

OG29lite Laparoscopic Subtotal Hysterectomy

Expires end of December 2019

A more detailed version of this procedure specific information sheet is available. Please ask your health practitioner at Joondalup Health Campus for a copy.

Write questions or notes here:



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This document will give you information about a subtotal hysterectomy. If you have any questions, you should ask your GP or relevant health professional.

What is a subtotal hysterectomy?

A subtotal hysterectomy is an operation to remove part of your uterus (womb). Your ovaries may need to be removed at the same time (see figure 1).

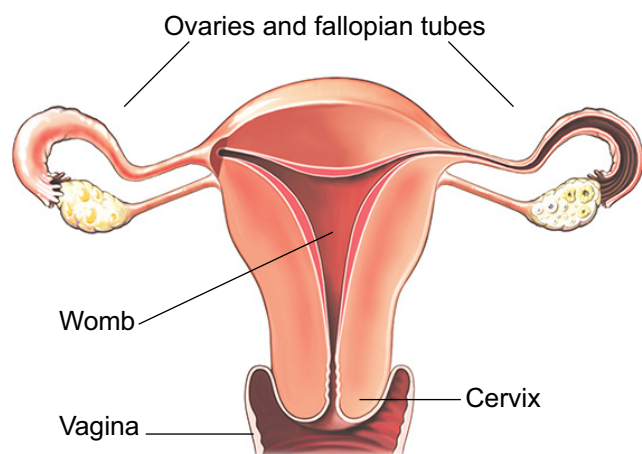


Figure 1
The womb and surrounding structures

What are the benefits of surgery?

Common reasons for having a subtotal hysterectomy include heavy or painful periods, and fibroids, where the muscle of your womb becomes overgrown.

Are there any alternatives to a subtotal hysterectomy?

Heavy periods can be treated using a variety of oral medications, an IUD (intra-uterine device), or by removing only the lining of your womb. Depending on the size and position of fibroids, you can take medication to try to control the symptoms. Other treatments include surgery to remove the fibroids only or uterine artery embolisation.

What does the operation involve?

The operation is usually performed under a general anaesthetic and usually takes about 90 minutes. Your gynaecologist will make several small cuts on your abdomen. They will insert surgical instruments, along with a telescope, inside your abdomen and perform the operation.

Your gynaecologist will separate your womb and usually remove it through one of the small cuts on your abdomen.

What complications can happen?

1 General complications

- Pain
- Feeling or being sick
- Bleeding
- Infection of the surgical site (wound)
- Unsightly scarring
- Developing a hernia in the scar
- Blood clots

2 Specific complications

- Surgical emphysema
- Damage to structures such as your bowel, bladder or blood vessels
- Developing a hernia
- Conversion to an abdominal hysterectomy
- Pelvic infection or abscess
- Developing a fistula (abnormal connection)
- Damage to structures close to your womb
- Developing a haematoma (collection of blood)
- Implantation of fibroid seedlings
- Spread of endometrial cancer
- Spread of cancer

Long-term problems

- Prolapse (a bulge of your vagina)
- Continued pain
- Adhesions
- Stress incontinence
- Feelings of loss (a subtotal hysterectomy will make you infertile)
- Menopause, even if your ovaries are not removed

How soon will I recover?

You will usually be able to go home the same day or after one to two days.

Rest for two weeks and continue to do the exercises that you were shown in hospital. You should continue to improve.

You can usually return to work after four weeks, depending on your type of work.

You should be feeling more or less back to normal after two to three months.

Regular exercise should help you to return to normal activities as soon as possible. Before you start exercising, ask the healthcare team or your GP for advice.

Summary

A subtotal hysterectomy is a major operation usually recommended after simpler treatments have failed. Your symptoms should improve.

Acknowledgements

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