Total Laparoscopic Hysterectomy

A Total Laparoscopic Hysterectomy is a laparoscopic surgery, which means a keyhole camera surgery. It is done through small incisions in the abdomen. There is one incision at the belly button, two incisions in the left lower side and one incision on the right lower side of abdomen. The largest incision is at the top of the vagina around the cervix. This allows us to pull the uterus, cervix and possibly fallopian tubes and ovaries through the vagina. The top of the vagina is then stitched shut.

The surgery is done under a general anesthetic which means that people are put completely to sleep. There is a very small risk of the general anesthetic. That risk is less than if you go for a long drive where you could get into a car accident. You could have a problem with a general anesthetic like if you got in a car accident it is just very unlikely.

Surgery is done through entering the belly. The first thing that is placed through the belly button is a needle. This is then blown up with gas. This provides space to work. The next thing inserted is a camera. During insertion of the needle, camera or instruments organs can be damaged. This can include bowels or bladder as we cannot see where we are going. If there is damage to the bowels or bladder which cannot be repaired laparoscopically the abdomen can be opened to allow repair in what is called a laparotomy (a Caesarean section type incision across the lower abdomen).

Damage to bowels or bladder may be seen right away or may not be picked up until someone presents very sick, which can happen multiple days after the surgery. This is very rare but is a big deal if it happens, so we tell every patient about it. If there is damage to the bowels or bladder that is seen it is fixed at the time of surgery or may need more surgeries at a later date to fix everything up.

There is risk to damage to the ureters, the tubes that come from the kidneys down to the bladder. The chance of damage to these is very low, but it is a big deal, so I do look for the ureters to make sure they are jetting out and working at the end of surgery. To do this I put a camera in your bladder and watch your ureters squirt urine at me. The risk of bleeding is quite small with this surgery, but there is a chance of a blood transfusion. The risk of hepatitis C with a transfusion is approximately and the risk of HIV is incredibly small. There is also a small risk of allergic reaction, which is 1% in some cases can be quite serious. There is also a risk of infection. There are always bugs that grow in the vagina and there should always be bugs in the vagina. You are given a dose of antibiotics prior to the surgery and the vagina is cleaned to reduce the bacteria as much as possible. This does reduce the chance of infection but does not eliminate it. If an infection occurs this could result in needing an admission into the hospital for IV antibiotics and in the worst-case scenario for drainage of the infection that forms, possibly by a repeat surgery.

As the largest incision is of the vagina, we ask that you refrain from all penetrative activities such as boys, toys and tampons until you are seen by the doctor at six weeks. Most patients have to wait eight weeks prior to resuming sexual activity, otherwise, you risk the chance of opening up the incision and needing surgery to re-suture the area. Rarely this incision needs to be re-sutured as it did not close enough.

The advantage of a laparoscopic surgery is not having as much pain from an open incision. Patients are normally discharged home on Tramacet and a nonsteroidal anti-inflammatory usually Naproxen. Naproxen is actually the bulk of the pain medication and people just take this and Tylenol the first couple of days.

People find after surgery that they have a decrease in their energy. Once we are in your abdomen, it requires the same work to remove the uterus whether it is done as an open surgery or a laparoscopic surgery thus people feel they are not in as much pain after laparoscopic surgery, but do feel fatigued.

Patients can drive when they can comfortably walk up a flight of stairs. If you are having a lot of pain, your brain would stop you from jumping from the gas pedal to the brake pedal of your car. For that reason, you need to be pain free from moving between the gas to the brake and this occurs when you can comfortably walk up a flight of stairs before you resume driving. You are able to walk, but we do not want you to be lifting weights or be doing weight bearing exercises until you have had your six-week appointment.

If there are any large gushes of blood, foul smelling discharge or if the bleeding requires more than a panty liner changed more than once or twice a day, please call my office. Small red or brown spotting for up to six weeks will be normal.