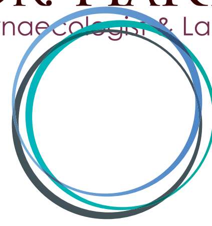
DR. HARYUN WON
Gynaecologist & Laparoscopic Surgeon

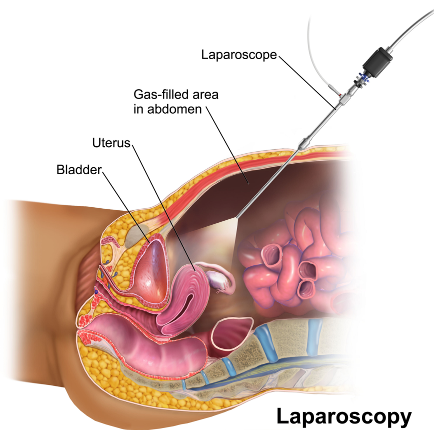


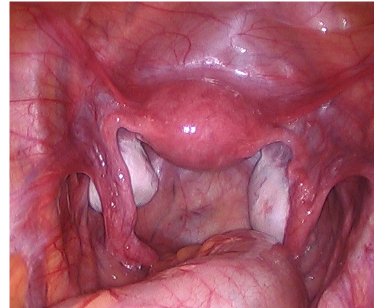
BONDI
WOMEN'S HEALTH

PLEASE NOTE:
This information sheet is not a substitute for a medical opinion. It is designed as an educational reference to allow you to make more informed decisions in consultation with your doctor. Much of what is conveyed during a consultation can be forgotten, this package is here to help remind you of various points that may have been discussed in your consultation and the suggestion of your tailor-made care plan.

LAPAROSCOPIC HYSTERECTOMY

Laparoscopy is a procedure to visualise and examine the organs of the abdomen and pelvis. A thin telescope called a laparoscope is passed through the belly button. This allows visualisation of the pelvic organs such as uterus, ovaries and fallopian tubes to look for any abnormalities to allow safe removal of uterus, cervix and fallopian tubes (hysterectomy).





Preparing for Laparoscopic hysterectomy

Having a laparoscopy requires you to be admitted in hospital and to have general anaesthesia. This procedure will require hospital admission for one or more nights.

Pre Surgery Diet

You must follow fasting instruction prior to your allocated surgery time. Generally, this involves fasting for at least 6 hours before your surgery and clear fluid (water) for at least 2 hours before your surgery time. There is no need for a special diet or bowel preparation, unless instructed otherwise. Hospital staff will contact you the evening before surgery to confirm the fasting times. PLEASE NOTE: if you do not adhere to the diet prior to your surgery, your surgery will not proceed.

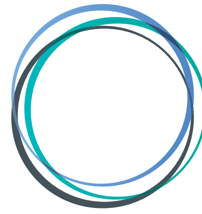
If you usually suffer from constipation, it is important to keep your bowel motions soft BEFORE the surgery, using laxatives such as Movicol, Coloxyl or regular Metamucil/ Benefibre.

Medication

Hormones are to be continued unless advised otherwise.

Pain medications – please do not take anti-inflammatory medication for 2 weeks before the surgery (Nurofen, Ponstan, Voltaren or Ibuprofen) to reduce the risk of bleeding. These can be resumed after the surgery.

Most of your regular medications can be continued (e.g. heart, blood pressure, thyroid medications) - take with a sip of water at the usual time, even on the morning of the surgery. If you are taking anticoagulation medications (blood thinners), these medications need to be stopped up to 1-2 weeks before surgery (including Aspirin, Clexane, Xarelto, Warfarin, Eliquis and Pradaxa just to name a few). It is recommended that you speak to the doctor who prescribed the medication to determine whether is safe for you to stop the medication before surgery. Occasionally, an alternative medication needs to be taken prior to the surgery and switched back after surgery. If you are unsure, do not hesitate to ask Dr. Won.



Supplements
Please stop the following supplements 2 weeks before surgery.

- Garlic, ginger, ginkgo, fish oil, krill oil, turmeric, feverfew, Vitamin E (may increase risk of bleeding)
- St. John's wort, ginseng, echinacea, ephedra, keva, valerian (may interact with anaesthesia or pain medications)

Please note that this is not an all-encompassing list of supplements to stop before surgery. Please contact us if you are unsure about your supplements.

