

# **PATIENT INFORMATION**

# **Laparoscopic Assisted Vaginal Hysterectomy (LAVH)**

## **LAPAROSCOPIC ASSISTED VAGINAL HYSTERECTOMY (LAVH)**

Laparoscopic Assisted Vaginal Hysterectomy (LAVH) is a technique which results in a much more rapid recovery back to normal activities.

### **How is it done?**

LAVH is performed using a laparoscope which is a telescope device inserted through a tiny incision at the umbilicus. Two other small incisions (approximately 1.5cms diameter) are made, one on each side and through these incisions special instruments are introduced which allow division of the supporting ligaments and blood vessels supplying the womb and ovaries. Using this technique it is possible to remove the ovaries or to leave them behind and the final decision regarding removal of the ovaries will obviously be fully discussed with you prior to surgery.

When the womb (and ovaries) have been separated the womb is removed through the top of the vagina in the same manner as a vaginal hysterectomy. LAVH therefore converts an abdominal operation into a vaginal operation. The operation takes longer than a conventional hysterectomy but because there are only very small incisions on the abdomen there is much less post operative discomfort.

### **Why do I need a LAVH?**

A hysterectomy may be required for a variety of different conditions. Structural abnormalities such as fibroids, ovarian cysts or endometriosis are common indications, but hysterectomies are also performed for heavy periods and pelvic pain which persists in the absence of any structural

disease. Once the need for hysterectomy has been established, the uterus can be removed either abdominally (through incision in the lower abdominal wall) or vaginally (through an incision in the roof of the vagina).

Most Gynaecologists prefer a vaginal rather than abdominal hysterectomy because the vaginal method avoids a painful and disfiguring abdominal incision. Unfortunately, using conventional techniques, this preferred method is not always possible. With the assistance of the laparoscope many more hysterectomies can be performed vaginally, and the pain and the extra hospital recovery time associated with abdominal surgery is avoided. The reason why the avoidance of a large 'cut' is beneficial stems from the fact that post operative recovery time appears to be directly proportional to the length of the surgical incision (i.e. the smaller the incision, the shorter the recovery time). To summarise, the advantage of a Laparoscopic Assisted Vaginal Hysterectomy is that it becomes possible to get around many problems which would otherwise have necessitated an abdominal hysterectomy.

You will be admitted on the day of your surgery. If your operation is scheduled for the morning you may not have anything to eat or drink from 12 midnight prior to admission. If your surgery is scheduled for the afternoon you may have a light breakfast up to 6am.

You may have been commenced on the Enhanced Recovery Programme, which you would have been advised about at your pre op when to take your pre-load drinks prior to surgery.

It is advisable to remove your pubic hair down to your pubic bone. Do not shave, wax or use hair removal cream 2-3 days prior to surgery as this can increase the risk of wound infection.

You will need to sign a consent form for this procedure and you will require a general anaesthetic (put to sleep).

You will be seen prior to your admission in the pre-operative clinic where staff will organise any investigations such as x-rays, ECG (heart trace) or bloods and assess you are fit for surgery. You will have plenty of opportunity to ask questions.

## **How long will I need to stay in hospital?**

The normal recovery period in hospital after LAVH is 2-3 days which compares to 3 or 4 days for conventional hysterectomy.

## **Are there any complications involved with LAVH?**

All surgical procedures carry with them a small chance of complications. Laparoscopic Hysterectomy is no different in this respect and so carries with it a small risk. The complications with LAVH are similar to conventional hysterectomy and include:-

1. Haemorrhage i.e. difficulty controlling the major blood vessels.
2. Perforation of bowel or damage to the tubes coming from the kidneys and the bladder. (Ureters)

Every effort is made to minimise the risk of these complications. Occasionally it may be necessary to make a larger incision to correct these complications or to remove the womb if LAVH proves to be too difficult.

## **DISCHARGE ADVICE**

It would be advisable for you to have someone to collect you from hospital and settle you down at home.

