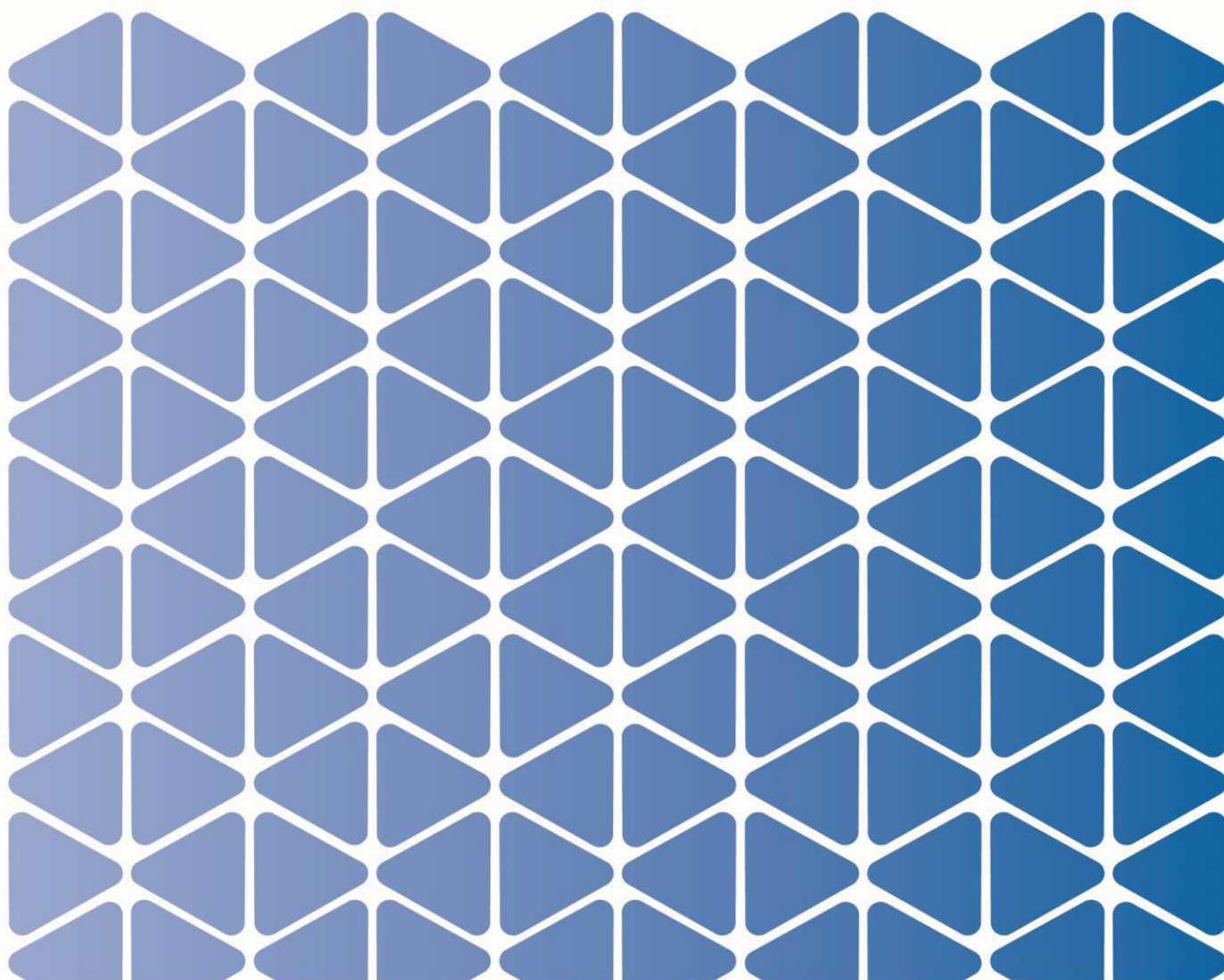




PATIENT INFORMATION GYNAECOLOGY

LAPAROSCOPIC HYSTERECTOMY

Same Day Discharge Surgery



You have chosen to be listed for a Same Day Discharge Laparoscopic Hysterectomy ('keyhole' hysterectomy). We hope that this information leaflet will help you to understand your care options. We hope that you will feel comfortable to ask questions of your health professional so that you can work together to make a plan that meets your needs and priorities.

