How can I help reduce Healthcare Associated Infections?

Infection control is important to the well-being of our patients and for that reason we have infection control procedures in place. Keeping your hands clean is an effective way of preventing the spread of infections. We ask that you, and anyone visiting you, use the hand sanitiser available at the entrance to every ward before coming into and after leaving the ward. In some situations hands may need to be washed at the sink using soap and water rather than using the hand sanitiser. Staff will let you know if this is the case.

www.buckshealthcare.nhs.uk
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If you require a translation of this leaflet please contact the staff on Ward 16B on 01296 418111
This leaflet is for women who have been advised to have a laparoscopic hysterectomy. It outlines the common reasons that doctors advise this operation, potential benefits as well as risks, recovering from the operation, and what to expect when you go home.

**What is a laparoscopic hysterectomy?**
A laparoscopic hysterectomy is the surgical removal of the uterus (womb) using key-hole surgery.

The different types of hysterectomy described in this leaflet depend on the reason it's being carried out and include:

- Laparoscopic hysterectomy or laparoscopic assisted vaginal hysterectomy: removal of the womb and the cervix (the neck of the womb).
- Subtotal hysterectomy: removal of the main part of the womb while leaving the cervix behind. With this type of hysterectomy you would still need a regular cervical smear test.
- With either of these operations the ovaries and tubes can be removed or retained and this will be stated separately on your consent form depending on discussions had with you prior to surgery.
- Also any laparoscopic hysterectomy can be combined with surgery to treat vaginal prolapse.

**Why is hysterectomy sometimes necessary?**
Women undergo hysterectomies to treat a range of conditions, Fibroids, heavy periods, endometriosis, prolapse, and cancer.

Hysterectomy is usually a planned procedure that, for conditions other than cancer, is usually considered when other medical or less invasive surgical treatments have failed or are contra-indicated.

**Useful Contact Numbers**

<table>
<thead>
<tr>
<th>Location</th>
<th>Phone Number</th>
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<tbody>
<tr>
<td>Stoke Mandeville</td>
<td>01296 316239/6548</td>
</tr>
<tr>
<td>Consultant Gynaecologists</td>
<td>01494 526161</td>
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**Please Note:**
This leaflet explains some of the most common side-effects that some people may experience. However, it is not comprehensive. If you experience other side-effects and want to ask anything else related to your treatment please speak to the staff on Ward 16B on 01296 418111.

We continually strive to improve the quality of information given to patients. If you have any comments or suggestions regarding this information booklet, please contact:

Women & Children's Directorate
Buckinghamshire Healthcare NHS Trust
Stoke Mandeville Hospital
Mandeville Road
Aylesbury, Buckinghamshire
HP21 8AL
Some women might experience some vaginal bleeding and discharge. If this is persistent (longer than 2-3 weeks) or becomes heavy with clots, or you notice an offensive smell, please contact your GP.

We usually recommend that for the first week after your operation that you take things gently. During the second week it is reasonable to consider light duties and during the third week you should be resuming normal activities. This might vary depending on the individual.

**General Advice:**

**Urine**
If passing urine becomes painful or you experience any problems, consult your GP.

**Hygiene**
You may shower; do not soak in a hot bath until any bleeding has stopped or at least 7 days after the operation.

**Driving**
You must not drive for 48 hours after the anaesthetic and until you are able comfortably to do an emergency stop.

**Sexual activity**
Refrain from penetrative sex for at least 6 weeks to allow for internal wounds to heal.

**Lifting and exercise**
Avoid heavy lifting and aerobic workout or strenuous exercise for 2-4 weeks. You may start gently when you feel comfortable.

**Follow up**
Your consultant may refer you to the Clinical Nurse Specialist for a follow up after surgery. This may be carried out with a telephone call to you at home. If you have any problem you can contact the Gynaecology Ward on the following numbers or arrange to see your GP.

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**What are the benefits?**
Laparoscopic Hysterectomy causes less trauma to the body than the traditional open hysterectomy.

It was developed to reduce pain, minimize scarring, and shorten recovery time.

**A quick visual guide to the female reproductive system**
Knowing these terms will help you understand the information provided in this section.

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**Laparoscopic Hysterectomy: how it is done?**

After you have been put to sleep under general anaesthesia, your abdomen will be filled with gas. Small incisions, less than 1/4" each, are made in the abdomen (tummy). A thin telescope, called a laparoscope, is inserted through the incision in the navel and the other instruments inserted.
through the other incisions. These instruments are used to separate the womb from its attachments. When the hysterectomy is done, the womb (and the ovaries and tubes when included) are removed through the vagina. In a subtotal hysterectomy the uterus is cut into small pieces inside the abdomen and removed through one of the small incisions. At the end of the procedure a catheter (a thin small tube) will be introduced to drain the bladder. Because a laparoscopic hysterectomy does not require the surgeon to make a large abdominal incision, you will not have the same kind of long visible scar typical with most traditional, open surgery and because of this, less pain.

You may have a vaginal pack – this is a piece of long gauze, which is soaked in antiseptic solution. This pack is usually removed the next morning after surgery along with the urinary catheter. Sometimes the catheter will be removed on the day of surgery.

What are some of the general risks associated with hysterectomy?
As with all surgery, hysterectomy involves risks. In addition to the usual risks with any operation of bleeding and infection, there is also a risk of damage to internal organs such as bowel, bladder and ureters (the tubes connecting the kidney to the bladder on each side). The risk is very low (1-3 per 1000 cases) and is usually identified during the surgery and corrected with no long term problems. If there are problems at the time of surgery, it may sometimes be necessary to make a larger incision to deal with this.

Other complications are temporary and are related to the use of anaesthesia, and side effects may include nausea, vomiting, drowsiness, dizziness, and headache.

When do I come in and how long would I expect to stay?
We try to ensure that all patients are seen in the Pre-Assessment clinic before the operation takes place. This is an outpatient visit and is an opportunity for us to ensure that you are fit and fully informed prior to the planned operation and have had a chance to discuss your aftercare with pre-op assessment nursing staff. We will carry out routine blood tests and sometimes other investigations before your surgery if required. This visit usually takes an hour.

You will usually be admitted on the day of the surgery. Your length of stay in hospital depends on a number of factors, but most women can go home the day after surgery if they feel well.

Symptoms I might expect after surgery?
You may experience some shoulder tip discomfort, which is due to the trapped gas from the operation. This will settle quickly, but pain relief and peppermint water along with gentle mobilisation would help.

You may have some initial abdominal discomfort requiring pain relief. If you have problem with constipation please ensure you are prescribed bowel medication along with your pain relief tablets.

What happens if my ovaries are removed before the menopause?
If your ovaries are removed you may experience symptoms associated with menopause - such as hot flushes, insomnia, vaginal dryness, irritability or depression - unless hormone replacement therapy (HRT) begins soon after surgery. Your doctor will discuss this with you during counselling for your operation.

If your ovaries are not removed, you will continue to have monthly menstrual cycle-related hormone changes, but you will not have bleeding.