

# Robotic Gynaecological Surgery

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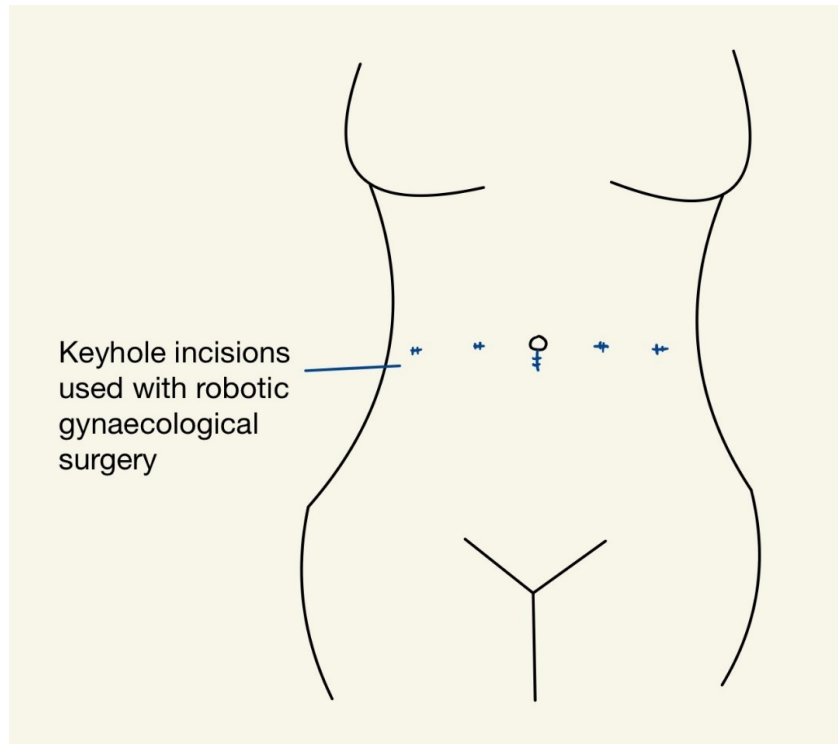
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All gynaecological operations can be performed as a traditional open operation, a keyhole (laparoscopic) operation, and in this hospital, we are also able to offer a robotic assisted approach. This leaflet explains what you need to know about robotic gynaecological surgery.



### **What is robotic assisted gynaecological surgery?**

Robotic assisted surgery is a modern approach to performing keyhole surgery. The surgeon still carries out your operation through keyhole incisions (small cuts) on your tummy whilst they are using the robotic system to help them perform the procedure. Your surgeon is sat at the robotic console, which is next to you in the operating room, as shown in the picture. The surgeon has full control of the robotic arms which allows them to perform your operation with precision. One of the robotic arms contains a 3D high definition camera to allow the surgeon to see in great detail. The other two or three robotic arms hold various instruments, which your surgeon will use to carry out the operation.



### What gynaecological operations can be carried out using the robotic system?

The operations carried out include:

- Hysterectomy
- Removal of ovaries and fallopian tubes
- Removal of ovarian cysts
- Excision of endometriosis
- Myomectomy (removal of fibroids)
- Prolapse surgery

There are many different reasons why you may need the surgery, your gynaecologist will discuss this with you and the exact operation that you require. You will receive a separate information leaflet regarding the specific operation that you are having.

### What are the advantages of robotic surgery?

Having robotic surgery can offer you several benefits, including:

- Avoidance of open surgery
- Shorter hospital stay
- Less pain.

- Reduced risk of wound infection
- Less blood loss meaning a reduced need for a blood transfusion
- Reduced scarring
- Faster recovery after leaving the hospital
- Quicker return to normal activities, such as driving

### What to expect on the day of your surgery

You will be admitted to the gynaecology ward at Whiston Hospital. You will be reviewed by the surgeon performing your operation and the anaesthetist before your surgery and you will have an opportunity to ask them questions. The nurse on the ward will give you a gown and surgical stockings to wear. The operation involves having a general anaesthetic, which means you will be asleep. Depending on the type of operation you are having, it can take from around 90 minutes to 3-4 hours. Your length of stay in hospital will depend on how well you recover, and we will discuss this with you beforehand. Some patients are able to go home on the same day as their surgery, whilst others may need to stay in hospital overnight.

When you wake up after the operation you may have some drips and tubes attached to you, all of which will be temporary, including:

- A drip will be in your arm which allows fluid to be given to you
- You may have a catheter in your bladder; this will drain your urine away into a bag
- A drainage tube may be placed in your tummy (abdomen)
- In rare cases, we may need to place a drip into your neck to give you fluids and other medication

You will return to the gynaecology ward where you will have your observations such as pulse and blood pressure measured and you will be cared for by a nurse who will give you medication, including:

- Pain relief
- Intravenous fluid (if required)
- Antibiotics (if required)
- Anti-sickness (if required)
- Laxatives to keep your bowel motions regular and prevent constipation
- Blood thinning injections to reduce the risk of blood clots (if required)

Most people who have had gynaecological surgery will be able to drink and eat normally, either the same day or the next day after their operation. When you are able to eat, you can eat whatever you feel like, and you will be encouraged to return to your normal diet.

