

Garland location:
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4716 Alliance Blvd.
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Baylor Scott & White Surgicare at North Garland
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Robot Assisted Total Laparoscopic Hysterectomy/ Total Laparoscopic Hysterectomy Instructions

What is a laparoscopic hysterectomy?

It is the removal of the uterus and cervix through four small (1/2' – 1') abdominal incision while using a robot to assist or small laparoscopic tools. Removal of the ovaries and tubes depends on the patient.

Why is this surgery used?

To treat disease of the uterus

- Fibroids
- Endometriosis
- Infection in the ovaries or tubes
- Pelvic pain
- Overgrowth of tissue in the lining of the uterus
- Abnormal vaginal bleeding

How do I prepare for surgery?

- Before surgery, a pre-op appointment will be scheduled with your doctor at their office.
- Depending on your health, we may ask you to see your primary doctor, a specialist, and /or an anesthesiologist to make sure you are healthy for surgery.
- The lab work for your surgery **must be done at least 1 day prior to surgery.**
- Some medications need to be stopped before surgery. A list of medications will be provided at your pre-operative appointment.
- Smoking can affect your surgery and recovery. Smokers may have difficulty breathing during the surgery and tend to heal more slowly after surgery. If you are a smoker, it is best to quit 6 – 8 weeks before surgery. If you are unable to stop smoking before surgery, your doctor can order a nicotine patch while you are in the hospital.
- You will be told at your pre-op visit whether you will need a bowel prep for your surgery and if you do, what type you will use. The prep to clean your bowel will have to be completed the night before your surgery.

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- You will need to shower at home before surgery. Instructions will be provided at your pre-operative appointment.
- Do not wear make-up, nail polish, lotion, deodorant, or antiperspirant on the day of surgery.
- Removal all body piercings and acrylic nails.
- If you have a “Living Will” or an “Advanced Directive”, bring a copy with you to the hospital on the day of surgery.
- Most women recover and are back to most activities in 4 – 6 weeks. You may need a family member or a friend to help with your day-to-day activities for a few weeks after surgery.

What can I expect during the surgery?

- Once in the operating room, you will be given either a spinal and/or general anesthesia before the surgery to keep you from feeling pain. The choice of anesthesia is a decision that will be made by anesthesia based upon your history and your wishes.
- If a general anesthesia is given, after you are asleep and before the surgery starts:
 - A tube to help you breathe will be placed in your throat.
 - Another tube will be placed in your stomach to remove any gas or other contents to reduce the likelihood of injury during the surgery. The tube is usually removed before you wake up.
 - A catheter will be inserted into your bladder to drain urine and to monitor the amount of urine coming out during the surgery. The catheter will stay in until the next day.
 - Compression stockings will be placed on your legs to prevent blood clots in your legs and lungs during surgery.
- After you are asleep the laparoscope is inserted into the abdomen and carbon dioxide gas is blown into the abdomen to inflate the belly wall away from the internal organs.
- After you are asleep the doctor and their assistant will remove the uterus, cervix, and possibly the ovaries and tubes through the 4 to 5 small abdominal incisions. The vaginal opening is then closed with suture.
- Photographs may be taken during the surgery and will be placed in your medical records.

What are possible risks from the surgery?

- **Bleeding:** If there is excessive bleeding, you will be given a blood transfusion unless you have personal or religious reasons for not wanting blood. **This should be discussed with your doctor prior to the surgery.**

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- **Conversion to an open surgery requiring an up and down or bikini incision:** If a bigger open incision is needed during your surgery, you may need to stay in the hospital one or two more nights.
- **Damage to the bladder, ureters** (the tubes that drain the kidneys into the bladder), **and to the bowel:** Damage occurs in less than 1% of surgeries. If there is damage to the bladder, ureters, or to the bowel they will be repaired while you are in surgery.
- **Death:** All surgeries have a risk of death. Some surgeries have a higher risk than others.

Possible risks that can occur days to weeks after surgery:

- **Blood clot in the legs or lungs:** Swelling or pain, shortness of breath, or chest pain are signs of blood clots.
- **Bowel obstruction:** A blockage in the bowel that causes abdominal pain, bloating, nausea and/or vomiting.
- **Hernia:** Weakness in the muscle at the incision that causes a lump under the skin.
- **Incision Opens:** The abdominal or vaginal incision.
- **Infection:** Bladder or surgical site infection. This may cause fever, redness, swelling or pain.
- **Scar tissue:** Tissue thicker than normal skin forms at the site of surgery.

What happens after the surgery?

