# Patient Information for Consent

Belfast Health and Social Care Trust

## OG08 Laparoscopic Hysterectomy

Expires end of June 2021

## Local information

You can get information locally from your ward or consultant's secretary as below

## Belfast Trust Hospitals

Belfast City Hospital **028 90 329241**

Royal Victoria Hospital **028 90 240503**

Emergency Surgical Unit (EmSU)

Ward 6C **028 9063 4355**

Ward 6B **028 9063 5549**

Assessment area **028 9063 1907**

Mater Hospital **028 90 741211**

| Ward Name | Ward Direct Line Number | Consultant's Name | Consultant's Secretary Telephone Number |
|---|---|---|---|
| | | | |

Get more information and references at **www.aboutmyhealth.org**
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The Preoperative Association

Royal College of Surgeons ADVANCING SURGICAL CARE

THE ROYAL COLLEGE OF SURGEONS OF EDINBURGH

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The Information Standard Certified Member

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## Information about COVID-19 (Coronavirus)

Hospitals have robust infection control procedures in place. However, you could still catch coronavirus either before you go to hospital or once you are there. If you have coronavirus at the time of your procedure, this could affect your recovery. It may increase your risk of pneumonia and in rare cases even death. The level of risk varies depending on factors such as age, weight, ethnicity and underlying health conditions. Your healthcare team may be able to tell you if these are higher or lower for you. Talk to your surgeon about the balance of risk between going ahead with your procedure and waiting until the pandemic is over (this could be many months).

Please visit https://www.gov.uk/coronavirus for up-to-date information.

## Information about your procedure

Following the Covid-19 (coronavirus) pandemic, some operations have been delayed. As soon as the hospital confirms that it is safe, you will be offered a date. Your healthcare team can talk to you about the risks of having your procedure if you have coronavirus. It is then up to you to decide whether to go ahead or not. The benefits of the procedure, the alternatives and any complications that may happen are explained in this document. If you would rather delay or not have the procedure until you feel happy to go ahead, or if you want to cancel, tell your healthcare team.

If you decide to go ahead, you may need to self-isolate for a period of time beforehand (your healthcare team will confirm how long this will be). If you are not able to self-isolate, tell your healthcare team as soon as possible. You may need a coronavirus test a few days before the procedure. If your test is positive (meaning you have coronavirus), the procedure will be postponed until you have recovered.

Coronavirus spreads easily from person to person. The most common way that people catch it is by touching their face after they have touched anyone or anything that has the virus on it. Wash your hands with alcoholic gel or soap and water when you enter the hospital, at regular intervals after that, and when you move from one part of the hospital to another.

Even if you have had the first or both doses of a Covid vaccine, you will still need to practise social distancing, hand washing and wear a face covering when required.

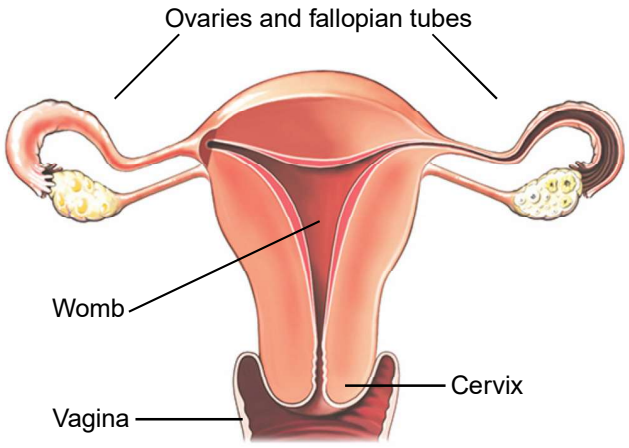
If your healthcare team need to be close to you, they will wear personal protective equipment (PPE). If you can't hear what they are saying because of their PPE, ask them to repeat it until you can. Chairs and beds will be spaced apart. You may not be allowed visitors, or your visiting may be restricted.

Your surgery is important and the hospital and health professionals looking after you are well equipped to perform it in a safe and clean environment. Guidance about coronavirus may change quickly — your healthcare team will have the most up-to-date information.

## What is a hysterectomy?

A hysterectomy is an operation to remove your uterus (womb). Your cervix (neck of your womb) is usually also removed. Your ovaries may need to be removed at the same time.




The womb and surrounding structures

Your gynaecologist has recommended a laparoscopic hysterectomy, where your womb is removed using instruments inserted through small cuts on your abdomen. However, it is your decision to go ahead with the operation or not.

