Laparoscopic assisted vaginal hysterectomy - using keyhole surgery to remove your womb

This leaflet explains what a laparoscopic assisted vaginal hysterectomy (LAVH) involves. It should be read after the leaflet, Having an abdominal hysterectomy – an operation to remove your womb, which explains the different types of hysterectomy operations available and gives advice on recovering from your operation.

We will refer to the abdominal hysterectomy leaflet as the ‘main hysterectomy leaflet’ from this point forward. If you do not have this leaflet or have any questions, please speak to your doctor or nurse. Contact details are at the end of this leaflet.

What is a hysterectomy?
A hysterectomy is an operation to remove your uterus (womb). Your cervix may be removed (total hysterectomy), or it may be left in place (subtotal hysterectomy). At the time of the hysterectomy your ovaries can also be removed or left in the body, depending on your age and the reason for the hysterectomy.

What is laparoscopic surgery?
A laparoscopic hysterectomy is similar to an abdominal hysterectomy. However, the operation is performed through several small incisions (usually less than 1 cm) made to your abdomen instead of one larger incision. It is also known as ‘keyhole surgery’.

Laparoscopic surgery has been performed at St Thomas’ Hospital for many years and we are known both nationally and internationally for certain ground-breaking laparoscopic operations.

How is a laparoscopic hysterectomy performed?
You will have the surgery under general anaesthetic – this means you are asleep and do not feel any pain for the entire operation. We will give you more information about having an anaesthetic.

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

Four incisions are made to your abdomen. The first of these is just below your umbilicus (belly-button). Carbon dioxide gas is put into your abdomen to lift the wall of your abdomen, so the surgeon has a clear view of your internal organs.
An instrument, called a trocar, is put into your abdomen and a lighted telescopic camera (laparoscope) is inserted through this. The laparoscope magnifies the view of your abdomen so the surgeon can see your organs clearly on a screen.

Other surgical instruments needed for the operation are put through the other small incisions in your abdomen. The uterus is detached from its surrounding structures and removed in one piece through your vagina. This is why the operation is called a laparoscopic assisted vaginal hysterectomy (LAVH). The top of the vagina is then closed with sutures (stitches). The top of the vagina is now referred to as the vaginal 'vault'.

The operation takes about one hour.

**What are the advantages of laparoscopic surgery?**

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

- less pain after the operation, which can be controlled with pain-relieving tablets or suppositories rather than a pain-relieving injection
- less blood loss
- smaller, less noticeable scars
- a shorter stay in hospital (generally one to two days compared with five to seven days after open surgery (surgery involving a large incision to the tummy).
- wounds are quicker to heal and less likely to become infected
- being able to return to normal activities and work faster than after open surgery.

**What are the risks?**

Information on the general risks of having a hysterectomy and giving your consent (permission) to have the operation is in the main hysterectomy leaflet. The risks detailed below are related to having a laparoscopic procedure.

There is a risk of injuring important structures in your abdomen, such as your bowel, bladder or blood vessels during the operation. The risk is very small: it occurs in only three out of every 1,000 patients.

The risk of injury to the ureters (tubes draining urine from the kidneys to the bladder) is about 1 in 100 patients having laparoscopic surgery. In some cases the injury can be repaired during keyhole surgery however, in most cases a longer incision in the abdomen is needed to repair the injury and the rest of the operation will be done through this longer incision.

There is also a higher risk of needing a blood transfusion to treat any bleeding during a laparoscopic hysterectomy, compared with an abdominal hysterectomy.

Your surgeon will talk with you about these risks in more detail before asking you to sign a consent form. Please do not hesitate to ask any questions or discuss any concerns you may have before signing this form.
What are the alternatives?
The alternative to having laparoscopic surgery is to have open surgery. Please read the main hysterectomy leaflet for more information.

Giving my consent (permission)
We want to involve you in decisions about your care and treatment. If you decide to go ahead, you will be asked to sign a consent form. This states that you agree to have the treatment and you understand what it involves.

You should receive the leaflet, Helping you decide: our consent policy, which gives you more information. If you do not, please ask a member of staff caring for you for a copy.

After the surgery
Information about your care after surgery can be found in the main hysterectomy leaflet.

The catheter draining your bladder can sometimes be removed at the end of the operation to allow you to try and get out of bed sooner. Otherwise, it is removed the following morning. Please make sure a nurse is with you when you first try and get out of bed after your operation as you may feel unsteady.

The main differences are that you will have less pain with this type of surgery and will not need to stay in hospital for as long. We will give you painkillers to take home with you. We will ask you to rest at home and avoid any strenuous activities, such as shopping or vigorous exercise. Please refer back to the main hysterectomy leaflet for aftercare advice.

Will I have a follow-up appointment?
We will tell you when and who to see for your follow-up appointment before you go home. It may be with your GP or a hospital doctor. Sometimes your surgeon may need to see you three months after your operation – we will let you know before you go home.

Your uterus will be sent for examination after the operation. You will need to phone the telephone results line four weeks after the operation to speak with the nurse consultant or a clinical nurse specialist about your results. Please call 020 7188 3023 on Wednesday afternoons, between 2pm – 4pm.

Appointments at King's
We have teamed up with King’s College Hospital in a partnership known as King’s Health Partners Academic Health Sciences Centre. We are working together to give our patients the best possible care, so you might find we invite you for appointments at King’s. To make sure everyone you meet always has the most up-to-date information about your health, we may share information about you between the hospitals
Contact us
If you have any questions about your hospital stay, such as the date of your operation or when to come to the hospital, please call the admissions department on 020 7188 3676.

If you have any questions or concerns about your operation, please contact the gynaecology ward on 020 7188 2697/2694. If you wish to speak to your consultant, Mr Kumar Kunde, please call 020 7188 3685.

Patient Advice and Liaison Service (PALS)
To make comments or raise concerns about the Trust’s services, please contact PALS. Ask a member of staff to direct you to the PALS office or:
**e:** 020 7188 8801 at St Thomas’  
**t:** 020 7188 8803 at Guy’s  
**e:** pals@gstt.nhs.uk

Knowledge & Information Centre (KIC)
For more information about health conditions, support groups and local services, or to search the internet and send emails, please visit the KIC on the Ground Floor, North Wing, St Thomas’ Hospital.
**t:** 020 7188 3416

Language support services
If you need an interpreter or information about your care in a different language or format, please get in touch using the following contact details.

**t:** 020 7188 8815  
**fax:** 020 7188 5953

NHS Direct
Offers health information and advice from specially trained nurses over the phone 24 hours a day.
**t:** 0845 4647  
**w:** www.nhsdirect.nhs.uk

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**t:** 0848 143 4017  
**e:** members@gstt.nhs.uk  
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