Remember you can always ask the healthcare professional to explain things differently, explain things again, or to write down information for you.

Same Day Discharge Laparoscopic Hysterectomy

This leaflet is intended for people who are considering or have decided to have a hysterectomy and where the plan is for them to go home on the same day as their surgery. It will help you understand more about the surgery itself, the benefits of going home on the same day and how you will be followed up by the team afterwards and can contact them for advice.

What is a Laparoscopic Hysterectomy?

A laparoscopy is sometimes called keyhole surgery. This means an operation that is performed via a small telescope inserted into the belly button. The procedure avoids needing a large open cut on the abdomen (tummy).

A **total** hysterectomy involves removing the womb (uterus) and the neck of the womb (cervix). A **subtotal** hysterectomy involves removing the uterus but not the cervix. You may also have the **ovaries** removed at the same time. The type of hysterectomy will be discussed with you by your Gynaecologist before the surgery.

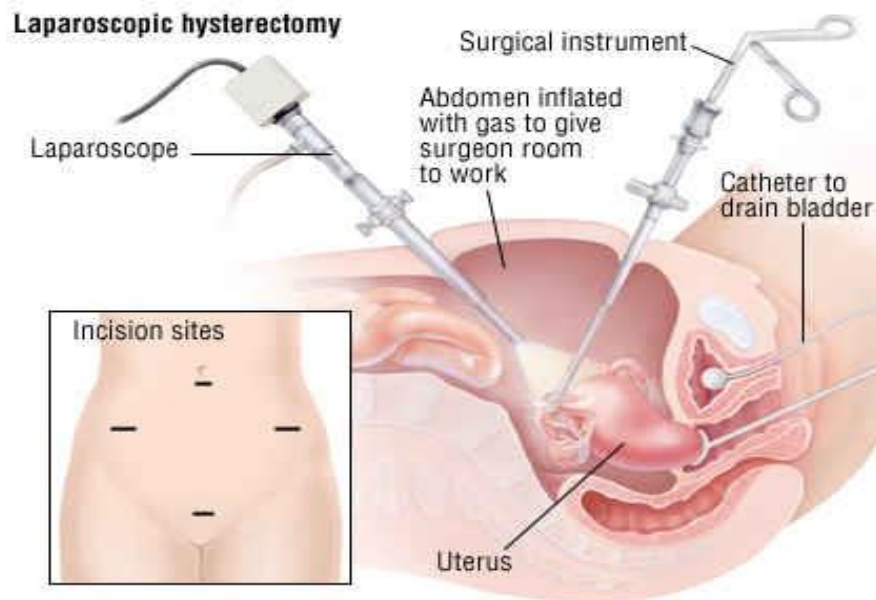
With either type of hysterectomy, the fallopian tubes are usually removed as well. The fallopian tubes are attached to the uterus and are only used during reproduction.

Common reasons for requiring this surgery include heavy periods, fibroids, severe period pain / endometriosis and sometimes cancers of the womb or cervix. Alternative options of treatment should have been discussed between you and your Gynaecologist before your decision to proceed with a hysterectomy.

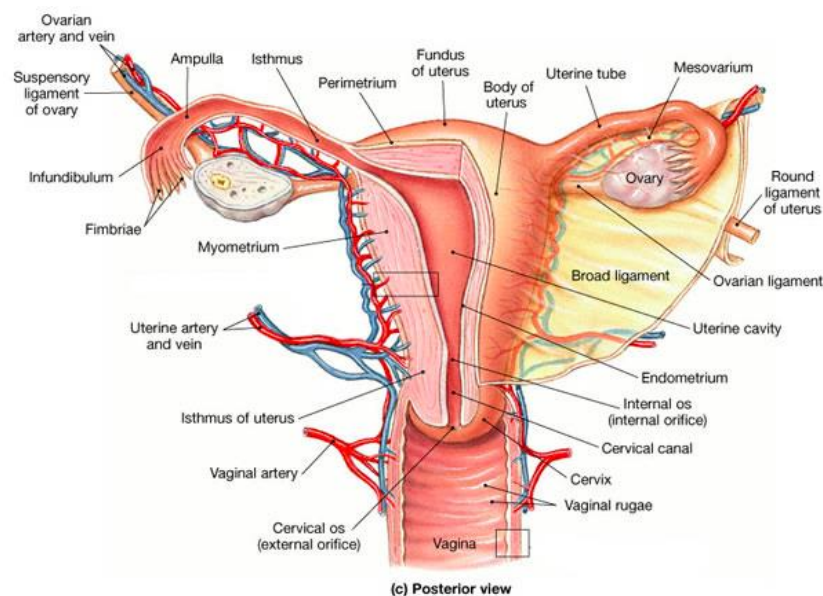
How is the Laparoscopic Hysterectomy performed?

