NHS
Royal Cornwall Hospitals
NHS Trust

Laparoscopic hysterectomy

Same day discharge

Information for patients



Outstanding
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Table of contents

Who is this leaflet for?	4
What is a laparoscopic hysterectomy?	4
Why do I need it?	4
Are there any alternatives?	4
What does it involve?	5
Same day surgery - What does this involve?	7
What does this involve?	7
What are the risks and benefits of same day surgery?	7
Consent	9
How do I prepare for the procedure?	9
What happens on the day?	9
What happens afterwards?	10
When will I go home?	10
Will I have any pain or discomfort?	11
When can I resume normal activities?	11
What follow up will I have?	11
Who should I contact if I have any problems?	12
What should I look out for?	12
Things to think about	12
Notes	13
Notes	14
Patient Experience	15
Feedback	15

Who is this leaflet for?

This leaflet is for patients who are having a laparoscopic hysterectomy (keyhole surgery). This means that you will usually go home on the same day. This leaflet aims to help you to understand more about the surgery, the benefits of going home on the same day and how you will be followed up by the team afterwards. Please feel free to ask questions of your health professional so that you can work together to make a plan that meets your needs and priorities.

What is a laparoscopic hysterectomy?

A laparoscopy is also called keyhole surgery. This means the operation is performed through a small telescope inserted into your belly button. This avoids needing a large open cut on your abdomen (tummy).

Information:

- A total hysterectomy involves removing the womb (uterus) and the neck of the womb (cervix).
- A subtotal hysterectomy involves removing the uterus but not the cervix.
- You may also have your ovaries removed at the same time.

Your gynaecologist (specialist doctor) will discuss with you the type of operation you need. With either type of hysterectomy, the fallopian tubes are usually removed as well. These are attached to the uterus and are only used during reproduction.

Why do I need it?

Common reasons for this surgery include heavy periods, fibroids, severe period pain, endometriosis and sometimes cancers of the womb or cervix.

Are there any alternatives?

Possible alternatives may be appropriate depending on your condition. These may involve drug therapies, coils and minor procedures such as uterine artery embolisation or endometrial ablation, or different types of surgery such as removing endometriosis or fibroids. Your consultant will have discussed alternative options of treatment with you before your decision to proceed with a hysterectomy.

What does it involve?

This procedure is performed under a general anaesthetic (you will be asleep). A small tube (catheter) is put into your bladder to keep it empty during surgery. This will be removed afterwards so that when you get back to the ward you can move around freely.

A laparoscope (telescope attached to a camera) will be inserted through a cut in your belly button. Two to four further small cuts will be made to allow the surgeon to insert instruments into the belly. Your belly is then filled with carbon dioxide gas to make more space to safely perform the operation.

