Pre- and Post-operative Instructions: Laparoscopically-Assisted Vaginal Hysterectomy (LAVH)
Laparoscopic Sub-Total Hysterectomy
Total Laparoscopic Hysterectomy (TLH)
What happens during these procedures?

A laparoscopically-assisted vaginal hysterectomy, laparoscopic sub-total hysterectomy or total laparoscopic hysterectomy is the removal of the uterus without an abdominal cut. The ovaries will be left in place unless they look abnormal or you and your surgeon have decided to remove them with the uterus (this is termed a bilateral salpingoophorectomy). During the procedure, surgeons use a laparoscope to help them see inside the abdomen and do all or part of the surgery. In a laparoscopically-assisted vaginal hysterectomy (LAVH) the uterus is removed from the vagina after doing part of the procedure with the laparoscope. In a laparoscopic sub-total abdominal hysterectomy or total laparoscopic hysterectomy the uterus with (total) or without (subtotal) the cervix is removed from the small laparoscopic incisions often in small pieces.
Why should I have one of these procedures?

Reasons for having one of these procedures include: adhesions (bands of scar tissue that can cause pelvic organs to stick together) or endometriosis (patches of tissue growing outside the uterus that may grow to be adhesions); or fibroids (non-cancerous growths in the uterus). By using a laparoscope, the surgeon can view your organs inside your abdomen, and cut through adhesions to free your uterus. After the procedure, you will not be able to become pregnant and you will no longer have a period.

When can I go home after surgery?

You will spend one day after surgery in Hospital. Usual daily and household activities are acceptable immediately after surgery, however, any heavy lifting (more than 20 pounds) or straining (strenuous exercise/activities) should be avoided for three months.
How do I get ready for surgery?

You may experience some pain or discomfort around where the incisions or cuts have been made in your abdomen. You will have a small incision at your navel, and a few other small cuts below in your abdomen. They may be closed by dissolvable stitches and covered with small paper tapes. The tapes will fall off on their own, and the stitches will fall off about two weeks after surgery. A daily shower with mild soap, and drying well following your shower, is the only incision care you need to do.

For a few days after surgery, you may experience cramping and gas pains in your abdomen. You may also feel pain in your shoulders. This is normal, and is caused by the gas used during your surgery. Try to drink plenty of fluids, and walk as much as possible to assist in moving the gas along so you may pass it.

Try to urinate at regular intervals after surgery to try and empty your bladder completely. Do not strain to force the urine to come. Also, avoid straining with constipation. Drink lots of fluids (one to two litres of water per day) and eat plenty of high-fibre foods to keep yourself well-hydrated and regular.

A small amount of vaginal bleeding or spotting is normal after surgery from a few days, to possibly a week after surgery. Wear a sanitary pad for as long as you are bleeding.

For four to six weeks after surgery, you should avoid swimming, tub baths, douching, tampons and sexual intercourse. You may usually resume these after your six-week follow-up appointment.

You will generally be ready to resume your normal activities (aside from intercourse) by one to two weeks following the surgery, including return to work.
What warning signals should I look for?

1. Please call your surgeon’s office if you have:
   - Fever over 38 degrees Celsius (100.4 degrees Fahrenheit)
   - Heavy bleeding (changing pads more than every two to four hours)
   - Pain not relieved by pain medication
   - Vomiting

2. If you have a burning sensation when you urinate, call either your surgeon or your family doctor and arrange to leave a urine sample to test for a urinary tract or bladder infection.

In case of emergency:

Go to the Mount Sinai Emergency Department or, if you live outside of Toronto, go to your nearest Emergency Department.

For non-urgent questions, please contact your surgeon’s office.

Why are students taking part in my care?

Mount Sinai Hospital is a teaching hospital affiliated with the University of Toronto and the team includes medical students and residents. This should enhance your hospital experience by providing you with additional care from these doctors-in-training. Your willingness to allow students to take part in your care enhances the experience of those who are eager to learn, helping to ensure well-trained doctors in the future. They are fully supervised, and are only given responsibilities that are appropriate to the level of education they have. Final responsibilities always rest with the staff physician. The people taking care of you should always introduce themselves and ask your permission before commencing any care.