This procedure is performed under a general anaesthetic meaning you will be asleep. A small tube (catheter) is put into the bladder to keep it empty through the surgery. Urine will drain from the tube into a collection bag. This will be removed either at the end of surgery or in the theatre recovery room following surgery so that when you get back to the ward you can move around freely.

A laparoscope (telescope attached to a camera) will be inserted through a cut in the belly button. Between two and four further small cuts will be made to allow the surgeon to insert instruments into the belly which is then filled with carbon dioxide gas to make more space to safely perform the operation.



During a total hysterectomy the uterus, fallopian tubes and cervix will be removed through the vagina. The upper part of the vagina (vaginal vault) is then closed with absorbable stitches. If you have decided to keep your cervix (sub-total hysterectomy), the uterus and fallopian tubes will be cut into smaller pieces so that they can be removed through a small cut in your belly. If the ovaries are also being removed this will happen at the same time.



Same Day Discharge Laparoscopic Hysterectomy refers to a package of care. This involves pre-surgical preparation to inform you about what to expect before, during and after your operation using both written, verbal and sometimes video information. You may be given a patient diary to complete, which charts your progress in hospital. You can decide yourself whether you wish to complete it, but we think it may help you to

know what to expect, how you are progressing during your hospital stay and how you will feel.

There will be an opportunity to ask questions when you have your pre-operative assessment appointment with a specialised nurse or anaesthetist. At that appointment you will be asked questions about your medical history and general health to check that you are suitable for a Same Day Discharge procedure. There will be a further opportunity to ask questions when you see your surgeon and anaesthetist on the morning of your operation and after the operation before you are discharged.

What are the benefits and/or risks of the same day surgery?

All operations have benefits and risks. Your Gynaecologist will discuss these with you. They will also ask you to sign a consent form that explains the benefits and risks.

Benefits of Same Day Surgery:

- Faster recovery ('key-hole' surgery and our specific recovery programme support you to get better faster)
- Going home sooner (usually the catheter has been removed and so you are able to move more freely and return to your normal activities)
- Less likely to develop blood clots in the legs and lungs (thromboembolism)
- Returning to eating and drinking sooner
- Being less likely to catch an hospital-acquired infection

Risks of Same Day Surgery:

Most of the risks relate to the surgical procedure rather than the Same Day Discharge package of care.

The risks of the procedure (which are not increased by going home the same day) include:

- Risks associated with anaesthesia - these risks will be discussed with you by your anaesthetist which include nausea and vomiting, sore throat, damage to teeth and allergy to the drugs used
- Heavy bleeding during the operation that may require a blood transfusion or changing to a laparotomy (open surgical procedure) with a larger horizontal or vertical cut
- Infection which can affect the wounds, the pelvis, the bladder, kidneys or chest. This also includes viruses like COVID-19
- Blood clots in the legs or the lungs
- Some pain and bruising around the site of the operation
- Damage to other structures in the abdomen such as the blood vessels, bowel, bladder or ureters (these are the tubes that carry urine from the kidneys to the

bladder). If this happens you may need further surgery to repair any structures that were damaged

- Inability to complete the procedure via laparoscopy (keyhole) and need to convert to a laparotomy (open surgical procedure) with a larger horizontal or vertical cut

Consent

We want to involve you in decisions about your care and treatment. If you decide to go ahead with surgery you will be asked to sign a consent form. This states that you agree to have the treatment and you understand what it involves. If you would like more information about our consent process, please speak to a member of staff caring for you.

What do I need to do before the procedure?

To help with recovery you should try to keep healthy by exercising and avoiding smoking and alcohol in the 4 weeks prior to surgery. If you are overweight, losing some weight before the operation will also help with a quicker recovery and reduce the risks of problems during the surgery. To reduce your risk of thrombosis (blood clots in legs or lungs) you may be asked to stop the combined contraceptive pill or HRT up to 4 weeks before surgery.

