

Gynecology

Laparoscopic hysterectomy

With menstrual complaints, for example, with fibroids, niche, or adenomyosis, it may be necessary to remove the uterus. Another name for this is uterus extirpation or hysterectomy. The size of the uterus, the extent of any uterine prolapse, and the reason for removing the uterus will determine how the surgery is performed: abdominal, keyhole, or through the vagina. The ovaries are usually left in place.

A uterus can be removed in several ways:

- via the vulva (vaginal)
- via the abdominal wall (abdominal)
- through keyhole surgery (laparoscopic)

When the uterus is removed through the vagina utilizing keyhole surgery, there is always a small chance that the gynecologist will need to perform abdominal surgery during the procedure. If the uterus is removed, the cervix and cervix are usually also removed. The gynecologist will discuss with you whether the ovaries also need to be removed.

Laparoscopic hysterectomy (keyhole surgery)

It has been decided that you will have your uterus removed by keyhole surgery. In this technique, the gynecologist makes four incisions in the abdominal wall. Next, a viewing tube (laparoscope) is introduced into the abdomen; instruments are introduced into the abdominal cavity to detach the uterus through the other incisions. At the end of the operation, the uterus is removed via the vagina or (in small pieces) through the hole of the viewing tube.

A uterine removal generally takes 2 hours. You will be given general anesthesia for the procedure. A catheter is inserted into the bladder during the operation to drain the urine. You will be given an injection once a day while you are in the hospital to prevent thrombosis. It is possible that the days after surgery, you can be a little depressed, as it can be the case after any surgery.

After the operation

After surgery, you will have an IV to administer fluids and medications. Soon after surgery, you may sit next to the bed for a while. This is not harmful to the surgical wounds. When you are fully awake, you will be given something to eat and drink. You will also be given medication for the pain. During the first few days, you will also need painkillers at home. Most women experience gas in the intestines two days after surgery, making the abdomen feel bloated. This can be uncomfortable, but it does not last long. The bowels slowly return to normal within one to two days. After a few weeks, you may sometimes lose a suture through the vulva. You may

also experience some blood loss/secretion again after about a week due to the dissolution of the sutures in the top of the vulva. This discharge may smell unpleasant. This is temporary. After a Laparoscopic hysterectomy, most patients are discharged the day after surgery. You will have an appointment with your gynecologist after 6-8 weeks.

Possible complications and side effects

With any surgery, including a hysterectomy, complications or side effects may occur, such as loss of blood during the operation, which may require a blood transfusion, the development of thrombosis, an infection, damage to the bowel, bladder, or urinary tract, which may require another operation, or postoperative bleeding.

Discharge

Usually, you will have some bloody discharge from the vagina for a few days, up to a few weeks. There is no need to worry about this unless it causes you pain, fever, or large bright red blood loss.

Re-bleeding

After a hysterectomy, bleeding can occur in the top of the vagina. Usually, the body solves this itself, but it does mean that your recovery will take a little longer. Sometimes it is wise to remove the formed clot; this can usually be done through the vagina.

Problems with urination

After a hysterectomy, urinary problems can sometimes occur, such as difficulty holding urine. This is because the bladder is detached from the uterus during surgery. These urinary problems almost always go away by themselves.

Fatigue

You may tire more quickly and be able to cope with less than you thought. It is best to give in to the fatigue and take extra rest.

Possible long-term side effects

No more menstruation

Once the uterus is completely removed, you will no longer lose blood or become pregnant. However, if the cervix remains present, you may continue to lose a minimal amount of blood each month.

Changed sexual experience

For some women, the sexual experience changes. Many women experience positive effects, such as less pain during sex. However, sometimes some changes are negative, such as less desire to have sex, decreased sensitivity of the (area) of the vulva, and/or changes in orgasm.

Emotional aspects

Some women feel "less of a woman" after uterine removal because they can no longer have children or menstruate. It is important for you to take these feelings seriously. A uterus removal can bring about a grieving process. Traumatic experiences such as incest, abuse, or childlessness can also come back to mind. If you may experience this before the operation, we recommend that you discuss it with your gynecologist.

When to contact

In case of unexpected events such as fever (temperature ≥ 38.0) In case of unforeseen events, such as fever (temperature), excessive pain not reacting to the painkillers, sudden loss of blood, or inability to pass urine, contact us immediately.