


LAPAROSCOPIC HYSTERECTOMY

Q&A FOR PATIENT ENQUIRIES

HYSTERECTOMY



What is a hysterectomy?

This involves the removal of the uterus and is one of the most common gynaecological operations. It may also involve the removal of the fallopian tubes and the ovaries.


Many patients experience unpleasant symptoms such as heavy bleeding or pain before the operation. The hysterectomy offers a welcome cure and the opportunity for improved health.

How is a hysterectomy performed?

A hysterectomy can be performed through an abdominal incision, by operating through the vagina or operating through the vagina with the assistance of a laparoscope.

Why do I need a hysterectomy?

There are a number of reasons why a woman needs a hysterectomy and these include very heavy or painful periods; fibroids; endometriosis; cancer; hormonal imbalance or prolapse.



Are there any other alternatives to having a hysterectomy?


It is very important that you discuss with your surgeon the treatment which is most appropriate for you, however depending on your condition and the severity of it, there are some less invasive alternatives as follows:

Dilatation and Curettage (D&C)

For the investigation and treatment of heavy or irregular blood loss (menorrhagia). This involves the gradual stretching of the neck of the womb and then inserting an instrument to remove the lining of the uterus. This operation rarely improves symptoms and it is mainly used as a diagnostic procedure to exclude serious underlying pathology, e.g. cancer.

Endometrial Ablation

Endometrial ablation is usually carried out under general anaesthetic for the treatment of disorders of the lining of the uterus (endometrium) including heavy or irregular bleeding. The lining of the uterus is destroyed using either electricity or, rarely, a laser.



Myomectomy

This is the surgical removal of fibroids - fibrous bundles which grow inside the uterus. For the removal of fibroids, a hysterectomy is generally recommended, however, when this is not desired a myomectomy may be an alternative.

The surgery is performed through an abdominal incision (10-20cm) under general anaesthetic. The uterus is opened and the fibroids are removed. This operation can also be performed laparoscopically. If laparoscopic techniques are used, hospital stay and recovery time are reduced.

LAPAROSCOPIC SURGERY



What is laparoscopic surgery?

In traditional or open surgery, the surgeon makes a large incision (cut) in the abdomen and exposes the organs of the body to be operated on. Laparoscopic surgery involves three or four small (5-10mm) surgical incisions through which ports are inserted. The surgical instruments are then passed through the ports.

The surgeon is able to see inside the abdominal cavity using a special viewing instrument called a laparoscope which is a form of telescope with a powerful light source. A miniature video camera is connected to the laparoscope and this projects a clear image from inside the body onto a TV screen. By viewing the operation on the TV monitor, the surgeon is able to manipulate the laparoscope and surgical instruments from outside the patient's abdomen to carry out the surgical procedure within.

What are the advantages of laparoscopic surgery?

Large incisions are avoided so that patients experience less pain following laparoscopic surgery. Post-operative mobility is increased and earlier discharge from hospital and earlier return to work is possible. There are also

fewer respiratory problems. The cosmetic advantage is very evident as there is minimal external scarring.

How common is laparoscopic surgery?

Laparoscopic surgery is proving beneficial for several operations and for many it is the operation of choice. Laparoscopic surgery is well accepted within the medical profession and its use is increasing for more procedures.

LAPAROSCOPIC HYSTERECTOMY



What is a laparoscopic hysterectomy?

Laparoscopy requires carbon dioxide gas to inflate the abdomen. It creates room around the organs and allows the surgeon a clear view. Three or four small incisions give access to the laparoscope and other surgical instruments. Once the uterus is detached from the surrounding tissue and the blood vessels sealed, it is then removed through the vagina.

Why recommend a laparoscopic hysterectomy?

There are three ways of conducting a hysterectomy. The first is an abdominal hysterectomy which involves a large incision and an extended recovery time. There is also a vaginal hysterectomy where the uterus is removed through the vagina and the third is where the uterus is removed through the vagina with the assistance of a laparoscope.

By using laparoscopic surgery, more patients can have their uterus removed through the vagina and therefore avoid a large incision. This means the procedure is less traumatic for a patient and there is less pain, minimal scarring, less blood loss, faster recovery and a quicker return to normal activity.

