Patient information

East and North Hertfordshire NHS Trust

Day Case Laparoscopic Hysterectomy and Robotic Hysterectomy

This leaflet provides information to prepare you for your forthcoming procedure, either a laparoscopic hysterectomy or a robotic hysterectomy and same-day discharge home from the hospital.

Day case hysterectomy is carried out routinely in many hospital trusts in the UK and has been proven safe and acceptable to patients without increase in complications or readmission rates.

What is a total laparoscopic and total robotic hysterectomy?

A laparoscopic and robotic hysterectomy is a minimally invasive procedure that involves the removal of the uterus, cervix and fallopian tubes through keyhole surgery. The removal of the ovaries may or may not be part of the procedure, depending on the reason for the surgery. If the ovaries are removed, menopause will begin with timing depending on your age.

What are the benefits of the same-day discharge after surgery?

- **Faster recovery** - Keyhole surgery, combined with our specific recovery programme, supports quicker healing.
- **Earlier discharge** - You can usually go home once the catheter is removed. This allows greater mobility and a faster return to normal activities.
- **Reduced risk of blood clots** - Shorter hospital stays decrease the risk of thromboembolism (blood clots in the legs and lungs).
- **Quicker return to eating and drinking** - Early discharge encourages a faster return to normal dietary habits.

Why do I need a hysterectomy?

There are many reasons why a woman may need a hysterectomy; some of these reasons are:

- Heavy or painful periods not controlled with other treatment.
- Fibroids.
- Adenomyosis.
- Gynaecological cancer.
- Precancerous cells.
- Less common for pelvic pain and endometriosis.

Your doctor will discuss with you why they have recommended a hysterectomy.

Before surgery

- You should carry on taking your usual medications, unless told otherwise.
- We strongly advise that you stop smoking before your surgery.
- Maintain a healthy weight; you have a higher risk of complication if you are overweight.
- If you develop an illness before your surgery or have any questions, please contact your consultant's secretary.

Pre-operative assessment

You will be invited to the hospital before your surgery for a pre-operative assessment. During this assessment we will check your fitness for general anaesthetic and surgery. A blood test and swabs will also be taken.

Please tell the nurse practitioner or doctor if you have had problems with any previous surgery, anaesthetic, or if you have any allergies – this is very important.

You will be provided with a high-energy drink to be taken on the morning of surgery at 6am if you are planned to have a day case hysterectomy.

The day of surgery

You will be asked to attend either the Admission Unit on Level 4 in the Tower Block (Orange zone), or the Admission Unit in the Treatment Centre (Purple zone) on the morning of your operation. Upon arrival, you will meet with the surgeon who will confirm your consent for the procedure. The anaesthetist will also meet with you to discuss the anaesthetic required.

Before being taken to theatre, you may be given some pre-medication to help reduce post-operative pain and nausea. Additionally, you will be provided with support stockings to minimise the rare risk of thrombosis following surgery.

What complications can happen with hysterectomy?

Risks are different depending on the reason for your operation, your overall health, your previous surgeries and your weight.

Minor risks:

- Inflammation, infections, bruising, or gapping of the abdominal wound.
- Shoulder tip pain.
- Haematoma (blood collecting in the wound) (less than 6:100).
- Chest infection.
- Urinary tract infections, such as cystitis, may happen in about 1 in 6 women.
- Umbilical hernia (1:100).
- Allergic reaction to medications, equipment or materials used.

More serious risks:

- Injuries to the bladder, ureters (narrow tubes between the bladder and the kidneys) (1-5/100), bowel or blood vessels requiring further surgery (less than 3:1000). The risk may be higher if you have had previous abdominal surgeries.
- Blood loss can sometimes be heavy during the surgery and this may mean that you need a blood transfusion (1:100).
- Longer hospital admission.

- Serious pelvic infection/abscess formation (2:1000).
- Separation, gapping or rupture at the top of the vaginal wound (5-13:1000).
- Anaesthetics carry a small risk and you will be asked by your doctors about any medical problems that might increase those risks.
- Thrombosis (blood clots in the leg (DVT) or lungs (pulmonary embolism) are uncommon (1:100).
- It may be necessary to convert the keyhole hysterectomy to an open operation, either with a low horizontal cut or very rarely a central “up-and-down” cut (in the abdomen) if complication such as bleeding occurs (4:100).
- Forming a fistula (abnormal connection between bowel, bladder, ureters and your vagina) (less than 1:1000); you may need another operation later.

Very serious rare risks:

- Gas embolism (gas come into your blood stream and block a blood vessel).
- Risk of death (4:10,000).

Possible long-term problems after hysterectomy

- Developing a prolapse of vagina (bulge of your vagina) as the hysterectomy can weaken the vaginal support.
- Your pain may continue after the surgery.
- Difficult or painful in having sex.
- Passing urine more frequent or urine leaking if you exercise, cough or leak (stress incontinence).
- Menopause, even if your ovaries are not removed.
- Adhesions (where tissue sticks together), which can sometimes cause pain.

Trial without catheter for patients going home with a catheter

The **trial without catheter** (TWOC) process typically takes a few hours:

1. The process:

- The catheter is removed.
- You will drink about 1 litre of water and wait to pass urine.
- One of our healthcare staff will provide a container to measure your urine output.

2. Bladder scan:

- Within 15 minutes of urinating, one of our healthcare staff will scan your bladder to ensure it’s empty or retains minimal urine.
- If you meet the criteria after two trials, you can be discharged without the catheter.