You can eat and drink normally up until 02:30 in the morning of your operation and we encourage you to drink a large glass of water between 6-6.30am.

What happens on the day of the surgery?

Admission processes vary slightly across the various hospital sites and locations. On arrival to the unit, one of the nursing staff will show you to your bed space or admission cubicle and answer any questions. They will ask you to confirm your identity and put a wristband on you which you should leave on whilst you are in hospital. Your pulse rate, blood pressure and temperature will be recorded and you will be asked to provide a urine sample.

The surgical team performing the operation and the anaesthetist will come to see you and talk the procedure through with you. They will let you know the likely timing of the operation when you arrive and will instruct you about drinking water up until 2 hours before the time of your operation.

You will be given a hospital gown to change into and a pair of anti-embolism stockings to wear throughout your hospital stay. You should take these home and wear them until you are fully mobile (up to 2 weeks). These are to reduce the risk of blood clots developing in your legs and lungs after surgery.

When it is time for your operation, a nurse will take you to the theatre where you will be introduced to the team in the anaesthetic room. Nursing staff will also collect you after the procedure is finished.

What happens after the treatment?

You will wake up in the theatre recovery area after the procedure. You may have an oxygen mask to help with your breathing and drip in your arm to give fluids. You may still have a small tube in the bladder called a catheter which is used to drain the bladder and keep it empty during the operation. This will be removed when you are awake.

You will have some discomfort in your tummy and/or shoulder tip which will gradually get better as you start to move around on the unit. The nurses will give you regular pain relief and anti-sickness medication while you are in hospital.

As the operation is performed with a keyhole technique (without the need for an open cut on the tummy), pain is usually managed with simple pain killers such as paracetamol and ibuprofen.

The nursing staff will encourage you to drink so you are well hydrated and to start moving around as soon as possible after the surgery. This usually involves helping you to sit out in a chair at the bedside from about 2 hours after you have returned to the ward and you should be able to walk to the bathroom within 4-6 hours of your surgery. Mobilising soon after surgery will help your recovery, assist bladder and bowel function and reduce the risks of blood clots forming.

You will have 3-5 small cuts around 0.5-1.5cm on your tummy. They will have been closed with absorbable stitches and covered with small dressings. These dressings are waterproof (for the shower) and can be removed completely after 5 days. The stitches do not need to be removed and will fall out within approximately 2 weeks allowing the wounds to fully heal by about 2 weeks after the operation. You should shower instead of having a bath during this time to reduce the chance of infection.

Going Home

You are likely to be ready to go home on the evening following your surgery. However, we recognise that everyone recovers differently and you may need longer to recover, or your doctor may request you stay longer after the operation. In general, once you are eating and drinking and can pass urine normally, you will be ready to go home. You will need to be able to walk around on the ward comfortably with oral pain relief before you are discharged.

Do make sure you have Paracetamol and Ibuprofen ready at home. We will recommend you take these regularly after surgery. You should start Ibuprofen the day after surgery

and take 400mg FOUR times a day. This is more than the stated dose on the packet and although safe after surgery this dose should not be taken for more than 7 days.

If you are not able to pass urine normally in the few hours after surgery, a small tube (catheter) can be re-inserted into your bladder to empty it. It will be attached to a small bag carried discretely on your leg. If this is required, this does not need to stop you going home. In this case, you will go home with a catheter and be asked to return on the third day after your surgery to have the catheter removed.

Returning to Normal Activities

You should aim to keep as mobile as possible to aid the healing process once you are at home but you may need to take pain killers for the first 1-2 weeks. Full recovery can take about 4 weeks.

You should expect to need 4-6 weeks off work after the surgery. This will depend on the job that you do and level of physical activity it involves. Although some women decide to return to work very quickly, you will be given a sick note for 4 weeks from the hospital. You can return to work as soon as you feel able.

You can drive a car 4 weeks after surgery if you feel able to easily do an emergency stop without being in any pain.

You can expect a small amount of vaginal bleeding and discharge after the surgery. You should avoid swimming until bleeding has settled (usually around 4-6 weeks) and you should avoid sex until 6 weeks after surgery.

