments, which your surgeon will use to carry out the operation. The instruments are smaller than those used for conventional open surgery.

You will be put to sleep using general anaesthesia for the surgery.

## **WHAT ARE THE ADVANTAGES OF ROBOTIC SURGERY?**

The following are some advantages for robot-assisted surgery compared with open approach:

- Shorter hospital stays
- Faster recovery after leaving the hospital

- Quicker return to normal activities, such as driving
- Less pain
- Reduced risk of wound infection
- Less blood loss meaning a reduced need for a blood transfusion
- Reduced scarring
- Less pain and fatigue for surgeons

When compared with the traditional (non-robotic) keyhole method, robot-assisted surgery is helpful to many patients in reducing the chance to end up changing the operation to open which means longer stay in hospital. It also allows surgeons to perform keyhole surgery on patients in whom this type of surgery is not possible using traditional laparoscopic approach.

## WHAT ARE THE POSSIBLE COMPLICATIONS?

Although we try to make sure that any problems are kept to a minimum, no surgical operation can be guaranteed free of complications whether it is performed open, laparoscopically, or robotically. The following are some potential complications in general terms.

The operation itself or the general anaesthetic may occasionally give rise to difficulties, which may make your stay in hospital longer, or your recovery slower. The risk of developing complications after surgery is increased in some patients. If you smoke, you are more at risk of chest infections. If you are overweight or diabetic, you are more at risk of developing a wound infection. Possible post-operative complications include:

### FREQUENCY AND PASSING URINE

Occasionally after a hysterectomy you may feel the need to pass urine more frequently. This is a result of slight bruising and swelling of the bladder. Pain relief such as paracetamol is recommended. It is also beneficial to exclude a urine infection if symptoms persist.

### WIND PAIN & BOWEL FUNCTION

The operation can affect your bowel function and cause increased wind pain.

Wind pain can cause pain in the tummy, shoulder and back. Eating small quantities, especially of fruit and vegetables, and drinking plenty of water will help to re-establish your normal bowel movements. Painkillers and moving about will also ease the discomfort.

You will be offered laxatives to take after the operation to reduce any potential problems with constipation, it usually takes time for your bowels to return to their normal pattern.

Occasionally the bowel can 'go on strike.' This is known as an ileus. This can cause tummy pain and swelling, vomiting and constipation. If this happens you will be put on a drip and not be allowed to eat until your symptoms settle, usually within a couple of days. The risk of an ileus is higher if you have had an abdominal hysterectomy.

### VAGINAL BLEEDING / DISCHARGE

You may have a small amount of blood-stained vaginal discharge after the operation. Occasionally you can bleed quite heavily. This may be a sign that the wound inside your vagina is not healing, or that there is infection or a blood collection developing.

If you are concerned about your bleeding, please tell the nurse looking after you and they will assess if it is normal.

If this becomes a heavy loss or an unpleasant smelling discharge when you go home, you are advised to contact your GP or the gynaecology ward.

## **INFECTION**

With any invasive operation there is a risk of infection. Already mentioned are urine and vaginal infections. There is also a risk of developing a chest infection particularly if you have breathing related illnesses or you smoke. It is important to do deep breathing exercises after your operation. If necessary, you may be referred for physiotherapy, or need a course of antibiotics.

Another potential area of infection is the abdominal wound (cut on your tummy). For example, redness around the wound or your temperature is raised. A member of the nursing staff will check your wound each day. Please tell them if you are worried. It is also possible to develop a blood collection behind the wound; this would cause extreme bruising and tenderness.

## **BLEEDING**

It has already been mentioned that there can be bleeding from the vagina and the abdominal wound. Very occasionally patients bleed heavily during surgery, and need to have a blood transfusion. If you have any concerns regarding this, please speak with your Consultant or Specialist Nurse.

## **DAMAGE TO THE BOWEL OR BLADDER**

Due to your type of surgery and the anatomy inside the pelvis there is a small risk of damage to either the bladder, the ureters (tubes to the kidneys) or the bowel. The surgeon doing your operation would explain beforehand if you were at an increased risk. If there are any problems during the operation these would be dealt with appropriately and you would be informed after your surgery.

## **ADHESIONS / HERNIAS**

Almost all patients undergoing surgery in their tummy will develop some adhesions. Adhesions are scar-tissue which sticks together. They usually cause no symptoms, and you are not aware of them. Rarely can they cause persistent pain or problems with bowel function.

A hernia is a defect in the scar that can develop, occasionally this requires corrective surgery.

## **DEVELOPING A BLOOD CLOT**

It is well recognised that having major surgery can cause some patients to develop Deep Vein Thrombosis (blood clot in your leg) or Pulmonary Embolism, (blood clot in your lung) and this also is increased for gynaecological cancer surgery. As this is a known risk, all patients having major surgery are advised to wear anti embolism stockings and to have a blood thinning injection (Fragmin) each day.

## IS THERE ANYTHING I SHOULD DO TO PREPARE FOR MY OPERATION?

Before your operation, an appointment will be made for you to come to the hospital for a preassessment. This is performed for all types of operation. If you have not already signed your consent form, you will see a doctor who will fully explain the operation to you and answer any questions you may have.

At this appointment, you will have some tests and a nurse will discuss your operation again with you, to ensure that you fully understand why you need the operation and what is going to happen to you. If you have any questions, then please write them down and bring them to the appointment with you. Make sure that all of your questions have been answered to your satisfaction and that you fully understand what is going to happen to you.

If you are a smoker, you should stop smoking or reduce the number of cigarettes you smoke in the days leading up to the date of your operation. This could reduce the risk of chest problems as smoking makes your lungs sensitive to the anaesthetic used. If you need further information about stopping smoking, please contact your GP or Smokefree NHS on 0800 022 4332.

You should also eat a healthy diet. If you feel well enough, take some gentle exercise before the operation as this will also help speed your recovery afterwards.

Before you come into hospital for your operation, try to organise things ready for when you come home. If you have a freezer, stock it with easy-to-prepare food. Arrange for relatives and friends to do your heavy work (such as changing your bedding, vacuuming, and gardening) and to look after your children, if necessary.

If you require any further information or clarification of terminology, please do not hesitate to talk to one of the doctors or nurses, who will be happy to discuss your concerns with you.

## CONTACT DETAILS



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