Saint Mary's Managed Clinical Service
Division of Gynaecology

PATIENT INFORMATION LEAFLET

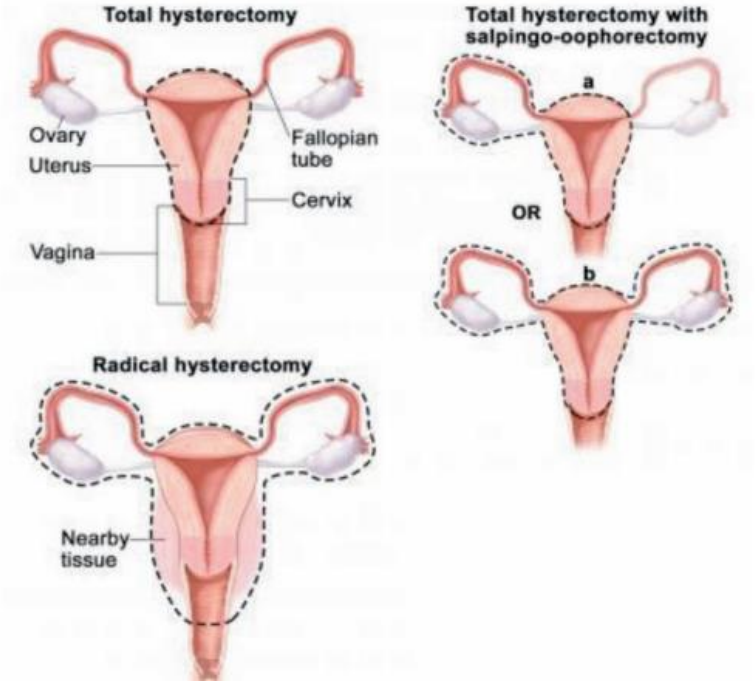
DAYCASE LAPAROSCOPIC HYSTERECTOMY

This leaflet aims to give you information about a laparoscopic hysterectomy including what to expect when being discharged on the same day. Hysterectomies are common in the UK with most performed on women aged between 40-50. Around 40,000+ carried out by the NHS every year.

WHAT IS A LAPAROSCOPIC HYSTERECTOMY

Laparoscopy is an operation that is performed via inserting a small telescope into the tummy button (Keyhole surgery) and avoids needing a large cut on the tummy. Between two to four additional small cuts will be made to allow the surgeon to insert instruments into the abdomen which is then filled with carbon dioxide (a gas) to make more space to perform the operation safely. This gas is released at the end of the procedure to minimise pain for recovery. A small tube (catheter) is inserted into the bladder to keep it empty and will be removed at the end of the procedure.

A total laparoscopic hysterectomy (TLH) involves removing the womb (uterus), the fallopian tubes and the neck of the womb (cervix). A subtotal hysterectomy involves removing the uterus but not the cervix. Sometimes during a hysterectomy, the ovaries may be removed at the same time. Your type of hysterectomy will be discussed with you prior to your surgery date.



WHY HAVE A HYSTERCOTOMY?

There are several reasons for why you may have been recommended to have a hysterectomy including:

- Heavy Periods
- Pelvic Inflammatory Disease (PID)
- Endometriosis
- Prolapse of the uterus
- Cancer

BENEFITS OF A DAYCASE HYSTERCOTOMY

Same day discharge is a safe and effective option after a laparoscopic hysterectomy and reduces the risks of complications related to a longer hospital stay such as hospital acquired infections.
Going home sooner enables you to move more freely and return to normal activities quicker meaning you are less likely to develop blood clots in your legs and lungs (thromboembolism).

RISKS OF LAPAROSCOPIC HYSTERECTOMY

The risks of laparoscopic hysterectomy cases include:

- Risks associated with anaesthesia.
- Heaving bleeding during operation that may require a blood transfusion.
- Infection which can affect the wounds, the pelvis, the bladder, kidneys or chest.
- Blood clots in the legs or the lungs.
- Some pain and bruising around the site of the operation.
- Damage to other structures in the abdomen such as blood vessels, bowels, bladder or ureters. If this happens you may need further surgery to repair any damaged structures.
- Unable to complete the procedure via a keyhole approach resulting in the need to convert to a laparotomy (open surgical procedure).