Follow Up

When you are discharged from the ward, the nursing staff will give you the appropriate telephone numbers to contact the hospital if you have any concerns. Your GP will also receive a letter telling them about the operation should you need to contact them.

A nurse or a doctor will phone you on the first day after your surgery to check on your progress and give any necessary advice. They will contact you again on the third day after operation and may recommend further phone call contacts or attendance at the hospital if there are any concerns.

If you have any concerns, you can contact the Emergency Gynaecology Assessment Unit (EGAU) where we have gynaecology nurses and doctors available 24/7. The telephone number for EGAU is 01905 761489 (or can be reached through the Hospital Switchboard (01905 763333)).

Most patients will be contacted by letter a few weeks later when results from any tissue samples that have been sent to the laboratory are available. Some women will require

follow up in the Gynaecology outpatient clinic but this is at the discretion of your consultant or in keeping with your wishes.

Having read the above information, it might be helpful to think about the following...

- What do I want to ask my healthcare professional?
- What is worrying me about this procedure right now?
- What else is important in my life right now? Will this influence whether or not I have this procedure?
- Who is able to support me with the care that I chose?
- Would I like someone to come with me to my appointment if possible? *Please note that there may currently be restrictions on this as a result of the Covid-19 pandemic.*

| Your notes |
|------------|
| |

You can fill out the following table with your healthcare professional. This will help you to think about which option is best for you, given your individual situation.

| My Options include... | The Benefits Why is this option good for me? | The Risks What is not so good about this option for me? |
|--------------------------|---|--|
| To have treatment | | |
| To do nothing | | |
| Alternative treatment(s) | | |

When you have decided which treatment option you want, you might also want to ask...

- How quickly should I expect to see an improvement?
- Do I need to take any medication after the procedure? Eg. pain relief.
- Are there any activities that I need to avoid after the procedure? Eg. When am I able to resume sexual activity? Am I able to go swimming?
- Who should I contact if I have questions after I leave today?
- Do I need to come back to the hospital again or see my GP after today?
- Where can I go to get more information?
- What lifestyle changes could I make to support my recovery?

Your notes

Remember, you can always ask the Doctor to explain things differently, explain things again, or to write down information for you.

Who should I contact if I have any problems?

EGAU is open 24 hours a day, 7 days a week. If you have any concerns after your surgery, you can ring EGAU to speak to one of the gynaecology nurses for advice. You can also speak to your GP.

You should contact EGAU or your GP if after the treatment you have any of the following symptoms:

- An offensive, smelly discharge
- Heavy bleeding from the vagina
- Severe abdominal pain
- High temperature

If your symptoms or condition worsens, or if you are concerned about anything, please call EGAU via the main hospital switchboard for advice, or call your GP or 111. In an extreme emergency please call 999.

Patient Experience

We know that being admitted to hospital can be a difficult and unsettling time for you and your loved ones. If you have any questions or concerns, please do speak with a member of staff on the ward or in the relevant department who will do their best to answer your questions and reassure you.

Feedback

Feedback is really important and useful to us – it can tell us where we are working well and where improvements can be made. There are lots of ways you can share your experience with us including completing our Friends and Family Test – cards are available and can be posted on all wards, departments and clinics at our hospitals. We value your comments and feedback and thank you for taking the time to share this with us.

Patient Advice and Liaison Service (PALS)

If you have any concerns or questions about your care, we advise you to talk with the nurse in charge or the department manager in the first instance as they are best placed to answer any questions or resolve concerns quickly. If the relevant member of staff is unable to help resolve your concern, you can contact the PALS Team. We offer informal help, advice or support about any aspect of hospital services & experiences.

Our PALS team will liaise with the various departments in our hospitals on your behalf, if you feel unable to do so, to resolve your problems and where appropriate refer to outside help.

If you are still unhappy you can contact the Complaints Department, who can investigate your concerns. You can make a complaint orally, electronically or in writing and we can advise and guide you through the complaints procedure.

How to contact PALS:

Telephone Patient Services: 0300 123 1732 or via email at: wah-tr.PALS@nhs.net

Opening times:

The PALS telephone lines are open Monday to Thursday from 8.30am to 4.30pm and Friday: 8.30am to 4.00pm. Please be aware that a voicemail service is in use at busy times, but messages will be returned as quickly as possible.

If you are unable to understand this leaflet, please communicate with a member of staff.