



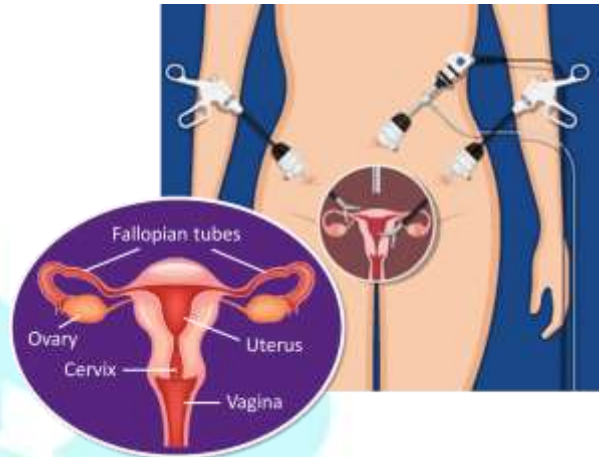
Operation Information

Laparoscopic Hysterectomy

Introduction

Laparoscopic hysterectomy is an operation in which the uterus and possibly the ovaries, fallopian tubes, and cervix are removed through small incisions in the abdomen. The incisions for a laparoscopic hysterectomy are relatively small, pain and recovery times from a laparoscopic hysterectomy are significantly less when compared with an abdominal hysterectomy.

This operation is performed to treat different gynecological problems such as severe chronic infection or inflammation, heavy or irregular periods, uterine fibroids, suspected or proven cancer of the uterus or cervix. The benefits of this operation depend on the type and severity of problems that you are having. Please discuss with your doctor for appropriate plan and treatment.



Source:
<https://ntmconline.net/services/surgery/general-surgery/laparoscopic-assisted-vaginal-hysterectomy/>

Outcomes

Once the operation has been completed, symptoms related to the diseased uterus may be cured or improved, your menstrual cycle will cease and you will be unable to become pregnant.

Procedures

1. The operation is performed under general anaesthesia.
2. 3 – 4 small incisions are made in the bellybutton and in the lower part of the tummy.
3. A laparoscope and laparoscopic instrument are inserted into the abdomen through the incisions to remove the uterus and cervix. The uterus will be collected through vagina.
4. The ovaries, fallopian tubes, cervix and/or the upper part of the vagina may be removed if necessary.
5. 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. Venous Thromboembolism (VTE)
7. Secondary haemorrhage
8. Post-operative ileus
9. Vaginal 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. Please inform doctor if you are taking medications that affect blood coagulation, such as Aspirin, Warfarin, Xarelto or Pradaxa and Chinese medication.
4. You may have blood tests, ECG, X-ray, ultrasound and pelvic CT scan if needed.
5. Shaving on the operation site may be needed.
6. Nurse will supply a surgical soap to you for washing your abdomen.
7. No food or drink six hours before operation.
8. Please change into a surgical gown after removing all clothing including undergarments, dentures, jewellery 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 tired, drowsy, nausea or vomiting. Inform the nurse if symptoms persist or worsen.
2. Please inform the nurse 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 urine. It will be removed before discharge.
4. Showering is allowed as soon as you feel well.
5. You can usually be discharged 4 days after the operation.

Wound Care

1. The wounds are covered with sterile dressings which must be kept clean and dry.
2. Stitches will be removed or dissolve in 2 weeks.

Diet

1. A normal diet may be resumed as instructed after recovery from general anaesthesia.

Activities

1. Early mobilization is encouraged to prevent venous thromboembolism.
2. You should be fit enough to do light activities but stair climbing, heavy lifting, strenuous exercise and swimming should be avoided for 6 – 8 weeks.

Advices on Discharge

1. The recovery time may take 2-4 weeks.
2. Prescribed pain medication may be taken as needed.
3. Bloody vaginal discharge within a week is normal.
4. You can take a shower as normal, please avoid bathing until vaginal discharge has stopped.
5. Short walks are encouraged to promote blood circulation and reduce the risk of complications developing.
6. Tampons, douching, and sexual intercourse should be avoided if there is still vaginal bleeding or discharge.
7. Immediately consult your doctor or return to hospital for professional attention in the event of massive vaginal bleeding, offensive-smelling vaginal discharge, increasing abdominal pain (pelvic cramps) or distention, bleeding or purulent discharge from abdominal wound, shivering, high fever over 38°C or 100°F, or any other unusual symptoms.
8. 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