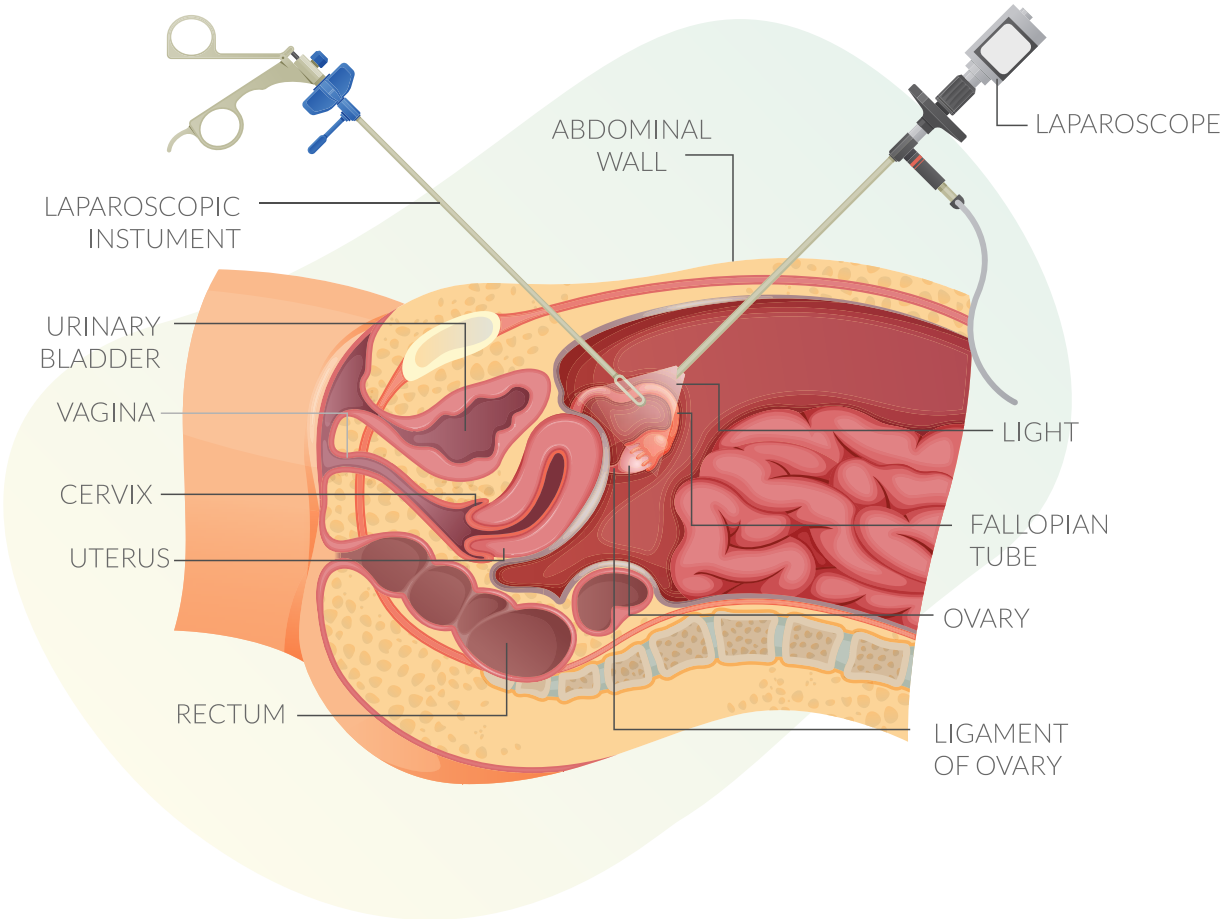


Figure 1: How laparoscopic hysterectomy is carried out

During a total hysterectomy the uterus, fallopian tubes and cervix are removed through the vagina. The upper part of the vagina (vaginal vault) is then closed with absorbable stitches. If you have decided to keep your cervix (sub-total hysterectomy), the uterus and fallopian tubes will be cut into smaller pieces and removed through a small cut in your belly. If the ovaries are also being removed this will happen at the same time.