## **Vaginal Loss**

It is likely that you will need to wear a pad for up to 6 weeks. The discharge varies in amount and may increase after 10 – 14 days, which you may find alarming but it is in fact quite common as this is the time when the internal stitches are dissolving.

Sometimes the loss has an unpleasant smell and is accompanied by bleeding, but this should not be very heavy. If there is any heavy bleeding or clots, or offensive discharge, you will need to contact your GP.

## **Do not use tampons.**

Do not use any bubble bath or bath additives when bathing for 6 weeks as this may increase the risk of infection or cause irritation.

## **Your Scar**

Although laparoscopic surgery tends to have less post operative pain compared to an open procedure, you may feel sore around the incisions. You may have some pain in your shoulder tips. This is caused by the gas which has been pumped inside irritating the diaphragm, which has the same nerve supply as the shoulder tip. The pain should resolve once mobilising more and can also be helped if you do some deep breathing exercises. It can last on and off for around 48 hours. You can expect your tummy to remain swollen for one week.

Three small dressings will be in place covering the stitches. These will take between 7 – 10 days to dissolve. However, if they are causing any irritation after one week, you can make an appointment through your GP to see the practice nurse who can snip the tips of these stitches off.

Daily baths will help to keep the area clean and help to dissolve the stitches. However, you are advised not to use bubble bath for up to 4 – 6 weeks until the sites have healed as this can cause irritation.

Try to leave the dressings off as soon as possible otherwise this can create an atmosphere ideal for an infection to develop. Signs of an infection can be redness, the area can be hot or hard to touch, or may have a smelly discharge. If any of these occur, you should consult your GP as you may need antibiotic treatment.

## **Diet and Bowels**

It is normal to feel constipated after this form of surgery. It may become difficult to pass a motion, if constipation is neglected it may become more painful than the operation.

To help prevent any problems with constipation, the doctor will usually prescribe Dioctyl. This is a tablet which you take twice a day and it works by keeping your motion soft so when you have your bowels opened it does not hurt.

If you have difficulty and are unable to have your bowels open, it would be advisable to have your GP prescribe some glycerine suppositories or buy some from the chemist. It is important to eat a healthy well balanced diet, including bran.

## **DVT (Deep Vein Thrombosis)**

After any surgery this can be a risk. You will have been given 2 leaflets regarding this. It is important to read signs/symptoms and prevention.

## **Bladder**

If you experience any discomfort or a stinging sensation when passing urine, or your urine becomes smelly, these can be signs of a urine infection so you must make an appointment to see your GP.

## **Tiredness**

It is common to feel tired for a variable length of time (a few weeks) after all forms of surgery.

The feeling of jelly like legs is commonly thought to be overdoing it, but in practice, activity is not harmful and if you feel tired earlier than you expected, accept it, have a rest and then carry on with what you are doing. Be prepared to increase your activity a little each day.

## **Convalescence**

The length of time it takes for women to feel completely recovered from surgery is variable. An important factor in the speed of your recovery is related to your attitude towards the operation. This could have been affected by what you thought about it and what people have said to you before you entered hospital. Some women take longer to recover than others because they are inhibited by the advice which they have received from friends and family. Be sensible about this and

get advice from doctors and nurses. Don't be hesitant – **please ask.**

Most patients feel well enough to undertake most normal activities within 2 – 4 weeks of the surgery.

## **Housework**

Usual household tasks such as washing, ironing, bed-making, dusting and cooking may be resumed two weeks following your surgery. The most important thing being to **progress gradually**. This type of activity encourages the muscle to get back to normal quickly; however frequent rests are necessary – **do not do too much too soon**. The back muscles are the most important part of the body to be concerned about. Too much or too little activity can result in backache. Moderate activity, remembering to bend the knees when lifting, is best.

**Don't do any heavy lifting for 4 – 6 weeks ie turning mattresses, moving furniture, carrying heavy shopping bags and hovering.**

## **Driving a Car**

This could be as early as 2 – 4 weeks after the operation. Please check with your car insurance company prior to driving as some have clauses which may not allow you to drive for a longer period of time.

