HOLLYWOOD GYNAECOLOGY

TOTAL LAPAROSCOPIC HYSTERECTOMY

Post-Operative Information

A **Total Laparoscopic Hysterectomy** (TLH) is a minimally invasive procedure to remove the uterus (womb) and cervix. It is performed using keyhole (laparoscopic) surgery, via 3-4 small incisions on the abdomen. A camera and specialised instruments are inserted to perform the surgery.

The uterus is usually removed through the vagina, which is then closed with dissolvable stitches. The abdominal incisions are also closed with dissolvable stitches. Depending on your medical condition, the surgery may also include:

- Removal of fallopian tubes (salpingectomy)
- Removal of one or both ovaries (oophorectomy)
- Removal of endometriosis
- Cystoscopy
- Ureterolysis
- Debulking

Most patients stay in hospital for 1–2 days and recover fully within 4–6 weeks.

Pain

It is common to have pelvic or abdominal discomfort after surgery. Use your prescribed pain relief as needed.

You may also experience shoulder or chest pain from the gas used during laparoscopy. This usually settles within 4–5 days.

Vaginal Discharge and Bleeding

Following most gynaecological surgeries, vaginal bleeding is very normal, and can continue for up to 4-6 weeks post procedure. It may start pink or brown and become

clear, white, or yellow. Around 3–4 weeks post-op, you may notice light bleeding as vaginal sutures dissolve, lasting only 1–3 days.

Contact the Rooms or your GP if bleeding becomes heavy or you pass clots larger than a 50-cent coin. If you are soaking more than a pad an hour or feel lightheaded or dizzy please present to your closest emergency department.

Exercise and Physical Activity

You may gradually return to your usual level of activity as your energy allows. It is safe to resume normal daily tasks, including light housework, as tolerated. However, in the first 6 weeks, please avoid more strenuous activities such as sweeping, mopping, or vigorous exercise. Slowly walking up and down stairs in your house will not hinder your recovery. Stairs are safe to use. However, please stop if you feel pain.

As a general rule:

- If you can lift something (e.g. a full kettle) without thinking about it - it's safe.
- If you need to brace yourself or hold your breath to lift it (e.g. a bag of potting mix) - avoid it for 6 weeks

When to resume specific activities:

- Walking: Immediately
- High-impact exercise/aerobics: After 6 weeks
- Weight training & abdominal exercise: After 6 weeks

If any form of exercise causes you significant discomfort, you must stop it immediately.

Time Off Work

Time off work will depend on your job and the procedure performed:

- **Desk-based jobs**: Usually 2–3 weeks.
- **Physically demanding roles**: Typically 4–6 weeks.

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Bathing and Swimming

Avoid for 6 weeks.

Driving

Most patients can drive after 1–2 weeks if:

- No longer taking strong pain medications
- Can perform an emergency stop without hesitation or pain

Please check your car insurance policy for specific post-surgical requirements. Always follow your insurer's advice if they require a longer recovery period before driving.

Intercourse

May resume 8–10 weeks post-operatively once healing is complete and discomfort has resolved.

Tampons

Avoid for up to 8 weeks post op.

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Bowel Care

Constipation is common after surgery. Fasting, bed rest and medications for pain can all contribute to slowing of bowel function in the first few days. Constipation can lead to significant post op pain, so it is important to prevent and manage.

To avoid constipation:

- Drink plenty of fluids, mobilise and eat a healthy fibre rich diet as soon as possible post op
- Use over-the-counter options like **Movicol** (softens and bulks stool to naturally trigger a bowel movement) or **Coloxyl** (stool softener) before constipation becomes a problem.
- If you feel that your rectum is full but you are unable to evacuate it, **glycerine suppositories** may also help
- Sometimes a Microlax or fleet enema may be required, if constipation is severe. All of these medications can be purchased without a prescription from any pharmacy.

If constipation persists despite the above, please contact your GP.

TED Stockings

You do not need to wear compression stockings at home unless advised by your surgeon.

Pain Relief

You may be prescribed:

- **Paracetamol** and **anti-inflammatories** – take regularly as directed
- **Stronger pain relief** (e.g. Tapentadol) - use if pain isn't controlled by the above. We recommend taking this if your pain level reaches 3–4/10, rather than waiting until pain becomes severe.

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Vaginal Medications

You may restart vaginal oestrogen (e.g. Ovestin, Vagifem) 3 weeks post-op.
Wait 1–2 more weeks if insertion is uncomfortable.

Follow-Up Appointment

A follow-up appointment will be scheduled 1–6 weeks after surgery.

Wounds

Following your surgery, you will have 3–4 small incisions on your abdomen with dissolvable stitches and either a dressing or dissolvable glue (Dermabond).

- Remove dressings after 5 days or sooner if wet or soiled
- Once removed, you can leave your wounds uncovered, or cover with a simple band aid if preferred
- Dermabond glue is waterproof and will come off naturally
- Keep your wounds clean and dry. They can be gently washed with soap and water
- Avoid using creams or antiseptics such as Betadine and Dettol
- Once your wounds are healed you can massage them with a moisturiser containing Vitamin E to reduce scarring

The stitches will dissolve over a few weeks. As the wound swelling reduces, it is normal for some suture material to be seen or felt. If this is bothersome for you, please see your GP to have these trimmed. If the sutures are catching on your clothing or underwear, cover them with a Band Aid temporarily or see your GP for trimming.

Occasionally a port site wound will be a little sore, gape slightly, become moist or appear bruised following laparoscopic surgery. These issues will usually resolve on their own so long as the wound is kept clean and dry.

If your wounds become infected, they may become painful, hot, red or swollen, or you may notice a discharge. Please seek medical advice if this occurs.

When to Seek Medical Advice

Please contact our Rooms or your GP if you experience any of the following:

- Increasing pain in the abdomen, pelvis or back, not relieved by taking analgesia, or is severe when you move, breathe or cough
- Persistent or heavy vaginal bleeding or discharge, or passage of large clots
- Offensive smelling vaginal discharge
- An elevated temperature or fever
- Shortness of breath or chest pain
- Swelling of your abdomen
- Nausea or vomiting that is worsening
- Pain, burning or stinging, or difficulty when passing urine
- Persistent or worsening redness, pain, discharge, increasing swelling or an enlarging bruise around your wound

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Contact Details

Dr Leake, Dr Pontré and Dr Fitzgerald

- **During business hours:** Call the Rooms at (08) 9389 5065
- **Non-urgent post-op questions:** Email: nurse@leake.com.au

Dr Karthigasu, Dr Robertson and Dr Julania

- **During business hours**: Call the Rooms at (08) 93898900
- **Non-urgent post-op questions:** Email: reception@karthigasu.com
  info@drpipparobertson.com
  reception@julania.com.au

Please note: emails are not monitored 24/7

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Emergency requiring urgent care: Attend **KEMH Emergency Department or your closest hospital.**

In a medical emergency (e.g. difficulty breathing, chest pain, or very heavy bleeding): Call **000** immediately.