



Te Whatu Ora
Health New Zealand

Minimally Invasive Surgery: Laproscopic Hysterectomy for Gynaecological cancers

This information is for you if you are about to have a laparoscopic hysterectomy (keyhole removal of the womb) for the treatment of a confirmed or suspected gynaecological cancer. It may also be useful to share with family and friends for their information to help support your recovery.

What is a laparoscopic hysterectomy?

A laparoscopic hysterectomy is a keyhole procedure to remove the uterus (womb), cervix, fallopian tubes and ovaries. Your surgeon may have also discussed additional procedures such as removal of lymph nodes or biopsy of the omentum depending on whether this is required for staging and treating your condition.

These procedures can be done via small 0.5 to 1 cm cuts on your tummy (abdomen) that allow instruments and a camera to be placed inside. This way of doing surgery has been shown to improve your recovery after surgery.

A doctor from the surgical team will go through why you need this procedure with you when you come to the Gynaecology clinic at Greenlane Clinical Centre. You will also need to understand the possible risks that come with this sort of surgery and sign a consent form. We encourage you or your family to ask questions at any time with our team.

What can I expect during the hospital stay?

Before your surgery

- You should have nothing to eat from midnight. However, you are allowed to drink water, black tea or coffee until 1 hour before your appointment (no milk, milk products, soup, juice, sweets or chewing gum).
- Please use the surgical sponge to clean when showering the night before and again in the morning before coming to hospital
- On the morning of surgery, you will be admitted either to the Gynaecology ward (ward 97) or ORDA on Level 9 of Auckland City

Hospital. We will inform you ahead of time where to present. Here you will meet your nursing, anaesthetic and surgical teams before surgery.

After your surgery

- You will spend some time in our post-operative recovery area to make sure you are well immediately after your anaesthetic and pain is well controlled.
- Soon after this, you will be admitted to the ward where the nursing staff will continue to monitor you. You may have an intravenous infusion running of local anaesthetic as well as having oral pain relief medications. During this time, it is important to let the staff know if you have any issues or need pain relief.
- You are encouraged to have a light meal and drink fluids when you feel able; this happens usually 2-3 hours after returning to the ward
- You are also encouraged to get out of bed and move around your room with the supervision of the nursing staff. They will sit you up in a chair a few hours after surgery.
- You will have a catheter in your bladder, which will be removed by the nursing staff at midnight the night of your operation. Once it is removed, they will check that you are able to pass urine comfortably.
- In most cases of laparoscopic hysterectomy, you will be able to go home the day after your operation once the surgical team have reviewed you.
- Please ensure you have someone to collect you from hospital. It is good to plan ahead and organize some help at home for the first few days after discharge.

Recovery Tracker

Time after surgery	How am I feeling?	What is safe to do?	Am I able to work?
1-2 days	<ul style="list-style-type: none"> · You are likely to have been discharged from hospital on day 1 · You will have some pain and discomfort in abdomen · You may feel sore moving around · You may have some bleeding like a light period. 	<ul style="list-style-type: none"> • Move around as much as you are able. • Take laxatives and pain relief as required. • Start eating and drinking as usual. • You may feel tired and perhaps feel like a sleep in the afternoon. 	No
3-7 days	<ul style="list-style-type: none"> · Your pains will slowly be reducing in intensity and you will be able to move about more comfortably. · You may still tire easily. 	<ul style="list-style-type: none"> • Continue as for days 1 – 2. • Go for short walks. • Continue with exercises that have been recommended to you. • Wash and shower as normal • Have a sleep or rest in the afternoon if you need to. 	No
1-2 weeks	<ul style="list-style-type: none"> · There will be less pain as you move about and you will find your energy levels slowly returning to normal. · You may still have some on- going light bleeding. 	<ul style="list-style-type: none"> • Build up your activity slowly and steadily. • You are encouraged to go for longer and more frequent walks. • Restrict lifting to light loads. 	No
2-4 weeks	<ul style="list-style-type: none"> · There should be minimal pain · Energy levels returning to normal · Feeling stronger every day 	<ul style="list-style-type: none"> • Continue to build up the amount of activity you are doing towards normal activity levels. • Restrict lifting to lighter loads. • Do low impact sport. • Drive if you feel able to make an emergency stop 	Yes if you can arrange for lighter duties/hours
4-6 weeks	<ul style="list-style-type: none"> · Back to normal 	<ul style="list-style-type: none"> • All daily activities including lifting. • Usual exercise. • Driving. • Have sex if you feel ready after 6 weeks. 	Yes

Recovering well

Rest

It is important to take it easy after surgery, and you will expect to feel more tired than usual.

Exercise

Avoid strenuous exercise and heavy lifting for 4 weeks after surgery, but keep up regular light exercise (such as walking) and activities. Studies have shown this improves your recovery after surgery.