- You will be taken to the recovery room and monitored for a short time before going to the observation unit.
- Depending on the length of your surgery, you may not be able to eat or drink anything until the next morning or you will be started on a liquid diet. When you are feeling better you may return to a regular diet.
- You may have cramping, feel bloated, or shoulder pain.
- You may have a scratchy or sore throat from the tube used for your anesthesia.
- You will:
 - Be given medications for pain and nausea if needed.
 - May still have the tube in your bladder. In so, the tube will be left in until the next morning.
 - Have the compression stockings on your legs to improve circulation.
 - Be restarted on your routine medications.
 - Be given a small plastic device at your bedside called an incentive spirometer to help expand your lungs after surgery.
 - Start walking as soon as possible after the surgery to help healing and recovery (i.e. - at least 3x/day).

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- Stay in the hospital for 23 hours. However, if your surgery is in the morning and you feel up to it, you are welcome to go home if you are eating, urinating, and your pain is well controlled.

At Home after Surgery

If you use bowel prep before surgery, it is common not to have a bowel movement for several days.

Call your doctor right away if you:

- Develop a fever over 100.4 degrees F (38 degrees C).
- Start bleeding like a menstrual period or (and) are changing a pad every hour.
- Have severe pain in your abdomen or pelvis that the pain medication is not helping.
- Have heavy vaginal discharge with a bad odor.
- Have nausea and vomiting.
- Have chest pain or difficulty breathing.
- Leak fluid or blood from the incision or if the incision opens.
- Develop swelling, redness, or pain in your legs.
- Develop a rash.
- Have pain with urination.

Caring for your incision:

- Your incision will be closed with dissolvable stitches.
- The bandage may be removed 24 hours after your surgery.
- The steri-strips under the bandage will fall off on their own in 7-10 days. If they do not, on day 10 you may remove them after they get wet in the shower.

Vaginal Bleeding: Spotting is normal.

- Discharge will change to a brownish color followed by yellow cream color that will continue for up to four to eight weeks.
- It is common for the brownish discharge to have a slight odor because it is old blood.

Menopausal Symptoms: Once your ovaries are removed you will be in surgical menopause. Symptoms of menopause may include hot flashes, vaginal dryness, mood changes, and vaginal discomfort with intercourse. If these symptoms cause you discomfort, please talk with your doctor.

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Before age 45 there is a greater risk of thinning and broken bones after your ovaries are removed. It is important to get the right amount of calcium and vitamin D from your diet or a supplement. Your doctor may want you to have a bone density scan to evaluate your bone health.

Diet: You will continue with your regular diet.

Medications:

- **Pain:** Medication for pain will be prescribed for you after surgery. Do not take it more frequently than instructed.
- Take Ibuprofen 800 mg every 8 hours around the clock and acetaminophen 1000mg every 6 hours around the clock for the first 3 days with food; then as needed.
- **Stool softener:** Narcotic pain medications may cause constipation. A stool softener should be taken while taking these medications. (i.e. - Colace 100 mg twice a day, this can be bought over the counter)
- **Nausea:** Anti-nausea medication is not typically prescribed. Tell your doctor if you have a history of severe nausea with general anesthesia.

Activities:

- **Energy level:** It is normal to have a decreased energy level after surgery. During the first week at home, you should minimize any strenuous activity. Once you settle into a normal routine at home, you will slowly begin to feel better. Walking around the house and taking short walks outside can help you get back to your normal energy level more quickly.
- **Showers:** Showers are allowed within 24 hours after your surgery. Let warm soapy water run over your incisions, rinse with clean water, and then pat dry.
- **Climbing:** Climbing stairs is permitted but you may require some assistance when you first return home.
- **Lifting:** For 6 weeks after your surgery, you should not lift anything heavier than a gallon of milk (10 lbs.). This includes pushing objects such as a vacuum cleaner and vigorous exercise.
- **Driving:** The reason you are asked not to drive after surgery is because you may be prescribed pain medications. Even after you stop taking pain medication; driving is restricted because you may not be able to make sudden movements due to discomforts from surgery.
- **Exercise:** Exercise is important for a healthy lifestyle. You may begin normal physical activity within hours of surgery. Start with short walks and gradually increase the distance and length of time that you walk.

To allow your body time to heal, you should not return to a more difficult exercise routine for 4 – 6 weeks after your surgery. Please talk to your doctor about when you can start exercising again.

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- **Intercourse:** No sexual activity for 8-12 weeks after surgery. Please talk to your doctor about when you can start having sex again.
- **Work:** Most patients can return to work between 4 – 6 weeks after surgery. You may continue to feel tired for a couple of weeks. If you are feeling up to it, you may be able to go to work after 2 weeks.

Follow-up with Your Doctor:

You should have a post-operative appointment scheduled with your doctor for 2 and 6 weeks after surgery.

If you have any further questions or concerns about getting ready for surgery, the surgery itself, or after the surgery, please talk with your doctor.

Disclaimer: This document is for informational purposes only and is not intended to take the place of the care and attention of your personal physician or the professional medical services. Talk with your doctor if you have questions about individual health concerns or specific treatment options.