## **Sport**

Those who like swimming find it very relaxing and may resume shortly after leaving hospital (3 – 4 weeks) as long as you have no vaginal bleeding or discharge. Those who prefer

squash, tennis, bicycle riding, horse riding, etc, should wait until 6 weeks after the operation.

## **Sexual Intercourse**

Do not resume sexual intercourse until you have had your 6 weeks check up after your operation.

Intercourse can affect the suturing at the top of the vagina and can cause bleeding. Once the vagina has completely healed, intercourse can be resumed as normal.

Reaching a climax and other sexual reflexes are not dependent upon having a uterus and therefore are unaffected by Hysterectomy.

## **Occupation**

Returning to work depends upon what job you do, however, you will need to be off work for 4 – 8 weeks. Those in a desk job are able to return to work sooner than those in a more physically demanding job.

**Any problems may be discussed at your follow up appointment in clinic in 6 – 8 weeks following your discharge home, or by contacting E Ward on 01695656901**

**During your contact with us, it is important that you are happy with your care and treatment. Please speak to a member of staff and/or the ward/department Sister/Charge Nurse if you have any questions or concerns.**

## **MATRON**

A Matron is also available during the hours of 9.00 to 5.00 pm Monday to Friday. During these periods, ward/department staff can contact Matron to arrange to meet with you. Out of hours, a Senior Nurse can be contacted via the ward/department to deal with any concerns you may have.

## **INFECTION CONTROL REQUEST**

Preventing infections is a crucial part of our patients' care. To ensure that our standards remain high our staff have regular infection prevention and control training and their practice is monitored in the workplace. We ask patients and visitors to assist us in preventing infections by cleaning their hands at regular intervals and informing staff of areas within the hospital that appear soiled.

As a patient there may be times that you are unsure whether a staff member has cleaned their hands; if in doubt please ask the staff member and they will be only too happy to put your mind at ease by cleaning their hands so that you can see them.

## **SPECIAL INSTRUCTIONS**

Ensure pubic hair CLIPPED and NOT shaved prior to admission. (Approximately 2 inch to top of pubic bone).

## **ANY CONDITION SPECIFIC DANGER SIGNALS TO LOOK OUT FOR:**

- Heavy/smelly vaginal discharge or passing clots.
- Wound sites – if they become hard/hot to touch, swollen or red.
- Avoid constipation as this can put a strain on your internal stitches.

## **CONTACT INFORMATION IF YOU ARE WORRIED ABOUT YOUR CONDITION**

Your own GP –  
E Ward – 01695656901

## **OTHER USEFUL TELEPHONE NUMBERS/CONTACTS:**

NHS 111  
Stop Smoking Helpline (Sefton) - 0300 100 1000  
Stop Smoking Helpline (West Lancashire) - 0800 328 6297  
[www.hysterectomy.association.org.uk](http://www.hysterectomy.association.org.uk)  
[medicinet.com](http://medicinet.com)

**Please call 01704 704714 if you need  
this leaflet in an alternative format**

**Southport and Ormskirk Hospital NHS Trust**

Ormskirk & District General Hospital  
Wigan Road, Ormskirk, L39 2AZ  
Tel: (01695) 577111

Southport & Formby District General Hospital  
Town Lane, Kew, Southport, PR8 6PN  
Tel: (01704) 547471

**FOR APPOINTMENTS**

Telephone (01695) 656680  
Email [soh-tr.appointments@nhs.net](mailto:soh-tr.appointments@nhs.net)

Please remember to complete the **attached** *Friends and Family Test*.

Alternatively, you can complete the *Friends and Family Test* on-line by going to:  
[southportandormskirk.nhs.uk/FFT](http://southportandormskirk.nhs.uk/FFT)

**Thank you**

Owner: Tania Wroe  
Ref: 250  
Version: 9  
Reviewed: April 2021  
Next Review: April 2024