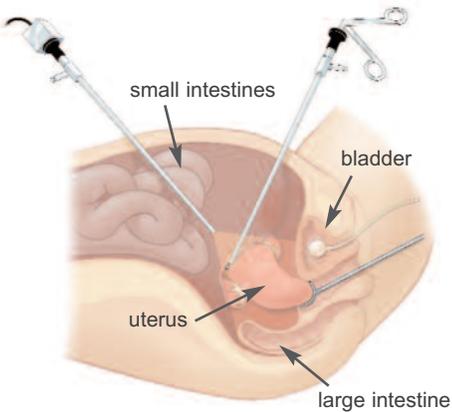


Laparoscopic Hysterectomy

Laparoscopic hysterectomy is a type of surgery to remove the uterus. The surgery is done through several small incisions in the abdomen. The surgeon inserts a small lighted tube (called a laparoscope) through a cut in the belly button, and several other small incisions are made in the abdomen to place the surgical tools needed to perform the surgery. The uterus can be taken out in small pieces through the incisions or taken out through the vagina.



Medical conditions that a laparoscopic hysterectomy can treat

A laparoscopic hysterectomy may be used to treat conditions such as:

- Fibroids - a non-cancerous growth in or on the uterus. Fibroids may cause pain and heavy bleeding. They can also press on other organs like the bladder and rectum, causing frequent urination or other problems.
- Endometriosis - when the tissue that lines the uterine walls begins growing outside of the uterus. This may lead to scarring within the pelvic cavity, and can cause bleeding and severe pain.
- Other causes of pain or bleeding, such as:
 - adenomyosis (the growth of uterine lining inside the uterine muscle)

- uterine polyps (growths of tissue emerging from the uterine wall)
- cancerous or precancerous changes

Benefits of laparoscopic hysterectomy

Compared with an abdominal hysterectomy, where the surgery is performed through one larger incision in the abdomen, a laparoscopic surgery may offer:

- Smaller incisions and less noticeable scars
- Less time at the hospital and a faster recovery
- Less postoperative pain
- Lower risk of complications



When laparoscopic hysterectomy may not be right for you

If there are other options to treat your symptoms besides a hysterectomy, you'll want to consider those first. Medications or another type of surgery can successfully help many women. Keep in mind that women who have hysterectomies are not able to get pregnant. Also, if you have certain types of cancer, have had previous abdominal or uterine surgeries, or are very overweight, this type of surgery may not be right for you. If this is the case, you and your doctor can discuss other options.

Types of laparoscopic hysterectomy

- Total Laparoscopic Hysterectomy (TLH): The uterus, including the cervix, is removed through the incisions or through the vagina.
- Laparoscopic Supracervical Hysterectomy (LSH): The upper portion of the uterus is removed in pieces through the incisions, but the cervix remains in place.

- Total Laparoscopic Hysterectomy with removal of ovaries (TLH-BSO): The uterus, ovaries, and fallopian tubes are removed through the vagina or the incisions.

Preparing for surgery

In most cases, a laparoscopic hysterectomy takes two to four hours to complete. Knowing what to expect before and after surgery can help reduce any concerns or fears you might have. Be sure to follow any instructions your doctor gives you, and talk about any concerns you may be feeling.

Before your surgery, you may be asked to:

- Stop smoking, since it may constrict the blood vessels and increase the time for the incisions to heal. Smoking can also increase the risk of pneumonia after surgery.
- Have blood, urine and other tests as determined by your physician.
- Stop taking certain medications such as aspirin and non-steroidal anti-inflammatory medications, which may increase bleeding. Ask your physician about other medications that may increase the chance of bleeding.
- Stop eating and drinking eight hours before surgery.
- Sign a consent form.

Risks and complications

Although this procedure is typically very safe, there are some risks, as with any surgery. Your doctor will discuss these risks at the time you sign the consent form.