This document will give you information about the benefits and risks to help you to make an informed decision. If you have any questions that this document does not answer, it is important that you ask your gynaecologist or the healthcare team. Once all your questions have been answered and you feel ready to go ahead with the procedure, you will be asked to sign the informed consent form. This is the final step in the decision-making process. However, you can still change your mind at any point before the procedure.

## What are the benefits of surgery?

There are common reasons for having a hysterectomy.

- Heavy or painful periods not controlled by other treatments.
- Fibroids, where the muscle of your womb becomes overgrown.

The following are less common reasons for having a hysterectomy.

- Endometriosis, where the lining of your womb grows outside your womb.
- Adenomyosis, where the lining of your womb grows into the muscle of your womb.
- Chronic pelvic inflammatory disease, where inflammation of your pelvis leads to chronic pain and, often, heavy periods.
- Ovarian cysts.

Your gynaecologist will discuss with you why they have recommended a hysterectomy.

A hysterectomy may cure or improve your symptoms. You will no longer have periods. It is important to realise that pain may continue after the hysterectomy, depending on what causes it.

If your ovaries are not removed you may continue to have your usual premenstrual symptoms.

## Are there any alternatives to a hysterectomy?

A hysterectomy is a major operation usually recommended to women after simpler treatments have failed to control their symptoms. For some women there may be no suitable alternatives and a hysterectomy may be recommended immediately but this is unusual.

The alternatives to a hysterectomy depend on the cause of the problem.

- Uterine prolapse – Symptoms may be improved by doing pelvic floor exercises. Depending on your age, a pessary (a ring that fits into your vagina) may prevent your womb from dropping down.
- Heavy periods can be treated using a variety of non-hormonal and hormonal oral (by mouth) medications. Other alternatives include an IUS (intra-uterine system - an implant containing a synthetic form of the hormone progesterone that fits in your womb) or 'conservative surgery' where only the lining of your womb is removed (endometrial resection).
- Fibroids – Depending on the size and position of fibroids, you can take medication to try to control the symptoms. Other treatments include surgery to remove the fibroids only (myomectomy) or uterine artery embolisation to reduce the blood flow to the fibroids.

For the less common reasons for recommending a hysterectomy, your gynaecologist will be able to discuss the alternative treatments with you.

## What will happen if I decide not to have the operation?

Your doctor will monitor your condition and try to control your symptoms.

You may feel that you would prefer to put up with your symptoms rather than have an operation. Your gynaecologist will tell you the risks of not having an operation.

## What happens before the operation?

Your gynaecologist may arrange for you to have a pre-admission assessment. They will carry out several tests and checks to find out if you are fit enough for the operation. If you have any questions about the operation, you should ask the healthcare team at this visit.

Your gynaecologist may ask you to have a pregnancy test. Sometimes the test does not show an early-stage pregnancy so let your gynaecologist know if you could be pregnant.

## What does the operation involve?

The healthcare team will carry out a number of checks to make sure you have the operation you came in for. You can help by confirming to your gynaecologist and the healthcare team your name and the operation you are having.

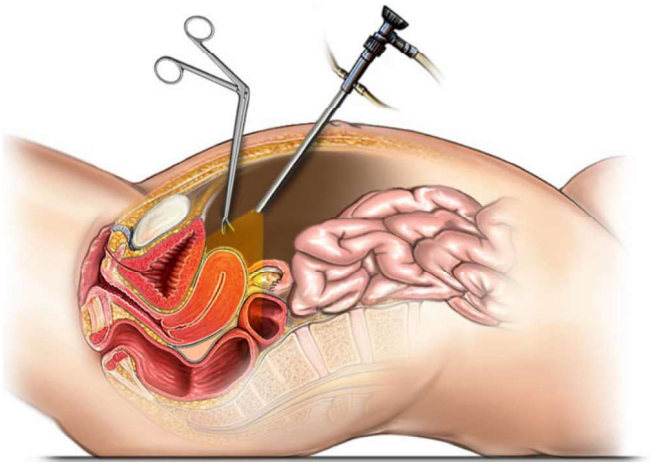
The operation is usually performed under a general anaesthetic but various anaesthetic techniques are possible. Your anaesthetist will discuss the options with you. You may also have injections of local anaesthetic to help with the pain after the operation. You may be given antibiotics during the operation to reduce the risk of infection. The operation usually takes about 90 minutes.

Your gynaecologist will use laparoscopic (keyhole) surgery as this is associated with less pain, less scarring and a faster return to normal activities.

