

# Laparoscopic subtotal hysterectomy: Keyhole surgery to remove your womb

## Note to doctor:

This is a **specific procedure leaflet** which should be handed out together with the general information booklet **Having a hysterectomy**

This leaflet should be read after the leaflet **Having a hysterectomy: An operation to remove your womb**, which explains the different types of hysterectomy operations and gives advice on recovering from your operation.

## What is laparoscopic (keyhole) surgery?

In laparoscopic surgery the operation is performed through several very small cuts made to your abdomen (tummy) instead of one large one.

## What are the advantages of laparoscopic surgery?

Making smaller incisions (cuts) during laparoscopic surgery has several benefits, including:

- less pain after the operation
- smaller, less noticeable scars
- a shorter stay in hospital (generally two to three days).
- wounds are quicker to heal and less likely to become infected
- being able to return to normal activities faster than after open surgery.
- a smaller risk of serious complications (eg blood clots in your legs or lungs).

## How is a laparoscopic subtotal hysterectomy performed?

You will have the surgery under general anaesthetic – you are asleep and do not feel any pain for the entire operation. We will give you more information about having an anaesthetic. For more details, please ask for a copy of our leaflet **Having an anaesthetic**.

A catheter is put into your bladder when you are asleep to drain urine from your bladder and reduce the risk of injury to it during the operation.

Gas is put into your abdomen to lift the wall of your abdomen, so the surgeon has a clear view of your internal organs with a lighted telescopic camera (laparoscope). The laparoscope magnifies the view of your abdomen so the surgeon can see your organs clearly on a screen.

The surgical instruments needed for the operation are put through the small cuts in your abdomen. The womb is taken away from its surrounding structures and from the cervix, which is left in place. The womb is then cut into small pieces inside your body (using a technique known as morcellation) and removed through small cuts made in the abdomen.

## What are the risks?

There are risks associated with any surgical procedure. Your surgeon will explain these risks to you once during your clinic appointment and again before the operation. Please talk to your surgeon about any concerns you have. Risks may include:

- bleeding during or after your operation – this may need to be treated with a blood transfusion
- infections – you will be given antibiotics during the operation to help prevent this
- blood clots – after surgery there is a risk of blood clots in your legs or lungs. You will receive a leaflet on **Preventing hospital-acquired blood clots**.
- injuring your bowel, bladder or blood vessels (3 in 1,000 patients)
- injury to the ureters - tubes draining urine from kidneys to bladder (1 in 100 patients)
- during the operation the womb is removed in small pieces, so it can be taken out through the small cuts made in your abdomen – a process known as morcellation. There is a very low risk of spreading previously undetected cancer cells into the abdomen during this procedure. The estimated risk of this lies between 1 in 1,000 and 1 in 70,000. To avoid this risk we assess each case individually and perform the morcellation in a see-through bag whenever possible, to avoid any possible spread.
- it may be necessary to perform open surgery (make a larger cut through the abdomen) either because the keyhole surgery was technically not possible, or to repair any of the injuries mentioned above.
- other risks are bruising, shoulder tip pain (pain where your shoulder and arm meet), infection or re-opening of the wound, or a hernia (where tissue comes through the wound as it has not fully healed).
- Problems caused by having a general anaesthetic – please read our leaflet **Having an anaesthetic** for information about the risks. It is possible to have an allergic reaction to anaesthetic – this is rare, but tell your doctor about any allergies you have well before your operation.
- as with any operation, there is a very rare risk of death (1 per 10,000)

These complication rates are taken from national statistics; they are rare but you should be aware of them. Occasionally complications are not noticeable at the time of surgery. Therefore if you start feeling increasingly unwell after the surgery please see your GP or go to your local Emergency Department (A&E). Please talk to your doctor about any concerns you have before your operation.

## Are there alternatives to having laparoscopic subtotal hysterectomy?

Depending on your specific circumstances there may be alternative treatments for your condition. These could include:

- medication
- a MIRENA® coil
- endometrial ablation (which removes the lining of your womb)
- treatment of fibroids

A hysterectomy can also be performed abdominally, through one larger cut in your abdomen, or vaginally, where the whole operation is performed through your vagina (avoiding the need to cut your abdomen). The options available to you will depend on why the surgery is being recommended and your individual circumstances. Your doctor will discuss this with you in more detail.

**Please refer to the general information booklet 'Having a hysterectomy' for frequently asked questions, contact details and information about recovering after your surgery.**