Exercise

There is no restriction on daily activities before your operation.
Pelvic floor exercise – it is a great idea to refresh your pelvic floor exercise technique with a pelvic physiotherapist before the hysterectomy to maintain good pelvic muscle tone after hysterectomy. You can resume pelvic floor exercise after 6 weeks from the surgery.

On the day of the Surgery

Admission

Please present to the admission of your booked hospital, at the time informed by the hospital. Usually this is few hours before your scheduled surgery time. At the Prince of Wales Private Hospital, the admission is located on level 5, just outside the lift. When you arrive at the hospital, hospital administrative staff will complete all necessary paperwork, and the nursing staff will admit you and perform appropriate pre-operative checks. Dr Won will see you before the surgery and go through the planned operation and answer any remaining questions you may have. Your anaesthetist will also see you before you are sedated.

The Procedure

After having general anaesthetic, an indwelling catheter will be placed in your bladder to empty urine. The abdomen is gently inflated with carbon dioxide gas to raise the abdominal wall clear of the pelvic organs and to improve the surgeon's view and access. A laparoscope is inserted through a small incision at the umbilicus (navel). The pelvic organs can be gently moved using an instruments placed inside the uterus (via the vagina) and another instruments placed through other small (less than 1cm) incisions lower in the abdomen. This improves the ability to inspect the pelvic organs and abnormal pathology. Your planned surgery will carried out and the entire procedure may take from 90 minutes to several hours to complete, depending on your pathology. A second surgeon is required to assist the primary surgeon (assistant surgeon).

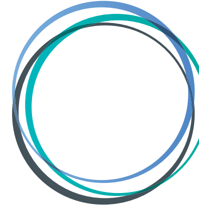
The detached uterus and cervix will be removed vaginally if possible. If the uterus is too large to be delivered vaginally, it will be removed via morcellation (surgical technique to break down uterus into small pieces within a bag) or a larger abdominal incision will be made to retrieve the uterus. This will be discussed at the time of your consultation with Dr Won.

After the surgery is completed, the laparoscope is withdrawn, and the carbon dioxide gas is allowed to escape as much as possible. Surgical incisions are closed with small dissolving stitches and Steri-strips (paper-like tape). The urinary catheter will be left in until the next morning to drain urine.

Recovery Ward

After your operation, you will wake up in the Recovery ward, where you will be monitored for 1-2 hours before being moved to a surgical ward. You will feel drowsy from the anaesthesia and may experience some pain. Nursing staff in the recovery ward can provide you with pain medications or anti-nausea medications as required.

You will have an intravenous (IV) drip in your arm for fluid and medications and a urinary catheter to drain your bladder. Generally, both IV drip and urinary catheter are removed the next morning after surgery. You will receive regular pain medications as prescribed by the anaesthetist. Nursing staff will provide you with adequate pain medications to keep you comfortable. Pain management is a crucial part of recovery, and it is encouraged that you ask the nursing staff for additional analgesia as required. Pain medications can be in a form of a tablet or injection through the IV drip or intramuscular injection. Over the next few days, your pain level will gradually decrease and so should the amount of pain medication taken. Regular use of painkillers as required is encouraged, not only to reduce discomfort but also to facilitate early mobilization. Physical activity plays an important role in minimising post operative complications including deep vein thrombosis (blood clot in the leg) or chest infections. Recovery will be faster with early resumption of physical activity.



After having Laparoscopy

Surgical dressings

The surgical dressings are waterproof, and you can shower with them on. If the dressings get wet, they will need to be re-applied. 5 days after surgery, please remove all dressings (peel off during shower as it hurts less) and keep the wounds uncovered, clean and dry to air. After showering, dry the line of the wounds bay patting them dry with a soft towel. The internal stitches dissolve with time and do not need to be removed. If you have tendency to develop keloid scar, a silicon gel sheets are recommended in the first 6 weeks to help improve the appearance of the surgical wounds.

Diet

Drink extra fluids, especially water. Light diet (soup, sandwiches) if desired. Gradually build up to normal diet.
Small frequent meals rather than occasional large one is recommended.