Risks include:

- infection
- bleeding
- side effects from anesthesia
- damage to nearby organs such as the bladder or uterus

- blood clots in legs or lungs
- incision in the vagina pulling open

Recovery

- After surgery, you'll spend a few hours in the recovery room. Most women go home the same day, but a small percentage of women stay overnight to recover.
- Your incisions will be covered with bandages, and there will be stitches or glue inside your skin that will dissolve on their own.
- Your incisions may be numb for a while after surgery, and medication will be provided to help relieve your pain.
- You may be surprised at how soon you will be urged to get up and walk – first with help, and then by yourself. Walking can lower your risk of blood clots and breathing problems. It also helps your bowels recover. In a procedure like this where most women go home the same day, walking is even more important.

The length of time you will need to recover varies, but for most women it takes 2 to 4 weeks.

Recovery tips

Here are some tips to make your recovery period quicker and more effective:

- Plan to rest 1 to 2 hours a day.
- Gradually increase your rate of activity while you recover.
- Take short walks twice a day.
- Do not use tampons or douche. They can increase your risk of infection. Use sanitary pads to absorb bleeding or discharge.
- Do not have intercourse for at least 8 weeks.

- Take showers instead of baths until your incisions heal.
- Take your pain medications as directed, if needed. If you are prescribed Motrin, it may be helpful to take it round the clock with food for the first few days.
- Eat foods high in fiber, such as fruits, vegetables, and whole grains.
- Take an over-the-counter stool softener to prevent and treat constipation.
- Do not drive if you are taking narcotic pain medications.
- If you are not taking pain medication and want to start driving, make sure you can put your foot on the brake pedal quickly and that you are not too sore to drive.
- Avoid movements and tasks that can strain the incisions, such as heavy lifting.

Take care of yourself emotionally

Having any surgery may affect your emotions. You may feel down about this change in your body or you may be happy and relieved. If your ovaries have been removed and you have not yet reached menopause, you may have mood swings or hot flashes. Be sure to talk to your doctor, your partner, or your friends about how you feel. You may want to consider short-term hormone replacement or anti-depressant medication if your doctor recommends it.

Call your doctor if you have:

- Fever above 100.4° F
- Heavy vaginal bleeding, requiring two or more pads per hour for two hours in a row
- Redness, bleeding, or discharge at the incision site
- Pain, swelling, or cramping in your

legs or calves

If you experience shortness of breath, chest discomfort or pain, arm pain, or sudden onset of extreme weakness that feels like the flu, go to the nearest hospital or call 911.

Staying healthy

Once you have healed from surgery, you can focus on enjoying life. You may have more energy now that your symptoms have been resolved. To feel your best, try to eat a balanced diet and walk or engage in other physical activity every day.

Remember that we are here to help. If you need support to stop smoking or increase your physical activity, or if you need further information on other topics, check out these other Kaiser Permanente resources.

Additional resources

- For more information about hysterectomy, go to your doctor's home page at kp.org/mydoctor and type in 'hysterectomy' in the search box.
- Contact your local Kaiser Permanente Health Education Center or Department for health information, programs, and other resources.
- Your health, including your ability to heal from surgery, can be seriously affected by violence or abuse. If you are hit, hurt or threatened by a partner or spouse, there is help. Call the National Domestic Violence Hotline at 1-800-799-7233 or connect to ndvh.org

This information is not intended to diagnose health problems or to take the place of medical advice or care you receive from your physician or other health care professional. If you have persistent health problems, or if you have additional questions, please consult with your doctor.

If you have an emergency medical condition, call 911 or go to the nearest hospital.

An emergency medical condition is any of the following: (1) a medical condition that manifests itself by acute symptoms of sufficient severity (including severe pain) such that you could reasonably expect the absence of immediate medical attention to result in serious jeopardy to your health or body functions or organs; (2) active labor when there isn't enough time for safe transfer to a Plan hospital (or designated hospital) before delivery, or if transfer poses a threat to your (or your unborn child's) health and safety, or (3) a mental disorder that manifests itself by acute symptoms of sufficient severity such that either you are an immediate danger to yourself or others, or you are not immediately able to provide for, or use, food, shelter, or clothing, due to the mental disorder.