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University Health Board

## Going Home after Laparoscopic Hysterectomy procedure

### Patient Information Leaflet

This patient information leaflet aims to inform you of

- What it means to have a laparoscopic hysterectomy
- What to expect after a laparoscopic hysterectomy
- What can improve/ slow down your recovery
- When to seek medical attention
- How to get back to routine lifestyle post-surgery

### **Laparoscopic Hysterectomy**

- This is the 'key-hole' method of removing the uterus with or without your tubes and ovaries. It involves a few cuts in your tummy between 0.5 to 1 cm in length each. A camera is inserted through your belly-button and few other instruments through the other cuts to perform the surgery. The cuts on the tummy are closed with absorbable stitches and covered with sterile dressings. There will also be stitches to the top of your vagina which are absorbable.
- A general anaesthesia is used where you will be put to sleep. You will have a discussion with an anaesthetist about this during your pre-anaesthetic check.
- You will have routine blood tests a day prior to the surgery.
- You will be admitted to the hospital on the day of your surgery. You may have to stay for 1-3 days post-surgery.

### **What Should I Expect after surgery?**

Following the surgery,

- You will have a drip in your hand for fluids, until you are able to drink on your own.
- You will have a catheter in your bladder to drain urine, which is usually removed after 24 hours.
- You may have a vaginal pack that is removed after 24 hours.

### **Pain**

You should experience much less pain after laparoscopic surgery than you would expect after a conventional operation. This can be lower abdominal discomfort, like a period or shoulder tip pain. This should be relieved by the medication you have been given by the hospital or by simple remedies such as paracetamol or codeine. This should progressively improve with time.

## **Vaginal bleeding**

The amount of vaginal bleeding you may expect after laparoscopic surgery varies according to the type of procedure performed. It is not unusual to have a light vaginal loss. This should never be heavier than a period and should get progressively lighter with time. It is safer to use pads than tampons.

## **After effects of general anaesthesia**

You may find yourself drowsy/sleepy for about 24 hours after the surgery. You should feel much better the next day.

## **Bladder Function**

After your catheter is removed, It is not unusual to experience some difficulties/ discomfort in starting to pass urine. If this does not quickly settle, you may have an infection which would benefit from antibiotics. There is a small risk of developing urinary retention subsequently where you may need to have an indwelling catheter for a few days, which will be followed up by the district nurse.

## **Bowel Function**

Trapped wind may cause discomfort post-surgery due to slower bowel movements. This can be relieved by getting out of bed and walking around. Constipation and infrequent bowel movements are also common. This should rapidly improve once you return to a normal, high fibre diet. Laxatives may be helpful.

## **Self-care**

You should be able to have a shower once you are able to walk about. The dressings are waterproof, even otherwise, it is okay for the surgical scars to get wet. You only need to dab them dry with disposable tissue paper after your shower.

## **Risk of blood clots formation**

Major surgeries like laparoscopic hysterectomy have a risk of blood clots to legs or lungs. This risk can be reduced by being as mobile as you can and doing exercises like moving your feet in circular motion or bending and straightening your legs. You will also be provided with TEDS stockings and blood thinning injections (heparin) to be injected daily once for a few days. The nurse in the ward will teach you how to inject yourself.

## **Hormone Replacement therapy**

If you have your ovaries removed, you may experience menopausal symptoms like hot flushes, night sweats and palpitations. You may discuss with your doctor about starting on hormone replacement therapy (HRT) prior to your discharge from hospital.

## **Cervical screening**

Some women may need to continue having smears from the top of the vagina even after a laparoscopic hysterectomy. Do check with your doctor if this applies to you.

## **How can I improve my recovery?**

### **Pelvic floor exercises**

The muscles forming the pelvic floor is the base that holds structures like bladder, uterus and your back-passage. It is important to help maintain the tone of these muscles through physiotherapy exercises. This prevents prolapse of vagina, urinary or anal incontinence and improves sexual function.

This is done by squeezing your pelvic muscles as though you are trying to stop yourself from passing wind. You will feel your pelvic muscles lift and squeeze as well as your tummy muscles tighten slightly. Breathe normally. Short squeeze lasts for 1 second and long squeeze is when you hold it for 10 seconds. You may do 10 long and 10 short squeezes around 3 times a day.

If you suffer from constipation and find these exercises difficult, you may get in touch with a specialist women's health physiotherapist for guidance.

Other things that you can do to improve recovery:

- Engage in a daily routine by getting out of bed, wash, dress up & move about
- Healthy balanced diet including fruits, vegetable, whole grain bread and cereal along with 2 litres of fluid, mainly water
- Stop smoking which reduces risk of wound infection/ chest infection after general anaesthesia
- Support from family and friends, especially with daily activities.

## **What can slow down my recovery?**

- Pre-existing medical conditions like diabetes. A well-controlled blood sugar levels prior to surgery may be helpful.
- Smoking
- Being overweight increases risk of infection/ blood clots.