These risks are not increased by having day case surgery.

WHAT HAPPENS ON THE DAY?

You will be asked to arrive to the department by 07.15am and upon your arrival you shall be asked to confirm your identity, and a hospital identity wristband will be given to you that must be worn until you are discharged from hospital.

A member of the nursing staff with complete a full set of observations including pulse rate and blood pressure and provide you with time to answer any questions you may have. You will also need to provide your first morning urine sample. They will provide you with a hospital gown to change into, along with a pair of anti-embolism stockings (TEDS) to wear throughout your hospital stay. These are to reduce the risk of developing blood clots in your legs and lungs after surgery.

To aid with postoperative recovery, we aim to complete your surgery in the morning. The surgical team performing your procedure, and the anaesthetist will review you on the ward and discuss your procedure with you.

WHAT HAPPENS AFTER THE PROCEDURE?

You will wake up in theatre recovery after your procedure and may have an oxygen mask on to help with your breathing and/or an Intravenous (IV) line in your arm to give you fluids. You may have some discomfort in your abdomen/shoulder as a result of the carbon dioxide gas used to inflate the abdomen, but this will improve as you start to move around.

Once fully recovered from anaesthetic you will be transferred back to the ward. You will have pain relief and anti-sickness medication available if you need them.

When on the ward you will be assisted to:

1. **Eat and Drink.** You will need to eat and drink before you can be discharged home. Sometimes you can feel sick after anaesthetic but there will be anti-sickness medication available for you.
2. **Move around.** You may initially feel sleepy from anaesthetic. Once you are awake and feeling comfortable, we will assist you in walking around the ward.
3. **Pass urine.** You will need to pass urine and adequately empty your bladder before you can go home. If you are unable to pass urine, you may need to stay in overnight or it may be possible for you to go home with a temporary catheter. *If you require a temporary catheter follow up appointments will be made for removal.*

You will be reviewed by the surgical team on the ward to explain how the procedure went and to check you are safe for discharge home the same day.

You will need to have someone to collect you from the hospital and stay with you for the first 24 hours after surgery.

You will be provided with pain relief and laxatives (to prevent constipation) to take home. You will need to continue wearing your anti-embolisation (TED) stockings for 14 days after surgery to prevent a deep vein thrombosis (DVT). The surgical team will assess whether you also require low molecular weight heparin injections for 7 days after surgery. A nurse will teach you how to administer these prior to discharge and a disposal sharps bin for your syringes will be provided.

The day after your surgery, a member of the surgical team will call to check how you are at home and answer any questions you may have regarding recovery.

If you have had a full hysterectomy (removal of uterus including cervix) you will not usually need to continue with cervical smear tests, however your surgeon will advise you on this.

If you have had your ovaries removed, you may need to commence hormone replacement therapy (HRT). Your surgical team will discuss this with you.

For information regarding what to expect in your recovery post discharge, please scan the QR code below to be taken our **"Your recovery after surgery"** leaflet.

You will also be provided with the Pelvic Obstetric and Gynaecology Physiotherapy (POGP) advice leaflet that provides advice on exercises that should be performed from the day of surgery to 12-weeks post-surgery.

If you require any further information or clarification, including 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

Ward 12 – Trafford General Hospital

☎ 0161 746 2414 – 9am to 8.30pm Monday to Friday

0161 746 2110 – 24hours a day, 7 days a week

Emergency Gynaecology Unit (EGU)

☎ 0161 291 2561 (24 hours)

Located at Wythenshawe Hospital, enter via entrance 15.

The department operates a telephone triage system, you must call and speak to a specialist nurse before attending.

In case of emergency, please go to your nearest A&E