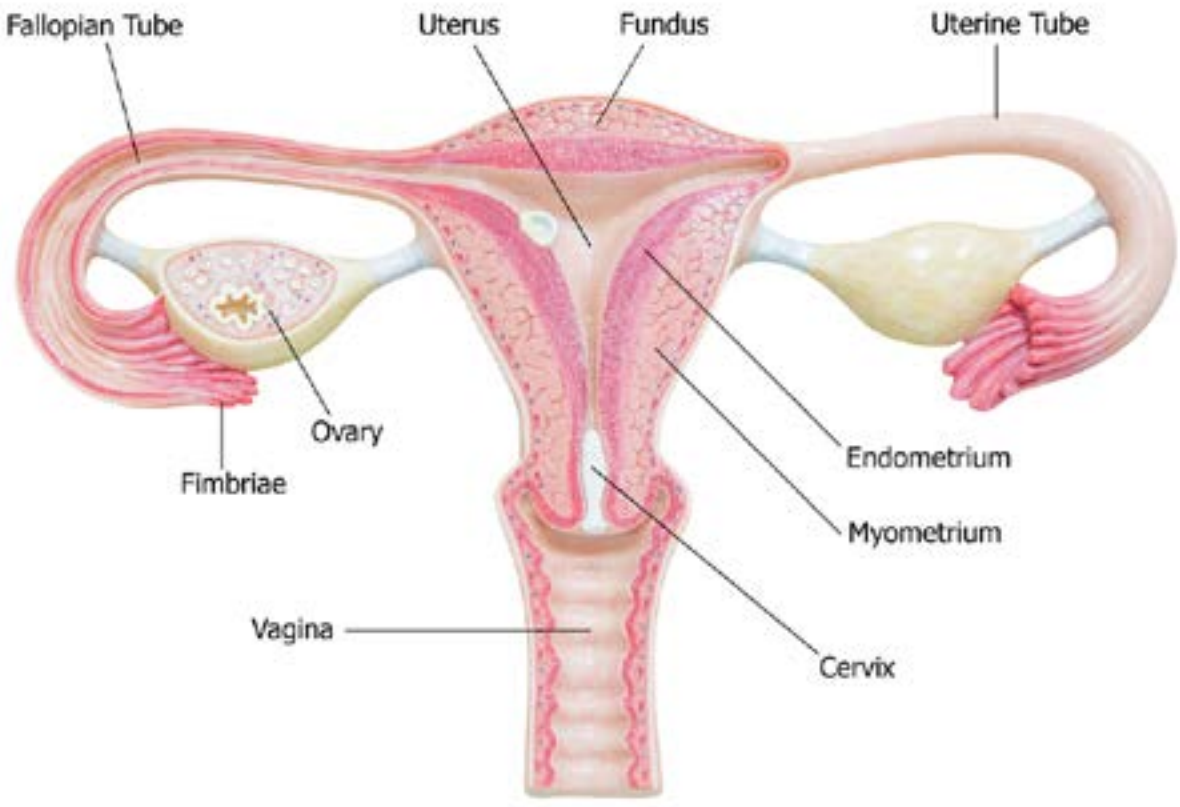


Figure 2: The female reproductive system

Same day surgery

What does this involve?

Same day discharge for laparoscopic hysterectomy refers to a package of care. This involves preparation before surgery to inform you about what to expect before, during and after your operation using written, verbal and sometimes video information. You may be given a patient diary to complete, which charts your progress in hospital. Completing this is optional, but it may help you to know what to expect, how you are progressing during your hospital stay and how you will feel.

You will have the chance to ask questions during your pre-operative assessment with a specialist nurse or anaesthetist. During this appointment, they will ask about your medical history and general health to make sure you're suitable for a same Day discharge procedure. You can also ask more questions when you meet your surgeon and anaesthetist on the morning of your operation and again after the operation, before you are discharged.

What are the risks and benefits of same day surgery?

All operations have benefits and risks. Your gynaecologist will discuss these with you. They will also ask you to sign a consent form that explains the benefits and risks.

Benefits of same day surgery:

- Faster recovery (keyhole surgery and our specific recovery programme support you to get better faster)
- Going home sooner (usually the catheter has been removed and so you are able to move more freely and return to your normal activities)
- Less likely to develop blood clots in the legs and lungs (thromboembolism)
- Returning to eating and drinking sooner
- Being less likely to catch a hospital-acquired infection.

Risks of the procedure:

Most of the risks relate to the surgical procedure rather than the same day discharge package of care. The risks of the procedure (which are not increased by going home the same day) include:

- **Anaesthetic** – your anaesthetist will discuss the risks associated with anaesthesia with you. These include nausea and vomiting, sore throat, damage to teeth and allergy to the drugs used.
- **Heavy bleeding** – during the operation that may require a blood transfusion or changing to a laparotomy (open surgical procedure) with a larger horizontal or vertical cut.
- **Infection** – which can affect the wounds, pelvis, bladder, kidneys or chest. This also includes viruses like COVID-19.
- **Blood clots** – in the legs or the lungs.
- **Pain and bruising** – around the site of the operation.
- **Damage to other structures in the abdomen** – such as the blood vessels, bowel, bladder or ureters (the tubes that carry urine from the kidneys to the bladder). If this happens you may need further surgery to repair any structures that were damaged.
- **Failure of keyhole surgery** – inability to complete the procedure via laparoscopy (keyhole) and need to convert to a laparotomy (open surgical procedure) with a larger horizontal or vertical cut.

