Laparoscopic hysterectomy

How can a laparoscopic hysterectomy help?

Laparoscopic hysterectomy is a keyhole operation to remove the womb. The commonest problems that lead women to have their wombs removed are: heavy periods; abnormal or irregular bleeding; pelvic pain; prolapse; and pressure on surrounding areas and organs.

Keyhole surgery, where possible, has benefits over open surgery. These benefits include: a quicker recovery; less pain; less time in hospital; and a faster return to work.

What are the risks of laparoscopic hysterectomy?

All treatments and procedures have risks and we will talk to you about the risks of laparoscopic hysterectomy. Risks can be divided up into two categories common (less serious) and rare (more serious).

Problems that may happen straight away

Common risks of laparoscopic hysterectomy include: general abdominal pain; shoulder pain; wound infection; urinary infection; pelvic infection; difficulty passing urine; and bleeding.

There can be side-effects associated with general anaesthesia and include nausea, vomiting and a sore throat. The anaesthetic doctor will discuss these.

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Problems that may happen later

Future risks can include developing scar tissue within in the pelvis, ongoing regular bleeding (5-10% following sub-total hysterectomy with preservation of ovaries), and a return to theatre for a complication or abnormalities of the cervix (following subtotal hysterectomy) or ovaries (following preservation of the ovaries).

Problems that are rare, but serious

Rare but more serious complications include injury to internal organs such as the bowel, bladder, ureters (tubes that connect the kidneys to the bladder) or major blood vessels. There is also a risk of forming blood clots in the legs or lungs or having a severe allergic reaction to drugs used during surgery. There is a small risk of developing a hernia at the site of the cuts.

A laparoscopic hysterectomy has different options:

Total / subtotal: This refers to removal of the cervix (total) or preserving the cervix (sub-total). A total hysterectomy is believed to be associated with a higher risk of urinary tract injury, surgical time and complexity. Preserving the cervix requires ongoing smears, risk of persistent bleeding (5-10% if the ovaries are left in place), and requirement for morcellation (see morcellation information) or open retrieval.

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Bilateral Salpingectomy: Removal of the fallopian tubes. These do not produce hormones but contribute around 15% of all ovarian cancer. It is routinely recommended to have the fallopian tubes removed at the time of a laparoscopic hysterectomy.

Bilateral oophorectomy: Removal of the ovaries will place a person into immediate menopause. If this is before the average age of menopause (51) this may contribute to premature bone thinning and heart disease. Leaving the ovaries in place may contribute to ongoing pain, a lifetime risk of ovarian cancer (1%) and is associated with an increased risk of further surgery.

What additional procedures may be required?

Additional procedures that may become necessary but are not planned during your surgery include a blood transfusion if there is heavy bleeding.

If this bleeding continues or there is injury, the surgery may be converted from keyhole to open surgery to try and stop the bleeding or perform a repair of an injury. This can be associated with more pain and a longer recovery period.

Removal of the ovaries may be recommended if they appear cancerous or inseparable from the womb.

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Some people have laparoscopic hysterectomy for fibroids. This may be yourself. We would only be recommended to have a laparoscopic hysterectomy for fibroids if we are confident that the fibroids are non-cancerous. It is however not possible to be absolutely certain of this and there is a very small risk that cancer is detected on microscopic examination of the fibroids following surgery ("a sarcoma").

In the UK, over 400 cases of gynaecological sarcomas are diagnosed each year. Some of these cases are only diagnosed after surgery for a presumed non-cancerous fibroid. The risk that a cancer is detected in a presumed non-cancerous fibroid occurs once in every 500 to 7400 cases.

Nowadays we commonly perform morcellation within a bag to contain the spread of the small fibroid pieces minimising the risk of spreading small fibroid pieces which can attach to the inside of the abdomen and grow. This is particularly beneficial if the fibroid was unknowingly a cancer. Alternatives to avoid morcellation include a small open cut in the tummy to retrieve the womb or starting the procedure as an open cut.

What will happen if I choose not to have a laparoscopic hysterectomy?

If you choose against having a laparoscopic hysterectomy the symptoms which led you to the gynaecological clinic are likely to continue.

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What alternatives are available?

The alternatives available include: doing nothing; taking medical treatments; and other surgical procedures.

Doing nothing is unlikely to change your symptoms or fibroids. Medical treatments can help control pain and bleeding. Medical treatments can have side-effects. Other surgical procedures include an open cut (15-20cm) across the tummy just above the pubic hair line. The risks of this include more pain and a longer recovery. These should be covered in your consultation with the doctor.

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