How can I help reduce Healthcare Associated Infections?

Infection control is important to the wellbeing 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 main entrance of the hospital and at the entrance to every clinical area before coming into and after leaving the clinical area or hospital. 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.

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A laparoscopic subtotal or supracervical hysterectomy (LSH/LASH) is keyhole surgery to remove the uterus (womb), however the neck of the womb or cervix is left intact. With this type of procedure you will still need to have routine cervical smear tests. A total laparoscopic hysterectomy (TLH) is removal of the womb including the neck of the womb by keyhole surgery. Either of these operations may be performed with removal or preservation of the fallopian tubes and ovaries.

Why is a hysterectomy necessary?
Women undergo hysterectomies to treat a range of conditions including heavy menstrual bleeding, fibroids, 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.

What are the benefits of a keyhole operation?
The advantages of having a hysterectomy by the laparoscopic or keyhole approach are less scarring, less pain after the operation, shorter stay in hospital and a quicker return to normal life.

What is the difference between a laparoscopic subtotal or a total hysterectomy?
A subtotal hysterectomy involves removing the body of the womb without the cervix. As a result the operation is quicker and generally easier and the risk of complications including damage to the bladder and the ureters (the tubes draining the kidneys to the bladder) is less. You will also have a smaller risk of developing a vaginal prolapse in the future

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 Surgical Floor on 01296 318110 or arrange to see your GP.

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 your GP or the Clinical Nurse contact on the Surgical Floor.

Useful Contact Numbers
Stoke Mandeville Hospital 01296 315000
Ask for Gynaecology Secretaries
Surgical Floor 01296 418110
Wycombe Hospital 01494 526161
Ask for Gynaecology Secretaries or Day Surgery

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 Division
Buckinghamshire Healthcare NHS Trust
Stoke Mandeville Hospital
Mandeville Road
Aylesbury
Buckinghamshire
HP21 8AL
Some women might experience some vaginal bleeding and discharge, though usually this is very minimal after a laparoscopic subtotal hysterectomy. However, if your loss 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 you take things gently with no strenuous lifting eg nothing heavier than a kettle. However you should begin walking if possible, as soon as you get home, gradually increasing to 30-60 minutes a day after 2 or 3 weeks.

On the whole you should be able to perform light duties during the second week and you should be resuming normal activity during the third week.

**Useful Contact Numbers**

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

**Hygiene**
You may shower or bath the day after your operation. Do not worry about your scars getting wet, pat them dry with a clean tissue or let them air dry.

**Driving**
You should not drive for 48 hours at least after your anaesthetic. Please seek advice from your insurance company or refer to your insurance documentation before driving.

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

**Lifting and Exercise**
Avoid heavy lifting and strenuous aerobic exercise for 2-4 weeks.

However after a subtotal hysterectomy you will still need to have routine cervical smear tests and you will have a small chance of spotting (about 10%) at your periods. The risk of needing further surgery to remove the neck of the womb at a later date is also small at about 8 in 100 cases.

A laparoscopic total hysterectomy is similar to a subtotal hysterectomy except that the neck of the womb (cervix) is removed during the operation. It may be an advantage to perform this type of operation when pain is the main reason for the hysterectomy eg from endometriosis or if you no longer wish to contemplate further cervical smears.

Your Doctor will discuss the options with you and help you in reaching the decision on the appropriate procedure for you.

**A visual guide to the female reproductive system**

**Laparoscopic Subtotal/Total Hysterectomy – How is it done?**

**Subtotal hysterectomy**

![Uterus and cervix removed - a total hysterectomy](image1)

![Uterus removed - subtotal hysterectomy](image2)
After you have been put to sleep under a general anaesthetic your abdomen is filled with carbon dioxide gas. Small incisions, less than ¼” each, are made in the abdomen (tummy). A thin telescope, called a laparoscope, is inserted through an incision in the navel and instruments passed through the other incisions. These instruments are used to separate the womb from its attachments and blood supply and the body of the womb is detached from the neck of the womb.

An instrument called a morcellator is then used to remove the womb from the abdomen in thin strips and all the skin incisions closed.

**Total hysterectomy**

If a total hysterectomy is performed, after separation of the whole womb (body and neck), the top of the vagina (the vault) is opened and the uterus removed. The vaginal vault is then restitched laparoscopically.

At the end of either procedure a thin tube (catheter) is introduced to drain the bladder and will be removed as soon as possible.

You may also have a vaginal pack in the vagina which will be removed the morning after your surgery.

**What happens if my ovaries are removed before the menopause?**

If your ovaries are removed with a hysterectomy, you may experience symptoms associated with the menopause. These include hot flushes, night sweats, insomnia, vaginal dryness, irritability and/or depression unless hormone replacement therapy (HRT) begins soon after surgery. Your doctor will discuss this with you during counselling for your surgery.

If your ovaries are not removed, you will continue to have monthly menstrual cycle related hormone changes and with a subtotal hysterectomy you may possibly have minor spotting. After a total hysterectomy you will not have any bleeding.

**What are some of the general risks associated with a hysterectomy?**

Other than anaesthetic risks which are associated with all operations, laparoscopic hysterectomies have a risk of heavy bleeding during the operation and this occurs in about 1% of patients. Infection can occur in up to 10% of patients post hysterectomy. There is also a small risk of damage to pelvic organs such as the bowel, bladder, and ureters (the tubes draining the kidneys to the bladder).

Occasionally it may be necessary to treat complications or to complete the operation via a bikini–line or other incision.

**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 appointment and is an opportunity for us to ensure that you are fit and fully informed prior to the planned operation and have a chance to discuss your aftercare/discharge with the nursing staff.

We will carry out routine blood tests and sometimes other investigations before your surgery if necessary. The visit usually takes about an hour.

You will normally be admitted on the day of your surgery. Your length of stay depends on a number of factors but most women can go home 24-48 hours after their surgery if they feel well enough.

**What might I expect after surgery?**

You may experience some shoulder tip (top of the arm and end of the shoulder) discomfort, which is due to the trapped gas from the operation. This will settle quickly, but pain relief medication and peppermint water, along with gentle mobilisation, will help.

You may have some initial abdominal discomfort requiring pain relief. If you have a problem with constipation following your operation please ask for bowel medication to be prescribed along with your pain relief tablets.