They may empty your bladder using a catheter (tube). They may also examine your vagina.

An instrument called a manipulator might be inserted through the neck of the womb (cervix) and into your womb by your gynaecologist to help them perform the surgery. The manipulator allows them to move your womb during the laparoscopy so that they can get a good view of your pelvic area.

Your gynaecologist will make a small cut, usually on or near your belly button, so they can insert an instrument in your abdominal cavity to inflate it with gas (carbon dioxide). They will make several small cuts on your abdomen so they can insert tubes (ports) into your abdomen. Your gynaecologist will insert surgical instruments through the ports along with a telescope so they can see inside your abdomen and perform the operation.



Laparoscopic surgery

Your gynaecologist may need to place instruments through your vagina to help them remove your womb. They will separate your womb, fallopian tubes and ovaries (if they need to) from surrounding structures.

Your gynaecologist may complete the operation either using keyhole surgery only (total laparoscopic hysterectomy) or through your vagina (laparoscopic hysterectomy or laparoscopic assisted vaginal hysterectomy). They will make a cut around your cervix at the top of your vagina so they can remove your womb and cervix.

Your gynaecologist may need to remove your ovaries even if this was not originally planned. The healthcare team will discuss the reasons with you before the operation.

Sometimes it will not be possible to complete the operation using keyhole surgery. The operation will be changed (converted) to open surgery, which involves a larger cut usually on your 'bikini' line or downwards from your belly button (and in some cases from above your belly button).

Your gynaecologist will remove the instruments and close the cuts on your abdomen and the cut at the top of your vagina. They will usually stitch the support ligaments of your womb to the top of your vagina to reduce the risk of a future prolapse and may place a pack (like a large tampon) in your vagina.

Your gynaecologist may place a catheter in your bladder to help you to pass urine. They may insert a drain (tube) in your abdomen to drain away fluid that can sometimes collect.

## What should I do about my medication?

Make sure your healthcare team knows about all the medication you take and follow their advice. This includes all blood-thinning medication as well as herbal and complementary remedies, dietary supplements, and medication you can buy over the counter.

## What can I do to help make the operation a success?

If you smoke, stopping smoking now may reduce your risk of developing complications and will improve your long-term health.

Try to maintain a healthy weight. You have a higher risk of developing complications if you are overweight. Regular exercise should help to prepare you for the operation, help you to recover and improve your long-term health. Before you start exercising, ask the healthcare team or your GP for advice.

You can reduce your risk of infection in a surgical wound.

- In the week before the operation, do not shave or wax the area where a cut is likely to be made.
- Try to have a bath or shower either the day before or on the day of the operation.
- Keep warm around the time of the operation. Let the healthcare team know if you feel cold.

## What complications can happen?

The healthcare team will try to reduce the risk of complications.

Any numbers which relate to risk are from studies of people who have had this operation. Your doctor may be able to tell you if the risk of a complication is higher or lower for you.

Some complications can be serious and can even cause death (risk: 4 in 10,000).

Using keyhole surgery means it may be more difficult for your gynaecologist to notice some complications that may happen during the operation. When you are recovering, you need to be aware of the symptoms that may show that you have a serious complication. You should ask your doctor if there is anything you do not understand.

Your anaesthetist will be able to discuss with you the possible complications of having an anaesthetic.

### General complications of any operation

- Pain. The healthcare team will give you medication to control the pain and it is important that you take it as you are told so you can move about and cough freely. After keyhole surgery, it is common to have some pain in your shoulders because a small amount of carbon dioxide gas may be left under your diaphragm. Your body will usually absorb the gas naturally over the next 24 hours, which will ease the symptoms.
- Feeling or being sick. Most women have only mild symptoms and feel better within 1 to 2 days without needing any medication.
- Bleeding during or after the operation. The healthcare team will try to avoid the need for you to have a blood transfusion, but you will be given one if you need one (risk: 4 to 5 in 100).
- Infection of the surgical site (wound). It is usually safe to shower after 2 days but you should check with the healthcare team. Let the healthcare team know if you get a high temperature, notice pus in your wound, or if your wound becomes red, sore or painful. An infection usually settles with antibiotics but you may need special dressings and your wound may take some time to heal. In some cases another operation might be needed.