Regular medications

Advice will be given regarding continuing hormonal treatment. Generally speaking, progesterone medication is no longer required after hysterectomy (Prometrium, Mirena IUD, Provera or Primolut N) and should be stopped.
Restart other regular medication (e.g. heart, diabetes, thyroid) on the day of surgery. Take home pain medication will be prescribed by your anaesthetist.

Vaginal bleeding and discharge

It is expected to have moderate 'period-like' vaginal bleeding after laparoscopy up to 4-6 weeks. This is due to fresh wound at the top of the vagina, where the uterus was removed from. This bleeding should decrease slowly. Please contact us if there is smelly, offensive vaginal discharge, fever or heavy vaginal bleeding.

Pain and discomfort after Surgery

The following symptoms may persist for several days, including.

- Substantial pain and discomfort at the site of the incisions and around the operated area
- Muscle aches and pain, and tiredness
- Mild nausea
- Painful cramps
- A sensation of swelling in the abdomen
- Pain in one or both shoulders that may extend into the neck. This is thought to be the carbon dioxide gas used during the procedure. The pain may last for a few days. Sitting up propped in the bed or mobilising will help improve this pain.

Lethargy & abdominal bloating

Your body expends a lot of energy whilst healing internal wounds. It is very common to feel lethargic, easily fatigued and bloated during the first 6 weeks. You will fully regain your energy and stamina over the next few weeks and bloating will gradually improve.

Constipation

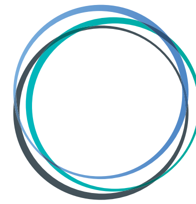
Constipation after abdominal surgery is common. This is especially so if codeine (Panadeine or Panadeine Forte) or opioids (Endone, Oxycodone or Morphine) is taken for pain relief. To assist a return to normal bowel habits, eat a light diet with plenty of fruit, have a high fluid intake, and do gentle exercise, such as walking. If wind is a problem, you may find trying peppermint or chamomile tea useful. The addition of a mild laxative (e.g. 2 teaspoons of Metamucil or Benefibre in a big glass of water daily) or daily Movicol sachet can help.

Exercise

Gentle exercise such as walking should be gradually reintroduced 6 weeks after surgery. Avoid high impact exercises for 6 weeks. Gradually increase the intensity of exercise to your normal level -take it easy if it hurts. Strictly no heavy lifting for 6 weeks.

Driving

Driving should be avoided for at least two weeks. You should not drive whilst taking sedative influence of stronger pain medications. You will need be able to safely perform an emergency stop and be comfortable wearing a seat belt.



Supplements
You can resume the stopped supplements 6 weeks after the laparoscopic surgery.

TEDS stockings
The compression stockings should be always worn for 14 days after the surgery. Whilst not the most attractive, these stockings help to prevent deep vein thrombosis (blood clot in the leg). Please wear them during the day and night until your mobility has returned to normal.

Other General Advice
Do not insert anything in the vagina for 6 weeks– tampons, menstrual cups, intercourse, bath or swimming. Shower is fine to take. Normal physical and sexual activity can be resumed after 6 weeks after your post op appointment when you are feeling well enough. Avoidance of alcohol, keeping well hydrated and a healthy diet is recommended for good healing.

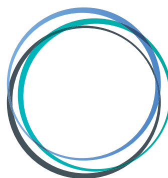
Return to work
You will be able to return to a desk job 4 weeks after your surgery. Heavy manual jobs or jobs that involve lifting will require 6 weeks. Light duties may be possible during this time. You are likely to feel more tired than usual following surgery and rest is recommended. This is because your body is putting energy into healing the surgical areas.

Post-operative Visit
Please contact us and make a follow up appointment 6 weeks after surgery to review your recovery and pathology result, as well as further management plan.

Please notify us at once if you notice any of the following:

- Nausea or vomiting that is worsening
- Persisting and increasing abdominal pain, and any pain not reduced by painkillers
- Persisting bleeding from the vagina that is smelly or becomes heavier than normal period and is bright red
- Persistent redness, pain, pus or swelling around the incisions, or a fever more than 38°C, or chills
- Pain or burning on passing urine or the need to pass it frequently
- A sudden collapse for no apparent reason in the first few days after surgery
- Reg, swollen or tenderness in the calf muscles
- Any concern you may have about your surgery

Out of business hours, you can contact your hospital ward for handy advice. In case of an emergency, present to the Emergency Department at your nearest hospital.



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