播道醫院 Evangel Hospital

# Information on Laparoscopy Assisted Vaginal Hysterectomy (+/-Bilateral Salpingo-oophorectomy)

## Indications

Pelvic mass, heavy menstrual flow, risk of cancer.

## The Operation

1. Apply general anaesthesia (GA).
2. Create pneumoperitoneum by insufflation of carbon dioxide.
3. Incisions made on abdomen, laparoscope and instruments inserted into abdominal cavity.
4. Upper part of the uterus freed; incision made round cervix vaginally to free lower part of the uterus.
5. Uterus removed vaginally.
6. Vaginal wound and abdominal wounds closed.
7. All tissues removed will be sent to pathology lab or disposed in usual manner unless otherwise specified.
8. Photograph / video may be recorded during the operation for education / research / documentation purpose. Please inform staff if you have any objection.
9. Associated Procedures that may be required: Blood transfusion, Removal of ovarian tubes and ovaries (prophylactic or when affected)

## Comparison with Abdominal Hysterectomy

1. Similarities: Same organ(s) removed / Same sequelae.
2. Differences: 3-4 smaller abdominal wounds; Less painful; Faster recovery; Earlier discharge; Shorter sick leave required; Slight increase in risk of urinary tract injury in laparoscopic approach.

## Preoperative Preparation

1. Admit 1 day before or on same day of this "elective" operation.
2. Anaesthetic assessment. **Inform your doctors** about drug allergy, your regular medications or other medical conditions.
3. Keep fast for 6 to 8 hours before operation.
4. Empty bladder and change to operation clothes before transfer to operating room.
5. Pre-medication, antibiotic prophylaxis and intravenous line may be required.

## Postoperative Instruction

### General

1. Mild throat discomfort or pain because of intubation.
2. Mild discomfort or pain over the operation site. Inform nurses or doctors if more analgesics are required.
3. Nausea or vomiting are common after GA; inform nurses if symptoms severe.
4. Can mobilize and get out of bed 6 hours after operation.

### Wound care

Keep dressing intact.

### Diet

Resume diet, usually 4 hours after anaesthesia, and when taking sips of water well.

222 九龍亞皆老街 Argyle Street, Kowloon
☎ 2711 5222 🖷 2760 3484
info@evanhosp.org.hk
www.evangel.org.hk



MI-CND080Aug23v04E

## Common Risks and Complications (not all possible complications are listed)

**Anesthesia related complications**

1. Cardiovascular: myocardial infarction or ischaemia, stroke, deep vein thrombosis, pulmonary embolism, etc.
2. Respiratory: atelectasis, pneumonia, asthmatic attack, exacerbation of chronic obstructive airway disease.
3. Allergic reaction and shock.

**Procedure related complications**

1. Bleeding (may need blood transfusion).
2. Trauma to peritoneal organs (bladder, ureters and bowels) and blood vessels (may require repair).
3. Pelvic infection.
4. Wound complications including infection and hernia (with large trocar).
5. Risk of conversion to laparotomy (less than 5%).
6. Climacteric symptoms if ovaries are removed in a premenopausal woman; may need hormonal therapy. The risk of hormonal therapy include, carcinoma of breast, deep vein thrombosis, gall stone.

## Risk of Not having the Procedure

1. Progression and deterioration of disease condition / Exact diagnosis cannot be ascertained.
2. Life time risk of carcinoma of ovary without hysterectomy is 1.4-2%, reduced by 1/2 to 2/3 with hysterectomy; 5% chance of future operation for ovarian pathology.

## Alternative Treatment

1. Observation / Non-surgical treatment e.g. medical treatment, Mirena Intrauterine Device.
2. Myomectomy (for uterine fibroid).
3. Endometrial ablation (for dysfunctional uterine bleeding).
4. Open/vaginal approach.
5. Uterine fibroid embolization.

## Things to take note on discharge

1. No menstruation / Cannot get pregnant.
2. Coitus is not affected. But avoid intercourse until examination by doctor at follow up.
3. Should not affect hormonal status if ovaries are not removed; ovarian failure may occur 2-4 years earlier than natural menopause
4. Contact your doctor or the Accident & Emergency Department if you find increasing pain or redness around the wound and discharge from the wound.
5. Take analgesics prescribed by your doctor if required.
6. Resume daily activity gradually.

## Follow Up

After obtaining a pathological diagnosis, the doctor will suggest and arrange supplementary treatments such as chemotherapy, hormonal therapy, target therapy, and radiation therapy based on the patient's final condition.

**Remarks**

This is general information only and the list of complications is not exhaustive. Other unforeseen complications may occasionally occur. In special patient groups, the actual risk may be different. For further information please contact your doctor. Evangel Hospital reserves the right to amend this leaflet without prior notice. We welcome suggestions or enquiries on the information provided in this leaflet. Please contact our Healthcare professionals so that we could follow up and make improvement.

**Reference**

Hospital Authority: *"Laparoscopic Assisted Vaginal Hysterectomy (Lavh) / Total Laparoscopic Hysterectomy (Tlh) With/Without Bilateral Salpingectomy/ Salpingo-Oophorectomy" (2021)*
Smart Patient: O&G_LaparoscopicAssistedVaginalHysterectomyLavhTotalLaparoscopic HysterectomyTlh+-BilateralSalpingectomySalpingoOophorectomy_0318_eng.pdf (ekg.org.hk) (24-07-2023)

222 九龍亞皆老街 Argyle Street, Kowloon
☎ 2711 5222 🖷 2760 3484
info@evanhosp.org.hk
www.evangel.org.hk