- Allergic reaction to the equipment, materials or medication. The healthcare team is trained to detect and treat any reactions that might happen. Let your gynaecologist know if you have any allergies or if you have reacted to any medication or tests in the past.
- Developing a hernia in the scar. This appears as a bulge or rupture called an incisional hernia. If this causes problems, you may need another operation.
- Blood clot in your leg (deep-vein thrombosis – DVT) (risk: 1 in 100). This can cause pain, swelling or redness in your leg, or the veins near the surface of your leg to appear larger than normal. The healthcare team will assess your risk. They will encourage you to get out of bed soon after the operation and may give you injections, medication, or special stockings to wear. Let the healthcare team know straightaway if you think you might have a DVT.
- Blood clot in your lung (pulmonary embolus), if a blood clot moves through your bloodstream to your lungs. Let the healthcare team know straightaway if you become short of breath, feel pain in your chest or upper back, or if you cough up blood. If you are at home, call an ambulance or go immediately to your nearest Emergency department.
- Unsightly scarring of your skin.

## Specific complications of this operation

### Keyhole surgery complications

- Surgical emphysema (a crackling sensation in your skin caused by trapped carbon dioxide), which settles quickly and is not serious.
- Damage to structures such as your bowel, bladder or blood vessels when inserting instruments into your abdomen (risk: less than 3 in 1,000). The risk is higher if you have had previous surgery to your abdomen. If an injury does happen, you may need open surgery. About 1 in 3 of these injuries is not obvious until after the operation.
- Developing a hernia near one of the cuts used to insert the ports (risk: 1 in 100). Your gynaecologist will try to reduce this risk by using small ports (less than a centimetre in diameter) where possible or, if they need to use larger ports, using deeper stitching to close the cuts.
- Conversion to an abdominal hysterectomy. Your gynaecologist may need to make a cut on your abdomen if surrounding structures are damaged or if the operation is difficult to perform (risk: 4 in 100).
- Making a hole in your womb or cervix with possible damage to a nearby structure during placement of the manipulator (risk: less than 8 in 1,000). You may need to stay overnight for close observation in case you develop complications. You may need another operation (risk: less than 1 in 1,000).

### Hysterectomy complications

- Pelvic infection or abscess (risk: 2 in 1,000). You will need further treatment. Let your gynaecologist know if you get an unpleasant-smelling vaginal discharge.
- Damage to structures close to your womb such as your bladder or ureters (tubes that carry urine from your kidneys to your bladder), bowel and blood vessels (risk: 1 to 5 in 100). Your gynaecologist will usually notice any damage and repair it during the operation. However, damage may not be obvious until after the operation and you may need another operation (risk: less than 4 in 100).
- Developing an abnormal connection (fistula) between your bowel, bladder or ureters and your vagina (risk: less than 1 in 1,000). You will need another operation.
- Developing a collection of blood (haematoma) inside your abdomen where your womb used to be (risk: less than 6 in 100). Most haematomas are small and may cause only a mildly high temperature that may need treatment with antibiotics. If the haematoma is large and causing symptoms, it may need to be drained under an anaesthetic. Sometimes a haematoma will drain through your vagina, usually causing bleeding similar to a period for up to 6 weeks.
- Vaginal cuff dehiscence, where the cut at the top of your vagina opens (risk: 5 to 13 in 1,000). You will need another operation.

## Long-term problems

Most women who have a hysterectomy do not have any long-term problems. A small number of women may get the following problems.

- Developing a prolapse (a bulge of your vagina caused by internal structures dropping down) as a hysterectomy can weaken the supports of your vagina. The risk of a prolapse increases if you had a degree of prolapse before the operation.
- Continued bleeding from your cervix (risk: less than 2 in 10). Your surgeon can use diathermy to try to stop the bleeding. If the bleeding does not stop, your cervix might need to be removed (risk: less than 2 in 100).
- Your pain may continue.
- Difficulty or pain having sex.
- Tissues can join together in an abnormal way (adhesions) when scar tissue develops inside your abdomen. The risk is higher if you get a pelvic infection or haematoma. Adhesions do not usually cause any serious problems but can lead to complications such as bowel obstruction and pelvic pain. You may need another operation.
- Passing urine more often, having uncontrolled urges to pass urine or urine leaking from your bladder when you exercise, laugh, cough or sneeze (stress incontinence).
- Feelings of loss as a hysterectomy will make you infertile (you cannot become pregnant). This may be more important for you if you have not had children.
- Going through menopause even if your ovaries are not removed. You should discuss hormone replacement therapy (HRT) with your doctor.

## How soon will I recover?

### In hospital

After the operation you will be transferred to the recovery area and then to the ward. You may be given fluid for 12 to 24 hours through a drip (small tube) in a vein in your arm.

