

Introduction

Indications for the operation are pelvic or abdominal mass, heavy menstrual flow.

The Operation / Procedure

1. General anaesthesia.
2. Incision made round cervix vaginally. Lower part of uterus freed.
3. Upper pedicles freed. Uterus removed vaginally.
4. Vaginal wound closed.
5. If difficulty encountered during hysterectomy, may proceed to laparoscopy.
6. Ovaries and tubes may be removed but not in case difficulty encountered.
7. All tissues removed will be sent for pathology exam or disposed of as appropriate unless otherwise specified.

Other associated procedures which may become necessary during the procedure

1. Blood transfusion.
2. Laparoscopy or laparotomy due to operative difficulty, complication or other pathology identified.
3. Removal of tubes and ovaries (prophylactic or when affected).
4. Photographic and / or video images may be recorded during the operation for education / research / documentation purpose, please inform the staff if you have any objection.

Similarities with Abdominal Hysterectomy

Same pathology removed, same sequelae.

Difference from Abdominal Hysterectomy

3-4 smaller abdominal wounds; Less painful, and Faster postoperative recovery; Earlier discharge, shorter sick leave required.

Preoperative Preparation

1. Admit 1 day before or on same day of this “elective” operation.
2. Anaesthetic assessment before operation .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 intravenous line and antibiotic prophylaxis may be required.

Postoperative Instruction

A. General

1. Mild throat discomfort or pain because of intubation.
2. Mild discomfort or pain over the operation site. Inform nurse or doctor if pain severe.
3. Nausea or vomiting are common; inform nurses if symptoms severe.
4. Inform nurses if more analgesics are required.
5. Can mobilize and get out of bed 6 hours after operation, usually go home on day 2.

B. Wound care

Keep dressing intact.

C. Diet

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

Common Risks and Complications (not all possible complications are listed)**A. 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.

B. Procedure related complications

1. Bleeding, may need blood transfusion.
2. Pelvic infection or injury to neighbouring organs especially the bladder (probably less than laparoscopic hysterectomy), ureters (probably less than laparoscopic hysterectomy) and bowels (probably more than abdominal hysterectomy), may require repair.
3. Risk of laparotomy (less than 5% chance).

Risk of Not Having the Procedure

Progression and deterioration of disease condition, or exact diagnosis cannot be ascertained.

Alternative Treatment

1. Observation
2. Non-surgical treatment e.g. Medical treatment, Mirena.
3. Other surgical treatment: Open/laparoscopic approach; Endometrial ablation(for DUB); Myomectomy (for uterine fibroid); Uterine fibroid embolization.

Things to take note on discharge

1. Contact your doctor or a nearby Accident & Emergency Department if you find the followings: increasing pain or redness around the wound and discharge from the wound.
2. Take analgesics prescribed by your doctor if required.
3. Resume daily activity gradually.
4. No menstruation, unable to get pregnant.
5. Coitus is not affected but avoid intercourse until examination by doctor at follow up.
6. Should not affect hormonal status if ovaries are not removed. Ovarian failure may occur 2-4 years earlier than natural menopause.
7. If ovaries removed – may need hormonal therapy risk of hormonal therapy including carcinoma of breast, deep vein thrombosis, gall stone and the need to pay for the cost if you do not have climacteric symptom.
8. If ovaries not removed – 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.
9. Climacteric symptoms if ovaries are removed in a pre-menopausal woman.

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:

https://www.ekg.org.hk/pilic/public/O&G_PILIC/O&G_LaparoscopicAssistedVaginalHysterectomyLavhTotalLaparoscopic%20HysterectomyTlh+-BilateralSalpingectomySalpingoOophorectomy_0318_eng.pdf
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