Eat a balanced diet

Ensure your body has the nutrients it needs for recovery by eating a healthy balanced diet with at least 5 serves of vegetables or fruits. This can also help with constipation. There are no dietary restrictions after this type of surgery.

Pain Relief

You will be given some different types of pain relief to take home after surgery. We encourage the use of regular paracetamol, followed by anti-inflammatory medication as required.

Avoid constipation

Regular exercise, a balanced diet, drinking water and using laxatives will help keep your bowels regular.

What can I expect after a laparoscopic hysterectomy?

Stitches/dressings

You will have few stitches in the skin to close the laparoscopic port sites (skin cuts). These stitches will dissolve and do not need to be removed. If the stitches don't dissolve after a week, see your practice nurse to check them out. A small

dressing or skin glue is also usually placed over the wound, and you should remove these 2-3 days after your operation.

Vaginal bleeding

You can expect some vaginal bleeding for 1-2 weeks after your operation. This is like a light period. Many women have no or little bleeding straight after surgery and have a sudden gush of old blood or fluid approximately 10 days later. This usually stops quickly. Use sanitary towels, not tampons, as tampons increase risk of infection.

Pain/discomfort

Some degree of pain or discomfort is normal after surgery. You may have pain around the cuts or abdomen. We encourage you to take regular pain relief to help you continue moving around, as this will help your recovery.

Trapped gas

Some people can experience shoulder or under rib pain after surgery. This is from gas trapped in your abdomen after the surgery. This pain will resolve 1-2 days after surgery. Taking regular pain relief and walking helps with the gas related pain.

Bowels

Your bowels can take some time to return to normal after surgery. Constipation is common and may cause pain if not managed properly. Taking laxatives, drinking water, eating well and keeping active can help with this.

Prevention of blood clots

Blood clots in the legs or lungs can be a risk after any surgery, but particularly after cancer surgery. To reduce your risk of this we encourage you to keep active after surgery. You will also be prescribed a blood thinner (Clexane) to inject into the fat around your tummy or leg for 28 days after surgery. The nursing staff on the ward will teach you to do this before you go home.

Washing/showering

You should be able to shower normally after surgery. The dressings or skin glue are waterproof. We suggest avoiding lying in a bath until the vaginal stitches have healed (6-8 weeks)

Driving

You should not drive after a laparoscopic hysterectomy until you are able to comfortably sit in a car and work the controls, wear a seat belt, make an emergency stop and be able to look over your shoulder. For most women this will be 2-3 weeks after surgery. Check with your insurance company or family doctor when you feel ready.

Having sex

You should allow 6-8 weeks after surgery to allow the stitches at the top of the vagina to heal. It is then safe to have sex as long as you feel comfortable. You may consider using a vaginal lubricant (can be purchased from a chemist) if you experience any dryness when resuming intercourse.

Return to work

Most women feel fit to return to work 2-3 weeks after their surgery if they have not had any complications. If your work is strenuous or involves physical labour, we suggest consider returning to light duties initially and slowly building up to your previous ability.

When to see a doctor for advice after your laparoscopic hysterectomy

You should see your GP in the first instance unless you have a need for more urgent care in hospital.

Fever

This could indicate an infection that requires treatment.

Heavy or smelly vaginal bleeding

This could be due to an infection or a small collection of blood at the top of the vagina called a haematoma. If associated with fevers and lower abdominal pain it could mean that you need to be readmitted to the hospital for intravenous antibiotics or draining the haematoma.

Burning or stinging when passing urine

This could be because of a urinary tract infection. Treatment is with a course of antibiotics.

Red or painful skin around skin scars

This may be due to a wound infection and require antibiotics.

Increasing abdominal pain

If you also have a fever, have lost your appetite, or are vomiting, this may be because of damage to your bowel or bladder. This will need to be checked for immediately at a hospital.

Painful, red, hot or swollen leg

This could be due to a blood clot in the leg (deep vein thrombosis). If you have shortness of breath or chest pain, this could be a sign that a blood clot has travelled to your lungs. You should seek medical attention immediately.

Follow-up after surgery

Your pathology results can take 2-3 weeks to return, after which a plan is made for your further treatment (if any) in our weekly meeting. We aim to let you know your results after this meeting.

The Gynaecology team will let you know before you go home what sort of follow-up is planned for you. This may involve coming back to see the team in Auckland or your local hospital in clinic or a phone call. You can also let us know which you would prefer.



Contact

Clinical Nurse Specialists:

Monday-Friday 8am – 4pm

021 938 742

021 306 524

Women's Assessment Unit (WAU)

Auckland area patients can contact WAU at Auckland City Hospital afterhours on:

021 572 858 (gynae nurse coordinator).

If you live outside Auckland, please contact your local emergency department or GP if you need urgent care.



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Health New Zealand
Te Toka Tumai Auckland

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