

Patient information

Laparoscopic-assisted vaginal hysterectomy

What is a Laparoscopic–assisted vaginal hysterectomy?

- This is an operation to remove your uterus (womb) using both keyhole and vaginal surgery. Generally a LAVH reduces your stay in hospital and overall general length of recovery.
- It may include salpingo-oophorectomy (removal of one or both of your ovaries and fallopian tubes) at the same time.
- The decision to carry out laparoscopic surgery will depend on your personal circumstances and will be discussed with you by your gynaecologist prior to your operation.
- It is not suitable for everyone and a number of factors need to be taken into account. These include previous surgery, the reason for the hysterectomy, other medical problems and the personal experience of the gynaecologist.
- Before the procedure you will have the opportunity to discuss any concerns with the doctor doing your operation before signing a consent form. The staff make every effort to minimise risk during your operation but problems can still occur, with serious complications in around one in 100 cases. These include bleeding requiring a blood transfusion, damage to bladder, ureter or bowel, pelvic or wound infection and deep vein thrombosis.

Before your operation

- Once your operation has been decided upon with your gynaecologist you will usually be asked to attend the pre-admission clinic on the same day as your gynaecology clinic appointment.

- You will usually have a second pre-admission appointment with a nurse nearer the date of your operation.
- You will usually be admitted to hospital on the day of your operation. The usual length of stay in hospital is 1-2 days.

After your operation

- You may have a drip in a vein in your arm to provide you with fluids.
- You may have a urinary catheter (tube) in your bladder to allow drainage of your urine.
- You may have a morphine pump to control your own pain relief.
- **Scars:** you may have between 2-4 small scars on your abdomen.
- **Dressings:** initially your cuts will be covered with a dressing. This is often removed about 24 hours after your operation.
- **Stitches:** you may have stitches both on your abdomen and internal stitches (sutures) in your vagina. These usually dissolve by themselves but if you need them removed the ward staff will inform you prior to discharge.
- **Reducing the risk of the formation of blood clots:** you will be encouraged to mobilise as early as possible after your operation.

Going home

- You may feel more tired than usual after your operation. Although you will need to rest for the first few days at home it is important to mobilise and carry out light activities.
- **Diet:** Try to eat a healthy balanced diet including fruit and vegetables.
- Drink plenty of water to help prevent constipation.
- **Work:** Returning to work will depend on your personal circumstances and type of work but generally many women feel able to return to work after 4-6 weeks. Some employers offer phased return and you may wish to discuss this with your GP/employer.

- **Driving:** please check with your insurance company but generally you can drive once you can safely carry out an emergency stop. This is often about 4 weeks after your operation.
- **Sexual intercourse:** You should allow 4-6 weeks after your operation for your scars to heal.
- **Hormone Replacement Therapy (HRT):** If you have had your ovaries removed during your operation you may be offered HRT.

If you need any further advice/information please contact:

Gynaecology Nurse 01284 713601

Gynaecology Ward 01284 713236

Links www.rcog.uk

If you would like any information regarding access to the West Suffolk Hospital and its facilities please visit the website for AccessAble (the new name for DisabledGo) <https://www.accessable.co.uk/organisations/west-suffolk-nhs-foundation-trust>



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