Is it safe?

With all types of surgery there is a risk involved, however laparoscopic surgery is as safe as abdominal or vaginal hysterectomy. The surgeon will tell you what the possible complications and risk factors might be for this operation.

As laparoscopic surgery involves smaller incisions, recovery time is decreased.

Occasionally during an operation, the surgeon may discover an additional problem which complicates the procedure. In this situation, the surgeon may need to make a number of decisions which might include converting from laparoscopic to open surgery.

How long does a laparoscopic hysterectomy take?

Each case is treated individually as there are a variety of components that may impact on the length of the surgery. For example, a small uterus takes less time to remove than a larger one. On average, the operation should take between 60 and 90 minutes.

How long have laparoscopic hysterectomies been performed in this way?

This procedure has been carried out in this way since 1989 and at least 1,800 Australian and New Zealand women have a hysterectomy performed this way each year.

How many patients have you referred for this type of operation?

GP TO PROVIDE ANSWER.

Will a laparoscopic hysterectomy be very painful?

A certain amount of discomfort should be expected following any operation. During a laparoscopic operation, carbon dioxide is used to inflate the abdomen giving the surgeon the room he/she needs to operate. This causes the abdominal wall to stretch giving rise to a dull pain which can be severe but usually lasts no more than 12-24 hours.

Gas and/or fluid may irritate the diaphragm resulting in possible shoulder tip pain in some patients. Any discomfort usually passes within 24 - 48 hours. There will be (mild/moderate) pain and discomfort at each incision site but this should be relatively minor and not last longer than a few days.

Is this a major operation?

Yes, this is a major operation as it involves the removal of the uterus. It is therefore common to feel discomfort and pain after the surgery.

What is the likelihood of complications after this operation?

There are potential complications involved in any surgery. You should discuss this with your surgeon.

Will I suffer the symptoms of menopause?

If the operation is performed before menopause and the ovaries are left intact, hormones will continue to be produced. Menstrual cycle symptoms, if experienced previously, may therefore continue, e.g. breast tenderness, bloatedness, irritability or depression. These symptoms are usually less intense than before and will end with natural menopause.

However, if both ovaries are removed, symptoms of post-menopause may result.

Will I need to take hormone replacement therapy after the operation?

If the ovaries are removed, HRT is often suggested.

**GP TO PROVIDE
ADDITIONAL INFORMATION.**

POST-OPERATIVE CARE



How long will it take me to recover from this surgery?

A laparoscopic hysterectomy involves extensive internal surgery. This means that although the external scar may heal quickly - usually within one week - the internal healing process takes considerably longer. The time taken depends very much on the extent of the surgery, your general state of health and how careful you are during recovery.

Some women may experience difficulties in coming to terms with having a hysterectomy. Others find they are affected emotionally after the operation. The understanding and support of family and friends can be invaluable at this time but counselling with a trained professional can do much to dispel any anxieties you may have about the operation.

How long before I can be back on my feet again?

You should be able to leave hospital between the second and fourth day after the operation, however you may still experience some pain or discomfort for up to a week. You should be fully recovered within about three weeks.

How long until I can drive again?

It is recommended that patients only consider recommencing driving a minimum of five days after surgery. It is important that you only drive when you are comfortable.

How long will I be in hospital?

You will be in hospital between two and four days. You should experience no discomfort after about three weeks.



Will I have much scarring?

An advantage of laparoscopic hysterectomy is that scarring is minimal and your wounds should heal quickly. You can shower or wash your wound after the first day, unless the surgeon tells you otherwise, but do not soak in the bath for the first few days.

How long before I can get back to my normal activities?

Generally, people who have laparoscopic surgery are able to go back to work faster than those who undergo traditional open surgery. When you can return to work is dependent on the type of operation you have had and the type of work you do. You may be able to return to work after two weeks.

Will I need to have the stitches removed?

Some stitches will dissolve after about seven to ten days, but non-absorbable stitches will need to be removed three to four days after the operation.

How long before I can have sex again?

Most patients wish to rest for four to six weeks or at least until their initial discomfort disappears.



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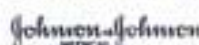
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