



Operation Information

Laparoscopic Assisted Vaginal Hysterectomy(LAVH)/ Laparoscopic Assisted Subtotal Hysterectomy (LASH)

Introduction

A laparoscopic hysterectomy is a surgical procedure to remove the womb using key-hole surgery. There are two different types of hysterectomy which are Laparoscopic Assisted Vaginal Hysterectomy (LAVH) and Laparoscopic Assisted Subtotal Hysterectomy (LASH). LAVH is used to remove the womb and the cervix. LASH is used to remove the main part of the womb while leaving the cervix behind.

It is performed to treat different gynecological problems such as uterine fibroids, endometriosis, abnormal vaginal bleeding, uterine prolapse and gynecological cancer. The patient may experience early menopause symptoms such as hot flushes, anxiety, mood swings, sweating and vaginal dryness etc. if the ovaries are removed during the operation. Hormone Replacement Therapy (HRT) may be used to relieve these symptoms.

Outcomes

The expected outcome of this procedure is to remove the womb in order to treat the gynecological problems. It is less traumatic to the body when compared with traditional open hysterectomy. The benefits of the operation include reduced pain, minimized scarring, and shortened recovery time. Once the operation has been completed, your menstrual cycle will cease and the patient will be unable to become pregnant.

Procedures

1. The operation is performed under general anaesthesia.
2. Carbon dioxide gas is used to distend the abdomen.
3. 3 – 4 small incisions are made in the bellybutton and in the lower part of tummy.
4. A laparoscope and laparoscopic instrument are inserted into the abdomen.
5. The womb is removed through the vagina (LAVH) or the womb is cut into small pieces inside the abdomen and removed through one of the small incisions (LASH).
6. An indwelling urinary catheter is inserted into the bladder.
7. The abdominal and vaginal wounds are closed with stitches.

Possible Risks and Complications

1. Haemorrhage which may require blood transfusion
2. Damage to the bladder, bowel or ureter which may require further investigation or operation
3. Damage to large vessels
4. Conversion to laparotomy if laparoscopic surgery is not feasible
5. Infection, such as pelvic or wound infection
6. Deep Vein Thrombosis
7. Secondary haemorrhage
8. Post-operative ileus
9. Vault haematoma

** The risks listed above are in general terms and the possibility of complications is not exhaustive. Please understand that even though all operations are carried out with utmost professionalism and care, this does not rule out the possibility of complications arising. In the event of peripheral organ damage or post-operative haemorrhage or leakage, further operations may be required.

Pre-operative Preparations

1. Good hygiene can prevent surgical wound infection. Therefore, we advise you to clean up yourself on the day of operation.
2. The procedure and possible complications will be explained by the doctor and a consent form must be signed prior to the operation.
3. Please inform the doctor and nurse all your past medical history, previous surgical operations, current medication and any complication with drug or anaesthesia.
4. Blood test such as a cross match or type & screen test might need for prepare blood transfusion as necessary.
5. Clipping of hair on the operation site may need as required.
6. Nurse will supply a surgical soap to you for wash your abdomen.
7. No food or drink six hours before operation.
8. Please change into a surgical gown after removing all belongings including undergarments, dentures, jewelry and contact lenses.
9. Please empty your bladder before the operation.

Post-operative Instructions

General

1. After general anaesthesia, you may:
 - experience discomfort in the throat after tracheal intubation.
 - experience side effects of anaesthesia including feel tired, drowsy, nausea or vomiting. Inform the nurse if symptoms persist or worsen.
2. Please inform the nursing staff of wound pain. Proper pain relief treatment by injection or oral medication may be prescribed by the doctor.
3. An indwelling urinary catheter is inserted into the bladder to empty the urine. It will be removed before discharge.
4. Showering is allowed as soon as you feel well. The wound must be kept clean and dry afterwards.
5. You can usually be discharged 4 days after the operation.
6. Small amount of vaginal bleeding is common and may persist up to 2-3 weeks.

Wound Care

The wound is covered with a sterile dressing which must be kept clean and dry.

Diet

1. A normal diet may be resumed as instructed after recovery from general anaesthesia.
2. Drinking plenty of water in conjunction with a fiber-rich diet can reduce urinary tract infection and constipation.

Activities

Early mobilization is encouraged to prevent deep vein thrombosis.

Advice on Discharge

1. The recovery time may take 2-4 weeks.
2. Prescribed pain medication may be taken as needed.
3. Some vaginal bleeding or discharge within a week is normal.
4. You can take a bath or shower as normal, please avoid long soaks in the bath and bubble baths until your discharge has stopped.
5. It is reasonable to consider light activities in the second week and during the third week you should be resuming normal activities. Please note that stair climbing, heavy lifting, strenuous exercise and swimming should be avoided for 6 – 8 weeks.
6. Short walks are encouraged to promote blood circulation and reduce the risk of complications developing.
7. Tampons and douching should be avoided if there is still vaginal bleeding or discharge present.
8. Refrain from penetrative sex for at least 6 weeks to allow for internal wounds to heal.
9. Immediately consult your doctor or return to hospital for professional attention in the event of massive vaginal bleeding, increasing abdominal pain (pelvic cramps), painful urination, passing blood clots, offensive-smelling discharge, shivering, high fever over 38°C or 100.4°F, or any other unusual symptoms etc.
10. Any follow-up consultations should be attended as scheduled.

Should there be any enquiries or concerns, please consult the attending doctor.

Under the professional care of the doctor, you will gradually recover. We wish you all the best during your treatment and recovery.

If you have any questions after reading the entire leaflet, please write them down in the spaces provided in order for the doctor to further follow-up.

Compiled by Union Hospital Operating Theatre (OT) Governance Committee

The above information is for reference only, please enquire your physician for details
Our Hospital reserves the RIGHT to amend any information in this leaflet without prior notification