INFORMATION FOR PATIENTS

Laparoscopic (keyhole) hysterectomy:
The enhanced recovery programme

A hysterectomy means removal of the womb. The fallopian tubes and ovaries can be removed at the same time if necessary. Laparoscopic or keyhole surgery is a way of doing your operation through two or more very small cuts in your belly, rather than one large one.

This way of doing things means that you will have less pain and discomfort after your surgery and you will recover much more quickly. Once the womb has been disconnected through the small cuts in your belly, it will then be removed by passing it through the top of the vagina.

Aim
This leaflet aims to explain the enhanced recovery programme and how it will be used for your operation. It also describes the steps in your journey of care until you are ready to go home, usually two days after your operation.

Aspects of this care may vary from what you might expect. This programme is different from traditional care and may help you to get better sooner. There will be a clear plan for any aftercare when you are discharged from hospital.

Introduction
It is important that you understand what to expect and feel able to take an active role in your treatment and recovery. Your consultant will have already discussed your treatment options with you, including the risks, benefits and any alternatives.

This leaflet will answer some of the questions you may have. If there is anything you or your family are unsure about then please ask the nurses or doctors caring for you.

What is the enhanced recovery programme?
The enhanced recovery programme aims to restore you to full health as quickly as possible after your operation.

Research shows that, after surgery, the earlier you get out of bed and start eating and drinking the better. This will speed your recovery, making it less likely that complications will develop. The benefits of getting up and about early are:

- Lower risk of chest infections or breathing problems
- Stronger muscles
- Reduced tiredness
- Lower risk of developing blood clots.
To achieve this we need you to work with us to get you better.

What will happen before I come into hospital?

Pre-operative assessment
You will attend the pre-operative assessment unit before your operation. This is sometimes arranged whilst you are in outpatients clinic. The nurse will assess you and ensure that all preparations have been completed. Information will be given to you about your operation, the enhanced recovery programme and your expected admission and discharge dates.

You will be given advice about any medications you may need to stop taking prior to surgery.

You will be given a pack of three special nutritional drinks to take home which are called ‘Preload’. Full instructions on how to use them are in the pack. Two of them should be taken separately in the evening before your operation. The pre-operative assessment staff will explain this to you. If you are unsure please ask.

The pre-operative assessment nurse will discuss eating and drinking before your operation.

Please tell your nurse if you are concerned about your home circumstances, so that together we can plan any help you may need after you leave hospital.

Physiotherapy
You will be invited to attend an informal talk held in the hospital, when the ward physiotherapist will talk to you about exercise, mobility expectations and your continued recovery after discharge.

Usual length of stay in hospital
You will be admitted to hospital on the day of your operation. You may be able to go home within 24 hours,

Occasionally depending on your circumstances, you may need to stay in hospital for one to three days.

Anaesthesia for your operation
When you are admitted to the ward, you will be seen by an anaesthetist who will discuss different methods of anaesthetic and post-operative pain relief suitable for your operation. Your anaesthetist will help you to choose the best anaesthetic for you.

What will happen on the day of my operation? (Day 0)
- You can eat until six hours before your operation
- Up to two hours before your operation you can drink water or clear fluids such as diluted squash or cordial, or black tea or coffee
- **If your operation is taking place in the morning**, you should take your third drink of pre-load before 7am on the day of your operation.
- **If your operation is taking place in the afternoon**, you should take the third drink of Preload before 11am on the day of your operation.
You will be admitted to the ward on the day of your operation. Please be aware there may be some waiting about on this day, so you may wish to bring a book or magazine to read

Please let the ward staff know if you will need assistance to get home when you are discharged as this can take more than 48hrs to arrange.

**Please bring with you:**
- Night clothes and a dressing gown
- Comfortable day clothes. You will be encouraged to get dressed during the daytime
- Soap and a towel
- Tissues
- The items you normally use for cleaning your teeth/dentures
- Any walking aids you normally use and well fitting slippers or shoes with a good grip, so you can walk on the ward
- All your medicines in their original containers with the pharmacy labels on, using the green bag given to you in the pre-operative assessment unit
- The leaflet you were given by the physiotherapist, as you will need to start some of your exercises on the ward.

You may be given a pair of stockings to wear during your operation. These are designed to prevent blood clots in your legs. The nurses will show you how to put them on properly.

**After your operation**
You may have some oxygen through a mask or through your nose when you return to the ward.

You will be given regular tablets for pain relief and, if needed, medicines to help prevent sickness. The nurses on the ward will regularly assess your pain levels.

Good pain control improves your recovery as this enables you to walk about, breathe deeply, eat and drink, feel relaxed and sleep well. Please tell the nurses straight away if you have any pain.

Once you are back on the ward you will be helped out of bed by the nurses or physiotherapist as soon as you are ready.

You should sit out for about two hours and move around as much as you are able.

You will need to do deep breathing exercises; three deep breaths and a strong cough every half hour after your operation.

Details of how to do this will be in the physiotherapy leaflet given to you before your operation.

You cannot do any damage to your wound by coughing or deep breathing. If you are unsure, please ask your nurse or physiotherapist for advice.

Your cuts will usually be closed by stitches which dissolve by themselves. Sometimes you may need to see your practice nurse to remove them if they irritate your skin.

You will be encouraged to eat and drink as soon as you feel ready.
What will happen on the first day after my operation? (Day 1)
You will continue to have regular tablets to control your pain.

You may eat and drink as normal. Any drains will also be removed.