## **When to seek medical attention?**

- Burning sensation while passing urine/ frequent urination
- Vaginal bleeding that is heavier than a period/ smelly +/- fever
- Redness/ pain/ abnormal discharge from wound
- Worsening tummy pain +/- fever, loss of appetite or vomiting
- Painful, red, swollen legs +/- shortness of breath

## **How do I get back to my routine lifestyle?**

### **Exercise**

Start with short walks near your home daily for a few days and slowly increase the intensity as your body takes it. Most women should be back to previous activity levels by 4-6 weeks. Swimming can usually be resumed in 2 to 3 weeks once vaginal bleeding or discharge has stopped. Power sports should be avoided for 6 weeks post-surgery though it also depends on your previous fitness levels prior to surgery.

## Around the house

Start with lighter activities like ironing clothes. You may climb a flight of stairs or lift lighter weights up to 1litre bottle/ kettle/ saucepan in the initial 1-2 weeks. You should not lift heavy shopping bags or children for 3-4 weeks. Lift correctly by keeping your feet apart, bending your knees, keeping your back straight and lifting the object close to you.

## Driving

It is safer to avoid driving for upto 4 weeks after surgery. This is to ensure you are off any sedative effects of painkillers, able to sit comfortably in the car, look over your shoulder and make any emergency stop.

## Travel plans

Any travel that involves more than 4 hours of not being able to move may increase risk of blood clots formation, be it by car, coach, train or flight. Look into how comfortable you will be to wear a seatbelt during the travel. Also ensure you have access to medical attention at your destination for any emergency.

## Having sex

You should allow 4-6 weeks for your wound to heal internally before having sex. You may need lubricants to overcome any vaginal discomfort/ dryness, if your ovaries were removed.

## Returning to work

Many women are able to return to work by 4 to 6 weeks if they have been gradually building up their levels of physical activity at home. You may start with shorter shifts with lighter work and slowly get back to your normal work routine.

## RECOVERY TIMELINE

<b><i>Time after operation</i></b>	<b><i>How might I feel?</i></b>	<b><i>What is safe to do?</i></b>	<b><i>Fit to work?</i></b>
<b>1-2 days</b>	<ul style="list-style-type: none"><li>▪ Likely to be in hospital</li><li>▪ Pain/ discomfort in tummy</li><li>▪ Feel sore moving in &amp; out of bed</li><li>▪ Bleeding like a light period</li></ul>	<ul style="list-style-type: none"><li>▪ Get up &amp; move about</li><li>▪ Go to toilet</li><li>▪ Get yourself dressed</li><li>▪ Eat &amp; drink</li><li>▪ Have an afternoon nap if you feel tired</li></ul>	NO
<b>3-7 days</b>	<ul style="list-style-type: none"><li>▪ At home by now</li><li>▪ Pain improving and moving about more comfortably</li><li>▪ Still tire easily</li></ul>	<ul style="list-style-type: none"><li>▪ Continue as for days 1-2</li><li>▪ Go for short walks</li><li>▪ Continue exercises</li><li>▪ Wash &amp; shower</li><li>▪ Sleep/ rest in afternoon if needed</li></ul>	NO
<b>1-2 weeks</b>	<ul style="list-style-type: none"><li>▪ Less pain on moving about</li></ul>	<ul style="list-style-type: none"><li>▪ Build up your activity slowly</li></ul>	NOT JUST YET

	<ul style="list-style-type: none"> <li>▪ Energy levels returning slowly</li> <li>▪ Bleeding settled/ very little</li> </ul>	<ul style="list-style-type: none"> <li>▪ Longer &amp; more frequent walks</li> <li>▪ Restrict lifting to light loads</li> </ul>	
<b>2-4 weeks</b>	<ul style="list-style-type: none"> <li>▪ Even less pain on moving</li> <li>▪ Energy levels back to normal</li> <li>▪ Feel stronger every day</li> </ul>	<ul style="list-style-type: none"> <li>▪ Continue to build up the amount of activity towards your normal levels</li> <li>▪ Can do low impact sports</li> <li>▪ Make a plan to go back to work</li> </ul>	YES (reduced hours or lighter work)
<b>4-6 weeks</b>	<ul style="list-style-type: none"> <li>▪ Almost back to normal</li> <li>▪ May still feel tired and need to rest</li> </ul>	<ul style="list-style-type: none"> <li>▪ All daily activities including lifting</li> <li>▪ Usual exercise</li> <li>▪ Can drive</li> <li>▪ Can have sex if ready</li> </ul>	YES

This list is not intended to be a comprehensive catalogue of problems after laparoscopic surgery. We believe you are very unlikely to develop a serious complication after this type of surgery in our unit. However, as you will probably be going home much earlier than patients used to, it is important that you let us know if you are concerned by your progress at home. **Please let your doctor or the hospital staff know if you are concerned about your progress.**

Grange University Hospital, Emergency Gynaecology Assessment Unit:-  
01633493557

Royal Gwent Hospital, D3 East ward on:- Tel. No:- 01633234037

Ysbyty Ystrad Fawr:- Tel. No:- 01443 802553 (this is manned until 1pm Mon-Fri)

Reference: Recovering Well, Information for you after a laparoscopic hysterectomy  
RCOG 2015

**“This document is available in Welsh /  
Mae’r ddogfen hon ar gael yn Gymraeg”.**