You will probably feel some pain or discomfort when you wake and you may be given strong painkillers. Good pain relief is important to help you to recover. If you are in pain, let the healthcare team know.

The drip and the pack in your vagina will usually be removed after 12 to 24 hours. If you had a catheter or drain, they are usually removed after 4 to 6 hours. The healthcare team will allow you to start drinking and to eat light meals. Good nutrition is important in speeding up your recovery.

Drink plenty of fluid and increase the amount of fibre in your diet to avoid constipation.

The healthcare team may recommend exercises to help you to recover. Getting out of bed and walking is an important part of your recovery. You may also be given breathing or other exercises to do. It is important that you do these even though you may not feel like it.

You should expect a slight discharge or bleeding from your vagina for the first 2 weeks. Let the healthcare team know if this becomes heavy. Use sanitary pads, not tampons. On the second or third day you may get wind pains. They can last for 1 to 2 days but can be relieved with medication.

You will be able to go home when your gynaecologist decides you are medically fit enough, which is usually the same day or after 1 to 2 days.

You need to be aware of the following symptoms as they may show that you have a serious complication.

- Pain that gets worse over time or is severe when you move, breathe or cough.
- A heavy discharge or bleeding from your vagina.
- A high temperature or fever.
- Dizziness, feeling faint or shortness of breath.
- Feeling sick or not having any appetite (and this gets worse after the first 1 to 2 days).
- Not opening your bowels and not passing wind.
- Swelling of your abdomen.
- Difficulty passing urine.

If you do not continue to improve over the first few days, or if you have any of these symptoms, let the healthcare team know straightaway. If you are at home, contact your gynaecologist or GP. In an emergency, call an ambulance or go immediately to your nearest Emergency department.

## Returning to normal activities

To reduce the risk of a blood clot, make sure you carefully follow the instructions of the healthcare team if you have been given medication or need to wear special stockings.

Rest for 2 weeks and continue to do the exercises that you were shown in hospital. You should continue to improve.

Try to take a short walk every day, eat healthily, drink plenty of fluid and rest when you need to.

Do not have sex for at least 8 to 12 weeks and until any bleeding or discharge has stopped. It is not unusual to have some discomfort at first or need to use a lubricant.

Do not stand for too long or lift anything heavy. You can return to work once your doctor has said you are well enough to do so (usually after 4 to 6 weeks, depending on your type of work). You should be feeling more or less back to normal after 2 to 3 months.

Regular exercise should help you to return to normal activities as soon as possible. Before you start exercising, ask the healthcare team or your GP for advice.

Do not drive until you are confident about controlling your vehicle and always check your insurance policy and with your doctor.

## The future

Your doctor will tell you if you need to continue to have regular smear tests.

Most women make a good recovery and return to normal activities.

# Menopause and HRT

## Will I need HRT?

If your hysterectomy is performed while you are still having periods and your ovaries are removed during the operation, you will have menopausal symptoms. These may include hot flushes, night sweats, passing urine more often, a dry vagina, dry skin and hair, mood swings and lack of sex drive. These symptoms can usually be treated with HRT.

It is common for your doctor to recommend that you take HRT until the time when you would have gone through menopause naturally (about age 50 to 52) but you can carry it on for longer if you want. You should discuss this with your doctor.

HRT is most often taken in tablet form but it is also available as patches, gels, nasal sprays, vaginal rings and implants. The healthcare team will be able to discuss the options with you.

## What if my ovaries are not removed?

Your ovaries should continue to produce the hormones that you need until you have reached the normal age of menopause. However, there is some evidence to suggest that, in some women, menopause may start 2 to 3 years earlier after a hysterectomy. It can be more difficult to know when you are in menopause, as your periods will have already stopped. You may need blood tests. If you develop flushes or sweats or other menopausal symptoms, you should discuss HRT with your doctor.

## Summary

A hysterectomy is a major operation usually recommended after simpler treatments have failed. Your symptoms should improve.

Surgery is usually safe and effective but complications can happen. You need to know about them to help you to make an informed decision about surgery. Knowing about them will also help to detect and treat any problems early.

Keep this information document. Use it to help you if you need to talk to the healthcare team.

Some information, such as risk and complication statistics, is taken from global studies and/or databases. Please ask your surgeon or doctor for more information about the risks that are specific to you.

This document is intended for information purposes only and should not replace advice that your relevant healthcare team would give you.

Acknowledgements
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