If you have a catheter into your bladder this will be removed today. You will need to tell the nurses if you are having difficulty in passing urine after the catheter has been removed.

You should be up and out of bed today for about eight hours in total with rests in between.

Your physiotherapist will check you are doing your breathing exercises correctly. You need to take a few short walks today. If you feel able, aim for around 150 metres in total over the day. If you are not sure how far this is, then please ask the nurses for advice.

If you experience an increase in pain levels, please inform your nurse who will be able to give you some extra pain relief. Taking pain relief, as prescribed, to reduce your pain will enable you to get out of bed sooner, stand up straight and move around – all of which will speed up your recovery and help to prevent the formation of blood clots in your legs or your lungs.

The nurses on the ward will finalise plans with you and your relatives for your discharge home.

This will happen today if:
• You feel confident about going home
• Your pain is well controlled
• You are eating and drinking well
• There are no signs of infection in your wounds
• You are passing wind or have had your bowels open
• You are passing urine normally
• You are up and about and carrying out normal activities like washing, dressing, making drinks, etc.

What happens before I leave the ward?
Please speak to your physiotherapist before your discharge home if you have any questions about returning to your normal hobbies or sports. Before you leave the ward you will be given information and contact numbers to ring if you have any problems after going home.

What will happen after I go home?
Unless otherwise stated, you will not need to see your consultant again. Complications do not happen very often, but it is important that you know what to look out for. During the first two weeks after surgery, if you are worried about any of the following then please telephone the ward.

You will be given the number before you leave. If you cannot contact the ward, please contact your GP.

a) Abdominal pain
You can expect pain and discomfort in your lower abdomen for at least the first few days after your operation. You may also have some pain in your shoulder.
This is a common side-effect of laparoscopic surgery.

If you have severe pain lasting more than one or two hours, or have a fever and feel generally unwell within two weeks of your operation date, you should immediately contact the ward on the telephone numbers provided. We may see you or advise you to see your GP.

b) Your wounds
It is usual for your wounds to be slightly red and uncomfortable during the first one to two weeks. Please see your GP and let the ward know if the wound becomes inflamed, painful or swollen, or starts to discharge fluid. You may bath and shower as normal but avoid using perfumed bath products and talc.

c) Your bowels
Your bowel habits may change after surgery - you may become loose or constipated. Make sure you eat regular meals three or more times a day, drink adequate amounts (two litres or around four pints) of fluid per day. Take regular walks during the first two weeks after your operation. If constipation lasts for more than three days then taking a laxative is advised.

d) Passing urine
Sometimes after surgery you may experience a feeling that your bladder is not emptying fully. This usually improves with time. It is worth keeping an eye on the colour of your urine. If you are well-hydrated you should be passing straw coloured urine. If you find that your urine is darker then it may be a sign that you are dry and you should drink more. If you feel you are not emptying your bladder fully, or you have excessive stinging when passing urine, please see your GP.

e) Vaginal bleeding
You can expect to have some vaginal bleeding for one to two weeks after your operation. This is like a light period and is red or brown in colour. Some women have little or no bleeding initially and have a sudden gush of old blood or fluid about 10 days later. This usually stops quickly. You should use sanitary towels rather than tampons, as using tampons could increase the risk of infection.

What sort of food should I eat?
A balanced, varied diet is recommended. Continue to eat normally. Try to have protein-enriched food such as meat, fish, cheese, eggs in your diet as these are good for healing.

If you are finding it difficult to eat, it is still important to obtain an adequate amount of protein and calories to help your body to heal. You may benefit from having three to four nourishing, high protein, high calorie drinks daily (available from supermarkets or pharmacies).

Do I need to continue to take pain relief at home?
Continue to take your pain relief regularly for the first week.

When can I start my normal daily activities and exercise?
Daily activities and light exercise should be resumed as soon as possible. Regular pain relief will enable you to do this. More information on this can be found in the physiotherapy leaflet.
When can I start physically-light work again?
Physically-light work may be started after two to four weeks. Physically-heavy work and lifting greater than 10 kilograms may be started after 12 weeks.

When can I have sex?
Sexual activity may be resumed when you feel able. If you are concerned then please discuss this with your doctor.

When can I drive?
Please check your car insurance policy before you resume driving as exceptions may apply. You can usually start driving after six weeks or when your consultant advises it is safe to do so.

You should not drive until you are confident that you can drive safely. A good measure for this is when you are back to your normal activities. It is important that any pain has reduced sufficiently to enable you to perform an emergency stop and turn the steering wheel quickly.

Contact details
Ward 14
During normal working hours 672235
Out of Hours and weekends 01623 622515 ext 4150/4151

Useful website
www.nhs.uk

Further sources of information

Our website: www.sfh-tr.nhs.uk

External websites may be referred to in specific cases. Any external websites are provided for your information and convenience. We cannot accept responsibility for the information found on them. Stating a web address does not imply we endorse a particular site. Neither does not stating a web address imply lack of endorsement.

Patient Advice and Liaison Service (PALS)
The PALS team is available to help with any of your comments, compliments or concerns and will ensure a prompt and efficient service. Contact details:

- King’s Mill Hospital 01623 672222
  (out of hours answer phone)
  Email: Pals.kmh@sfh-tr.nhs.uk
- Newark Hospital 01636 685692
  (out of hours answer phone)
  Email: Pals.nwk@sfh-tr.nhs.uk

If you need this information in a different language or format, please contact PALS, as above.

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