3. If you cannot pass urine:

- You may be discharged with a catheter and a leg-bag.
- A follow-up appointment will be scheduled within 48 hours for catheter removal.
- If necessary, a subsequent appointment at the TWOC clinic (held at Chells Way Surgery in Stevenage) will be arranged after 1 week.

On discharge from the hospital

Low molecular weight heparin injections:

- On discharge, you will receive injections for 7–10 days to reduce the risk of blood clots. The nurse will teach you how to administer them.

- It is important to take them at the same time each day.
- Bruising at the injection site is common, but if you develop a rash, stop using the injections and contact us immediately.

Telephone call on the day after surgery:

- A nurse will call you the day after surgery to check on your recovery and address any concerns. If needed, they will arrange a follow-up or provide advice.

Medication:

- **Pain medication** - Take as prescribed to stay ahead of pain.
- **Medications to go home with:**
  - Regular oral painkillers (NSAIDs, paracetamol, and oral morphine).
  - Anti-nausea medication (Metoclopramide or Cyclizine) as required for seven days.
  - Laxatives for 10 days to prevent constipation.
- **Chewing gum** - This is shown to reduce postoperative pain and nausea.

What might I expect after laparoscopic or robotic hysterectomy?

- **Pain** - Abdominal pain is normal and shoulder-tip pain may occur due to gas used in surgery. Strong painkillers will help manage this.
- **Eating and drinking** - You can resume eating and drinking a few hours after surgery.
- **Vaginal bleeding** - Expect light bleeding for a few days, less than a normal period.
- **Stitches** - Dissolvable stitches will disappear within 10-14 days.

You need to be aware of the following symptoms as they may show serious complications. You must attend the Emergency Department (A&E) if you experience:

- Worsening or severe pain, especially when moving or breathing.
- Heavy vaginal discharge or bleeding.
- Fever or a high temperature.
- Dizziness, fainting, or shortness of breath.
- Persistent nausea or loss of appetite.
- Constipation or inability to pass wind.
- Abdominal swelling.
- Difficulty urinating.

If you have any of the symptoms described above, you must go to A&E

Will I need hormone replacement therapy (HRT)?

HRT will have been discussed with you in the outpatient clinic before your surgery. Whether it is offered to you will depend on whether your ovaries are removed during the surgery and your age.

If your ovaries are left in place and you have not yet reached menopause, there is a possibility that they may stop functioning earlier than expected. If you develop hot flushes or other menopausal symptoms before the age of 45, you should consult your GP about the potential need for HRT to prevent osteoporosis (premature thinning of the bones).

If your ovaries are removed during the hysterectomy and you have not yet reached menopause, you will be offered oestrogen replacement therapy until the age of 50.

If you have already reached the menopause before your surgery, your need for HRT will not change.

Cervical screening (smear test)

You will usually no longer need smear tests unless advised by your consultant. If a smear test is necessary, it will be taken from the top of the vagina a few months after your hysterectomy.

Will I have a follow-up appointment?

Routine hospital follow-ups are not usually needed for benign cases. Your doctor will send histology results by letter to your GP. You will also get a copy of the letter. Follow-ups will be arranged if necessary, as advised by your consultant.

Recovery Timeline

After surgery	What might I feel?	What is safe to do	Fit to work
1-2 days	• You will have some generalised abdominal pain. • You may feel sore moving in and out of bed. • You may have some bleeding like a light period.	• Get up and move about. • Go to the toilet. • Get yourself dressed. • Start eating and drinking as usual. • You may feel tired and perhaps feel like a sleep in the afternoon.	No
3-7 days	• Your pains should slowly be reducing in intensity, and you will be able to move about more comfortably. • You may feel tired easily.	• Continue as for days 1 – 2. • Go for short walks. • Wash and shower as normal. • Have a rest or sleep in the afternoon if you need to.	No
1-2 weeks	• Your pains should slowly be reducing in intensity, and you will be able to move about more comfortably. • You will still tire easily.	• Build up your activity slowly and steadily. • You are encouraged to go for longer and more frequent walks. • Restrict lifting to light loads.	No
2-4 weeks	• There will be even less pain as you move more and more. • You will find your energy levels are returning to normal. • You should feel stronger every day.	• Continue to build up the amount of activity you are doing towards your normal levels. • You can start to do low-impact sport. • Make a plan for going back to work.	Yes, possibly on lighter duties

4-6 weeks	• Almost back to normal. • You may still feel tired and need to rest more than usual.	• All daily activities. • Usual exercise. • Driving. • Have sex if you feel ready.	Yes, but if you don't feel ready to go to work, talk to your GP.

Further information

- **NHS website - Hysterectomy**
  https://www.nhs.uk/conditions/hysterectomy/
- **RCOG website – Laparoscopic Hysterectomy**
  https://www.rcog.org.uk/media/bv4b2rqr/laparoscopic-hysterectomy-for-print.pdf

Useful contact details

East and North Hertfordshire NHS Trust:
- Website www.enherts-tr.nhs.uk
- Telephone 01438 314333

Woodlands Unit, Pink Zone, Lister Hospital:
- Telephone 01438 286190 or 01438 285658

Leaflet information

You can request this information in a different format or another language; please speak to your doctor or nurse.

Date of publication: February 2025
Version number: 1
Author: Ms Imessaoudene, Ms Ibrahim
Reference: Gynaecology
Review Date: February 2028