

## Patient Information sheet

### Total Laparoscopic Hysterectomy +/- Removal of Tubes and Ovaries

Laparoscopic surgery (key-hole surgery) can sometimes be offered as the way of performing a hysterectomy. A **Total Laparoscopic Hysterectomy (TLH)** involves removing the uterus (womb) and cervix (neck of womb) through small incisions in the abdomen.

This type of surgery may be offered for many reasons, for example: if you are diagnosed with early cancer of the lining of the womb (endometrium), early stage cervical cancer, or for benign conditions such as endometriosis, fibroids or to relieve heavy periods. The lymph glands in the pelvis and around the aorta may also be removed. If surgery is due to endometrial cancer (womb) the tubes and ovaries are also removed, however for cervical cancer they are not. Your surgeon will discuss this with you.

#### **Possible complications**

With any operation, occasionally there are **risks and complications** which may occur but it is important to remember these risks are rare. The anaesthetist will discuss risks associated with a general anaesthetic and pain control prior to your surgery.

You may have some blood loss at the time of your operation. A blood transfusion may be necessary to replace blood lost during the operation, although this is very unlikely. On very rare occasions there may be internal bleeding which may require a second operation.

With any operation occasionally you may develop blood clots in the veins of the legs or pelvis; these clots can sometimes travel to the lungs (pulmonary emboli). To minimise the risk of this we give you injections to thin the blood (Tinzaparin) and encourage you to move around as soon as you are able following your operation. The physiotherapist will be available following your operation, if required to encourage you to return to normal activity as soon as possible. You will also be given anti-embolism stockings which you are advised to wear post operatively, the length of time required will be advised by your nurse on discharge.

Bruising may develop around the wound site which should resolve in a few days. Sometimes patients may develop a hernia over the scar, this is a bulging of the abdominal wall due to muscle weakness after the operation. This may require further surgical correction.

There is a small chance that we may have to convert to open surgery (laparotomy) if the surgery cannot be completed by keyhole surgery or when internal organ injuries occur. There is a risk of bowel and blood vessels injuries (2 in 1000) associated with laparoscopic surgery. If a laparotomy is performed the incision is usually closed with metal clips, which are removed 7 days following surgery, either on the ward or by a District Nurse at home. The ward staff will arrange this prior to discharge

There is a risk that a small hole can develop in the bladder, or in the ureter (tube which carries urine to the bladder). This may require a further procedure to correct either at the time of the operation or at a later date. Also there is a risk that a small hole can develop in the bowel, if this occurs the injury will be repaired at the time of operation.

After pelvic lymph glands removal, there is a small risk of developing swelling in the legs or lower abdomen (lymphoedema) or you can develop a fluid collection where the lymph glands were removed in the pelvis, this is called a lymphocyst. This normally resolves on its own, but occasionally may need surgical drainage. Sometimes patients experience numbness around the scar area and the top and outside of the legs, this is due to damage of the small nerves. This may resolve with time.

### **After surgery**

You will return to Ward 21 following your operation. A mixture of pain relief medication is used post operatively so that we can make sure that you are comfortable following your operation. The anaesthetist will discuss this with you before your surgery. It is important to let us know if you have pain or sickness as this can be controlled with medication. You will be encouraged to eat and drink normally as soon as you are able to following your operation and to mobilise, ideally within 6 hours. Some women experience wind pain, this normally improves with increased mobility and adequate diet. However your doctor may need to give you medication to help with this.

## **Recovery**

It can take up to 4-6 weeks to fully recover from your operation. The ward staff will give you further information about your recovery prior to discharge from the ward. As a result of your surgery you will be required to take this time off from work.

## **Emotions and Sex**

We recognise that having surgery can be a very emotional time for both you and your family. If you need to talk about how you feel both the Medical team and the Nurse Specialists are available to discuss any concerns you may have. After the operation, avoid having penetrative sex for at least six weeks to allow the top of the vagina to heal fully. If you have any concerns please discuss this with your Nurse Specialist.

## **Fertility**

The loss of fertility can have a big impact if you have not started or not completed your family. You may want to explore this further before or after your operation. Your Doctor or Nurse Specialist will be happy to discuss this further with you.

## **Hormone Replacement Therapy**

The ovaries make the female hormones oestrogen and progesterone. If the ovaries are removed, you may experience menopausal symptoms, for example hot flushes, night sweats palpitations, vaginal dryness, mood change and difficulty in sleeping. Depending on your age you may be prescribed hormone-replacement therapy (HRT). More information is available about HRT; please ask your doctor or specialist nurse if you require further information. If your ovaries are not removed you will continue to produce eggs, however you will not have a monthly period and the eggs will be absorbed harmlessly by your body.

## **Follow Up**

A clinic appointment will be made for you once all your results are available and you will be notified either by post or by telephone. If you have any concerns regarding clinic appointments please contact your consultant's secretary directly. This appointment can be up to 10 days after your surgery to ensure all results are available.

If you feel that you may require additional support following your operation please discuss this with the nursing staff on admission to the ward otherwise your District Nurse/GP will be able to direct you to the appropriate services once you are home.

**It is important to inform us if you are admitted to another hospital whilst under the care of the Gynae-Oncology team at the QEH. If possible could you or a family member inform us by contacting your consultant secretary should this occur.**

**Main Hospital Number:**

(0191) 482 0000

**Ward 21:**

(0191) 445 2021

**Colposcopy Clinic:**

(0191) 445 6178

For further information:

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## Data Protection

Any personal information is kept confidential. There may be occasions where your information needs to be shared with other care professionals to ensure you receive the best care possible.

In order to assist us improve the services available your information may be used for clinical audit, research, teaching and anonymised for National NHS Reviews. Further information is available in the leaflet Disclosure of Confidential Information IL137, via Gateshead Health NHS Foundation Trust website or the PALS Service.

Information Leaflet: NoIL442

Version: 1

Title: Total Laparoscopic Hysterectomy +/- Removal of Tubes and Ovaries

First Published: December 2013

Review Date: December 2015

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