## When will I be discharged?

You will be discharged from the ward when you are ready to go home and in accordance with the surgeon's instructions which is usually the same day or the next day. Some patients may require a longer hospital stay. The nursing staff will ensure that you are eating and drinking, able to pass urine, your pain is under control and your observations are normal. When you are discharged, you will be given all of the medication you require to take home with you.

## What are the complications of robotic surgery?

Although we try to make sure that any problems are kept to a minimum, no surgical operation can be guarantee free of complications. The operation itself or the general anaesthetic may occasionally give rise to difficulties, which may make your stay in hospital longer, or your recovery slower. The risk of developing complications after surgery is increased in some patients. If you smoke, you are more at risk of chest infections. If you are overweight or diabetic, you are more at risk of developing a wound infection. To minimise the risks, we advise that you stop smoking, reduce your weight if possible and ensure that your health conditions such as diabetes, asthma, high blood pressure etc are under control.

The risk of complications with robotic surgery are very similar to conventional laparoscopy surgery and include:

- Chest infection: you can help by practicing deep breathing exercises and following the instructions of the physiotherapist. 1 in 100 (1%) patients may experience this complication.
- Wound infection: antibiotics will be given to you through the drip when you are in theatre to help prevent this. Approximately 2 in 100 (2%) patients may experience this complication.
- Urine infection: you will have a catheter to empty your bladder during and sometimes after the operation. This will be removed as soon as possible after the operation. Antibiotics will be given to you through the drip when you are in theatre to help prevent this. 2 in 100 (2%) patients may experience this complication.
- Blood clot (thrombosis): this is due to changes in the circulation during and after surgery. You may require blood thinning injections to reduce the risk. The ward staff will teach you or a carer/family member how to inject yourself. You can help by drinking plenty and moving around as much as you are able and by exercising your legs whilst in the chair or in bed. You will also be given some knee length surgical stockings to wear while you are in hospital and for a total of six weeks after your surgery. Approximately 1 in 300 (0.3%) of patients may experience this complication.
- Bleeding: the amount of blood loss is usually mild with robotic surgery. There is a small risk of heavy blood loss, and you may need to receive blood transfusions, if you have any objections to receiving a blood transfusion, please tell the consultant before your surgery. You may be given iron tablets to take at home. 1 or 2 in 100 (1-2%) patients may experience this complication

- Risk of injury to other internal parts of your body: the gynaecological organs are surrounded by bowel, bladder, blood vessels, nerves and ureters (tubes that carry urine from kidney to bladder). There is a small risk that these may get damaged during the operation. This risk is associated with your operation even if you chose to have the operation open (cut on tummy) or keyhole (laparoscopic). Your surgeon will explain this to you before the operation. Approximately 2 in 100 (2%) patients may experience this complication. Sometimes it is necessary to convert your operation to conventional laparoscopy or open cut on the tummy to help deal with these complications.
- Being admitted to intensive care/high dependency unit: due to complications relating to the surgery or anaesthetic. These include major bleeding, sepsis, heart attack, stroke or a severe allergic reaction to anaesthesia/medication. If you have significant underlying health conditions, you may be at higher risk and your surgeon and anaesthetist may request that a bed is booked for you to stay in the intensive care unit after your surgery.

Your surgeon will discuss all of the specific risks of your surgery with you before you are admitted to hospital. Please ask if you have any questions.

### **Are there any alternatives to robotic gynaecological surgery?**

Most gynaecological operations can be performed through conventional laparoscopic (keyhole) or open abdominal routes (cut on the tummy). Some operations can also be performed vaginally (through the vagina). Your gynaecologist will discuss with you the most appropriate route of surgery for your operation and the risks and benefits of each of the options.

## Where can I find more information?

You may find the following websites useful:

Royal College of Obstetricians and Gynaecologists (RCOG): [www.rcog.org.uk](http://www.rcog.org.uk)

Intuitive website: <https://www.intuitive.com/en-us/patients/procedures/gynecology>

## Contact Information

### Whiston and St Helens Hospital sites

Gynaecology secretaries  
Womens offices, Whiston Hospital  
Tel no. 0151 676 5289  
[Gynae.secs@merseywestlancs.nhs.uk](mailto:Gynae.secs@merseywestlancs.nhs.uk)

Gynaecology Ward (3E)  
Level 3, Whiston Hospital  
Tel no: 0151 430 1522

### Southport and Ormskirk Hospital sites

Gynaecology secretaries  
Tel no. 01695 656658

Gynae assessment bay (E Ward)  
Tel no. 01695 656901

Whiston Hospital  
Warrington Road,  
Prescot, Merseyside, L35 5DR  
Telephone: 0151 426 1600

St Helens Hospital  
Marshalls Cross Road,  
St Helens, Merseyside, WA9 3DA  
Telephone: 01744 26633

Ormskirk Hospital  
Dicconson Way, Wigan Road,  
Ormskirk, Lancashire, L39 2AZ  
Telephone: 01695 577 111

Southport Hospital  
Town Lane, Kew,  
Southport, Merseyside,  
PR8 6PN  
Telephone: 01704 547 471