**Bleeding**

The length of time that you continue to bleed after the operation varies from person to person, but can last for 6 weeks. It may be red to start with (48 - 72 hours), but should change to a red/brownish discharge. It is advisable to use a sanitary towel instead of tampons (as these can cause infection) - remember to change it regularly.

**Diet**

You do not need to follow a special diet, but a high-fibre diet (e.g. fresh fruit and vegetables, wholemeal bread) will be helpful in avoiding constipation. Try to drink plenty of fluids – between 8-10 glasses of water per day.

**Returning to work**

Returning to work very much depends on your occupation as well as the speed of your recovery - those doing hard physical work will need to stay off work for longer than those whose jobs are less physically demanding.

**Driving**

You can start driving again when you can stamp your feet hard on the ground without causing any discomfort or pain.

**Sex**

Give yourself time for stitches in your vagina to heal (usually about 3 - 4 weeks). Apart from this, you can have sex when you feel ready. Obviously your partner should be gentle at first, and you may find it helpful to use lubrication such as KY jelly (obtainable from a chemist).

Most women find that their sexual response does not change following a hysterectomy but may find that it takes your mind longer to be ready for sex than your body.

**Smears**

You will not need any further cervical smears, unless you have been told that there is a need in your particular case e.g. if your cervix was not removed.

**Hormone replacement therapy (HRT)**

If the operation is performed before the change of life (menopause), and you keep your ovaries, then your usual menstrual cycle symptoms will probably continue - although you will not have a monthly bleed. The symptoms are usually less intense, however, and will end with natural menopause. If your ovaries have been removed then HRT will be needed but you will only need the oestrogen only type of HRT. Please discuss this with any member of the staff if you have any queries.
What does a LAVH involve?

The operation is performed under general anaesthetic and usually takes about two hours. A tiny cut is made in the abdomen and a small telescope (laparoscope) is passed into it. The telescope is connected to a video camera and television so that the inside of the abdomen can be seen on the screen. Further small cuts are made in the abdomen to allow narrow instruments to be inserted. Watching on the TV screen, the doctor uses these to cut out the womb and sometimes the ovaries. The womb is then actually taken out of the vagina, through a further small cut made in the roof of the vagina.

At the start of the operation, gas is pumped through one of the cuts into the abdomen to inflate it, because this makes it easier to see what is happening through the camera. The gas escapes through the cuts at the end of the operation.

Advantages and disadvantages of the LAVH

Most women prefer LAVH to a conventional hysterectomy because:

- it involves a shorter hospital stay (2 - 4 days)
- it takes less time to recover from the operation (you should be able to resume all your normal activities after 4 - 6 weeks)
- there is much less pain after the operation from the small cuts, compared to the long cut needed for a conventional hysterectomy
- the scars are either unseen (in the vagina) or very small (on the abdomen).

Problems / Complications

- After LAVH, you may experience some discomfort both in your abdomen and in your shoulders. This is because gas used during the operation creates pressure on a nerve that is also connected to the shoulder area. This can last for up to a week.
- It may be that due to complications during the operation, doctors decide that it is advisable to have open surgery (laparotomy) after all. The chances of these are small but they can be due to:-
  (i) haemorrhage (difficulty in controlling the major blood vessels during or after the operation).
  (ii) haematoma (collection of blood in pelvis which may become infected and subsequently an abscess)
  (iii) damage to the bowel, bladder or the tubes coming from the kidneys to the bladder (ureters).

Every effort is made to reduce the chances of these complications occurring. If you are concerned about these complications, please discuss the matter with the consultant or a member of their staff, who will be happy to answer any questions.

Preparing for hysterectomy

There is nothing you need to do between now and when you come into hospital, although being fit usually helps people recover faster from an operation.

You usually come into hospital either on the day of the operation or the day before. You will be seen by a junior doctor who will ask about your health details, and you may undergo some tests to ensure your fitness for the operation. You will probably be given 2 drinks, 4-6 hours apart to clear your bowel. You must not eat or drink anything from 6 hours before the operation.

How will I be anaesthetised?

About an hour before the operation, you may be given an injection or tablet to make you feel drowsy. Just before the operation you will have a general anaesthetic, which may be given in one of several ways. You will have an opportunity to discuss this with an anaesthetist some hours before your operation and it is worth asking about the effects of the type of anaesthetic you will have.

After the operation - in hospital

When you come round after the operation, you will find yourself back on the ward. You will probably feel drowsy and you may feel slightly sick. This will wear off after a few hours. You will continue to be given strong painkillers for as long as you need them. You will probably want to eat and drink again within a few hours and you should be able to move about in under 12 hours.

Your wounds will have been sewn together with stitches or closed with skin staples. Ask your doctor or nurse about how and when these are likely to be removed. You will be given advice about what you can and cannot do by a nurse or physiotherapist, as well as advice about specific exercises to help your recovery.

Leaving hospital

Your consultant will advise you when you will be ready to leave hospital. You should not go home unaccompanied and you may want to organise to have some help at home when you first return.

Back at home

Rest and exercise

You should try to have rest for one or two weeks after the operation. You may not need to stay in bed, but you should be guided by how strong you feel as to how much you do.

Continue with the exercises that you were shown in hospital. You may find that you get tired quickly at first, but this will improve.

Lifting/housework

Try to avoid lifting heavy objects, moving furniture, gardening or carrying heavy shopping for about 4 - 6 weeks after the operation. Be guided by how you feel as to when you resume these activities.

Pain

You will probably still be feeling some discomfort and pain when you are back at home. Ordinary painkillers like paracetamol should help. If the pain becomes distressing, please contact your GP.