

Laparoscopic (keyhole) hysterectomy day case

Gynaecology Department [Information for patients, relatives and carers](#)

Laparoscopic hysterectomy (removal of the womb by keyhole surgery) offers many advantages over 'open' surgery. You are likely to have less pain and scarring after the operation and should make a quicker recovery, helping you get back to your normal activities sooner.

This leaflet explains what to expect if you have a laparoscopic hysterectomy day case procedure.

When can I go home after the procedure?

Traditionally patients undergoing laparoscopic hysterectomy would stay in hospital for one night. However, when the operation has been straightforward, you can go home much sooner. Studies show it is safe for patients to go home 4-6 hours after the operation. As well as reducing the length of time you will need to stay in hospital, it also reduces the risk of hospital-acquired infections and blood clots developing in the legs and lungs.

After a full medical assessment by the gynaecology and anaesthetic doctors, you may be identified as a potential candidate for day case discharge if you agree. Following your operation, you will return to the day surgery ward to recover for a minimum of 6 hours. If you are well, then you may go home later the same day.

What can I expect after the procedure?

We will give you painkillers to take home. Your stitches will be dissolvable. You will need someone to collect you from the hospital and you must have another adult stay with you for the first 24 hours. If you go home on the same day as your operation, we will telephone you the following day to see how you are recovering - please ensure we have an up-to-date telephone number.

What can I expect during recovery?

Most people recover well after a laparoscopic hysterectomy. However, sometimes complications can occur, as with any operation. Major complications happen to less than four women in every hundred undergoing hysterectomy (4:100). Complications that can arise during or following a hysterectomy include:

- pain or discomfort
- bleeding (2:100)
- infection (2:1000 women can develop a severe infection called an abscess)
- blood clots developing in the leg and/or lung (4:1000)
- accidental damage to the bladder or ureter (tube which carries urine from the kidney to the bladder) (7:1000)
- bowel injury (4:10,000).

Complications may not always be apparent at the time of surgery, so it is important to seek medical advice if your recovery is not progressing smoothly. Contact numbers can be found at the end of this leaflet.

Pain

It is normal to have some discomfort after your procedure. Taking regular painkillers is advised. If you have pain that is not controlled with painkillers, is getting worse, or is associated with feeling unwell, a temperature or vomiting then you should seek medical advice.

Vaginal Bleeding

Some vaginal discharge or light bleeding is normal after surgery. If it is heavy (passing clots or soaking through pads) or has an offensive smell, then this can be a sign of infection and you should seek medical advice.

Passing urine

Before you go home, the nursing team will have checked that you are able to pass urine normally. If you experience any discomfort passing urine, blood in the urine, or feel that you are not able to pass urine normally then you should seek medical advice.

Bowel function

Your bowels can take time to return to normal following surgery. Keeping mobile and drinking plenty of water will help. Trapped wind is common and chewing gum or drinking peppermint water may help. Your motions (poo) should be easy to pass and you should avoid constipation. If your bowels do not return to normal after the first week or you experience vomiting or severe abdominal pains, then you should seek medical advice.

How can I look out for signs of a blood clot in the leg and/or lung (deep vein thrombosis/pulmonary embolism)?

Having any operation can increase the risk of developing blood clots in the legs and/or lungs. Keeping mobile and well hydrated can help to reduce this risk. Symptoms to look out for include swelling or redness in your leg, the back of your leg becoming hot or painful to touch, shortness of breath, or chest pain.

If you develop any of these symptoms urgent medical attention is required, you should call 999 and attend the nearest accident and emergency department.

When can I get back to normal?

Activity

It is normal to feel lethargic after having an operation. While it is important to take periods of rest throughout the day, keeping mobile will help recovery and reduce the risk of developing a blood clot in the leg and/or lung. Build up activity gradually over the week following surgery. By the third week you should be able to resume your normal daily activities. After a few weeks taking regular gentle exercise is advised.

Hygiene and wound care

You will have several small keyhole cuts on your abdomen and an internal wound at the top of the vagina. These stitches are dissolvable. You may shower, but do not soak in a bath until any bleeding has stopped. Ensure that your belly button and wounds are clean and dry after washing. If you notice any redness or oozing around the wound then you should contact your GP, as this can sometimes be a sign of infection.

Driving

You should not drive for 24 hours after a general anaesthetic, if you are taking any medication that makes you feel drowsy (codeine, morphine), and if are not comfortable doing an emergency stop. You should check with your insurance company for when you are insured to start driving again.

Work

You will usually require 3-4 weeks off work. Please ask for a sickness certificate before leaving hospital.

Sexual activity

Refrain from penetrative sex for at least six weeks to allow the internal wounds to heal.

What follow up will I need?

As most people recover well after surgery, we do not offer routine clinic follow up. A member of the gynaecology team will usually telephone you the following day to check you are well. Occasionally, a doctor or nurse may telephone you to gain feedback on your recovery to help improve our services. If you do not wish to be contacted, please highlight this during your stay.

How to seek help or medical advice

If you have fainted, have any major bleeding (soaking through a sanitary pad in less than one hour or passing large clots), experience chest pain, or shortness of breath, then dial **999** and attend the accident and emergency department at Royal Bournemouth Hospital. Please note there is no longer an emergency gynaecology service at Poole Hospital.

If you have pain that is getting worse or is not controlled by painkillers, have heavy vaginal bleeding, feel feverish or have a temperature, or have difficulty passing urine in the first 48 hours after your operation, contact the on-call gynaecology doctors on **07458 008 732**. If you do not get a response straight away, please try again.

Other useful numbers

Emergency Gynaecology Unit at Royal Bournemouth Hospital:

0300 019 4725, 8am - 6pm, Monday - Friday

Day Surgery Unit, Poole Hospital:

0300 019 2150, 8am - 6pm, Monday - Friday

Day Surgery Unit, Ward 9, Royal Bournemouth Hospital:

0300 019 5724, 8am - 8pm, Monday - Friday.

After the initial 48 hours if you have concerns or are feeling unwell then you should contact your GP or call **111**.

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