

PATIENT INFORMATION SHEET FOR LAPAROSCOPIC ASSISTED VAGINAL HYSTERECTOMY (LAVH) / TOTAL LAPAROSCOPIC HYSTERECTOMY (TLH) WITH/WITHOUT BILATERAL SALPINGECTOMY/ SALPINGO-OOPHORECTOMY

Indication for surgery:

Pelvic or abdominal mass /heavy menstrual flow / risk of cancer

Nature of operation

- General anaesthesia
- Urinary bladder catheterized
- Abdominal cavity inflated with carbon dioxide
- Incisions made
- Telescope and instruments passed into abdomen
- Uterus (with or without ovaries and fallopian tubes) removed
- Vaginal wound and abdominal wounds closed

What to expect?

- Few small abdominal wounds
- No menstruation
- Hormonal status may or may not be affected depending on whether ovaries were removed at the same time
- Unable to get pregnant

Risks and complications may include, but are not limited to the following:

- Anaesthetic complications
- Bleeding, may need blood transfusion
- Wound problems
- Pelvic infection
- Injury to neighbouring organs especially the bladder, ureters and bowels
- Conversion to laparotomy

- Vault prolapse

Possible Alternatives

- Observation
- Non-surgical treatment, e.g. medical treatment, progesterone containing intrauterine device
- Myomectomy (for uterine fibroid)
- Uterine fibroid embolization (for uterine fibroid)
- Endometrial ablation (for dysfunctional uterine bleeding)

Remarks

The information contained is very general. There is individual variation in practice in different units. The list of complications is not exhaustive and other unforeseen complications may occasionally occur. In special patient groups, the actual risk may be different. For further information please contact your doctor.