Consent

We want to involve you in decisions about your care and treatment. If you decide to go ahead with surgery you will be asked to sign a consent form. This states that you agree to have the treatment and you understand what it involves. If you would like more information about our consent process, please speak to a member of staff caring for you.

How do I prepare for the procedure?

To help with recovery, try to keep healthy by exercising and avoiding smoking and alcohol in the 4 weeks before your surgery. If you are overweight, losing some weight before the operation will also help with a quicker recovery and reduce the risks of problems during the surgery. To reduce your risk of thrombosis (blood clots in legs or lungs), you may be asked to stop the combined oral contraceptive pill or HRT up to 4 weeks before surgery.

You can eat and drink normally up until 2.30am on the day of your operation and we encourage you to drink a large glass of water between 6-6.30am.

What happens on the day?

Admission processes vary slightly across the various hospital sites and locations. On arrival to the unit, one of the nursing staff will show you to your bed space or admission cubicle and answer any questions. They will ask you to confirm your identity and put a wristband on you, which you should leave on whilst you are in hospital. Your pulse rate, blood pressure and temperature will be recorded and you will be asked to provide a urine sample.

The surgical team performing the operation and the anaesthetist will come to see you and talk the procedure through with you. They will let you know the likely timing of the operation when you arrive and will instruct you about drinking water up until 2 hours before the time of your operation.

You will be given a hospital gown to change into and a pair of anti-embolism stockings to wear throughout your hospital stay. You should take these home and wear them until you are fully mobile (up to 2 weeks). These are to reduce the risk of blood clots developing in your legs and lungs after surgery.

When it is time for your operation, a nurse will take you to the theatre where you will be introduced to the team in the anaesthetic room. Nursing staff will also collect you after the procedure is finished.

What happens afterwards?

Following your operation, you will wake up in the theatre recovery area. You may have an oxygen mask to help with your breathing and drip in your arm to give fluids. You may still have a small tube in your bladder (catheter), which is used to drain the bladder and keep it empty during the operation. This will be removed when you are awake.

You will have some discomfort in your tummy and/or shoulder tip, which will gradually get better as you start to move around on the unit. The nurses will give you regular pain relief and anti-sickness medication while you are in hospital.

We will encourage you to drink so you are well hydrated and to start moving around as soon as possible. We will usually help you to sit out in a chair at the bedside from about 2 hours after you have returned to the ward. You should be able to walk to the bathroom within 4 to 6 hours of your surgery. Mobilising soon after surgery will help your recovery, assist bladder and bowel function and reduce the risks of blood clots forming.

You will have 3 to 5 small cuts around 0.5cm to 1.5cm on your tummy. These will have been closed with absorbable stitches and covered with small dressings. These dressings are waterproof (for the shower) and can be removed completely after 5 days. The stitches do not need to be removed and will fall out after around 2 weeks. While your wounds are healing during this time, you should shower instead of having a bath to reduce the chance of infection.

When will I go home?

You will usually go home on the evening of your surgery. Everyone recovers differently and you may need longer to recover, or your doctor may request you stay longer after the operation. In general, once you are eating and drinking and can pass urine normally, you will be ready to go home. Before you are discharged, you will need to be able to walk around on the ward comfortably with oral pain relief.

If you are not able to pass urine normally, a small tube (catheter) can be re-inserted into your bladder to empty it. It will be attached to a small bag carried discretely on your leg. If this is needed, it does not need to stop you going home. In this case, you will go home with the catheter and be asked to return after 5 to 7 days to have it removed.

Will I have any pain or discomfort?

As this is a keyhole operation, pain is usually managed with simple painkillers such as paracetamol and ibuprofen. Do make sure you have a supply of these ready at home. Take them regularly following surgery. Start ibuprofen the day after surgery and take 400mg FOUR times a day. This is more than the stated dose on the packet. This is safe after surgery, but do not continue this dose for more than 7 days.

When can I resume normal activities?

To aid the healing process at home, aim to keep as mobile as possible. You may need to take painkillers for the first 1 to 2 weeks. Full recovery can take about 4 weeks.

You will usually need 4 to 6 weeks off work. This will depend on the job that you do and level of physical activity it involves. Although some women decide to return to work very quickly, you will be given a sick note for at least 4 weeks from the hospital. You can return to work as soon as you feel able.

