

Laparoscopic hysterectomy

Information document for the patient

Your surgery

A laparoscopic hysterectomy is a surgical procedure to remove the uterus and the cervix (as well as the Fallopian tubes and the ovaries, in some cases) that is less invasive than open abdominal surgery. Your surgeon uses specialized instruments that are inserted through very small incisions in your abdomen (stomach). This minimally invasive surgical technique allows you to recover faster and causes less pain and scarring.

Your surgery will last two to three hours. After the surgery, you will be taken to the recovery room, and then to your room.

The risks of your surgery

Your surgery involves certain risks, including, but not limited to the following:

- Anesthesia. This risk is minimal in a healthy person.
- Bleeding (hemorrhage). In rare cases, your surgeon may have to make an incision in your abdomen to control the bleeding. If you lose a lot of blood, you may require a blood transfusion.
- Infection. An infection is usually treated with antibiotics.
- Damage to the bladder, intestines, nerves, blood vessels or ureters. This risk is minimal. If there is any damage, it is usually identified and repaired during this surgery and there should not be any significant long-term effects.
- Vaginal pain and/or dryness. Some women may experience vaginal pain or dryness during sexual intercourse following surgery, but this usually resolves after a few months, and could even improve after the surgery.

- Phlebitis or pulmonary embolism. The risk is very minimal.
- Blood clots. The risk of blood clots (thrombosis) is greater following surgery. The most common clots occur in the veins of the legs, and are more common in people who are older or overweight. It is very important to move your legs while you are in bed and to walk as soon as possible after your surgery, and everyday, to prevent blood clots from forming. Your surgeon may prescribe medication to prevent blood clots.

The day before your surgery

- You must fast as of midnight.
- You can drink small sips of water up to four hours before your surgery.
- Do not smoke or drink alcohol.

The morning of your surgery

- Go to room 2A105, at the scheduled time.
- We will complete your file to make sure that your state of health has not changed since your visit to the Preadmission Clinic.
- Your surgeon may ask for more tests or treatments, or that you be seen by other specialists.

After your surgery, in the recovery room

- Your vital signs (blood pressure, temperature, breathing, pulse) and your level of pain will be checked regularly.
- You will have a urinary catheter so that you do not have to go the bathroom.
- You will also have an intravenous catheter (IV) to administer medication.
- As soon as you are feeling well enough, you will be given ice chips, to keep you hydrated.
- You will have small bandages (Steri-Stip™) on your abdomen. The bandages will keep your incisions closed. They will fall off after a few days.
- You will wear a sanitary napkin as a precaution in case of vaginal bleeding.
- You will be taken to your room after one or two hours in the recovery room.

After your surgery, in your room

- You should be able to go home within 24 hours of your surgery.
- You will probably feel pain in your lower abdomen for a few days. You will be given pain medication.
- In some cases, the pain can extend to your shoulders. This is a normal side effect from the gas used to inflate your abdomen during the surgery.
- Your urinary catheter will be removed as soon as possible and your bladder will fill up normally. Try to urinate every three to four hours.
- Take your time when you urinate. When you feel that you have finished, lean forward while slightly lifting yourself off the toilet seat. Then, sit down again and give one last push to try to completely empty your bladder. Measure the quantity of urine in the urine “hat” placed on your toilet seat.
- If you cannot empty your bladder on your own, your nurse will help you with the use of a small tube.
- Although very rare, you may have to go home with a urinary catheter to empty your bladder for three to four days.

If you have to wear a urinary catheter at home

- You may not be able to urinate right away after your surgery, due to swelling around the ureter. This is normal. You will gradually return to your normal state.
- Before you leave the hospital, your nurse will make sure that you are able to look after your catheter and the small drainage bag.
- Your catheter will be removed three or four days later, at your surgeon's office. If you are still not able to urinate on your own, you may have to wear a catheter for another week

At home, after your surgery

- If your Steri-Stips™ are still in place one week after your surgery, gently remove them.
- Monitor your incision sites. If you notice redness, discharge or that the wounds are very sensitive to the touch, contact your surgeon.
- You can take a shower. Wash the wounds with water and mild soap, and make sure to dry yourself thoroughly, without too much rubbing. Consult your surgeon to find out when you can take a bath.
- It is normal to have vaginal bleeding and discharge for up to two weeks after your surgery. Do not insert anything into your vagina, including tampons, without your surgeon's permission. Wear a sanitary napkin, if needed, and change it regularly to avoid infection.

- You can have sexual relations without vaginal penetration during the eight weeks following your surgery. Consult your surgeon before resuming your regular sexual activities.
- Take your pain medication, as prescribed.
- To avoid constipation, make sure to drink six to eight glasses of fluid a day, and to eat fruits, vegetables and whole grain foods. You can take milk of magnesium if you have not had a bowel movement two days after your return home.
- Avoid caffeinated drinks. They can irritate your bladder.
- You can resume your regular activities as soon as you return home. However, you must not lift heavy objects (more than 9 kg, or 20 lb) or strain (intense exercises, sit-ups) for six weeks after your surgery. Consult your surgeon before resuming this type of activity.
- Do not drive for two weeks after your surgery.
- You can go back to work four to six weeks after your surgery, depending on the physical requirements of your job.
- Call your surgeon's office to make a follow-up appointment in six weeks.