You can drive a car 4 weeks after surgery if you feel able to do an emergency stop without being in any pain.

You can expect a small amount of vaginal bleeding and discharge after the surgery. Avoid swimming until bleeding has settled (usually around 4 to 6 weeks). Avoid sex for 6 to 8 weeks afterwards.

What follow up will I have?

When you are discharged, we will give you the phone numbers to contact the hospital if you have any concerns. Your GP will also receive a letter telling them about the operation should you need to contact them.

A nurse or a doctor will phone you on the first day after your surgery to check on your progress and give any necessary advice. They may recommend further phone call contacts or attendance at the hospital if there are any concerns.

You will usually receive a letter a few weeks later when results from any tissue samples that have been sent to the laboratory are available. You may have follow up in the Gynaecology outpatient clinic at the discretion of your consultant or in keeping with your wishes. We might ask you to fill in a questionnaire 6 weeks after surgery to gather information about your experience and satisfaction with your day case hysterectomy journey.

Who should I contact if I have any problems?

If you have any concerns following surgery, you can phone Eden ward on 01872 252090 or via the hospital Switchboard (01872 250000). Gynaecology nurses and doctors are available 24 hours per day, 7 days per week. You have open access to Eden ward for 4 weeks after your surgery. You can also speak to your GP.

What should I look out for?

Contact Eden ward if you have any of the following symptoms following your surgery:

- an offensive, smelly discharge
- heavy bleeding from the vagina
- severe abdominal pain
- high temperature.

If your symptoms or condition worsens, or if you are concerned about anything, please call Eden ward to discuss, or call your GP or 111. In an extreme emergency please call 999.

Things to think about

Having read this leaflet, it might be helpful to think about the following:

- What do I want to ask my healthcare professional?
- What is worrying me about this procedure right now?
- What else is important in my life right now? Will this influence whether or not I have this procedure?
- Who is able to support me with the care that I choose?
- Would I like someone to come with me to my appointment if possible?

Notes

You can fill out the following table with your healthcare professional. This will help you to think about which option is best for you, given your individual situation.

Options:		
My Options include…	**The Benefits: Why is this option good for me?**	**The Risks: What is not so good about this option for me?**
To have treatment		
To do nothing		
Alternative treatment(s)		

When you have decided which treatment option you want, you might also want to ask…

'Questions to consider:

- How quickly should I expect to see an improvement?
- Do I need to take any medication after the procedure? Eg. pain relief.
- Are there any activities that I need to avoid after the procedure? Eg. When am I able to resume sexual activity? Am I able to go swimming?
- Who should I contact if I have questions after I leave today?
- Do I need to come back to the hospital again or see my GP after today?
- Where can I go to get more information?
- What lifestyle changes could I make to support my recovery?

Notes

Remember you can always ask the healthcare professional to explain things differently, explain things again, or to write down information for you.

Patient Experience

We know that being admitted to hospital can be a difficult and unsettling time for you and your loved ones. If you have any concerns or questions about your care, please talk with the nurse in charge or the department manager in the first instance. If the relevant member of staff is unable to help resolve your concern, you can contact the Patient Experience Team. We offer informal help, advice or support about any aspect of hospital services and experiences.

We will liaise with the various departments in our hospitals on your behalf, if you feel unable to do so, to resolve your problems and where appropriate refer to outside help.

- Patient Experience: 01872 252793
- Email: rcht.patientexperience@nhs.net

Opening times: Monday to Friday from 10am to 4pm. Please be aware that a voicemail service is in use at busy times, but messages will be returned as quickly as possible.

If you are still unhappy you can contact the Complaints Department, who can investigate your concerns. You can make a complaint orally, electronically or in writing. We can advise and guide you through the complaint procedure.

Feedback

Feedback is really important and useful to us – it can tell us where we are working well and where improvements can be made. There are lots of ways you can share your experience with us including completing our Friends and Family Test. Cards are available and can be posted on all wards, departments and clinics at our hospitals. We value your comments and feedback and thank you for taking the time to share this with us.









To get this information in a different format call 01872 252690

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Switchboard: 01872 250000

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