

Gynaecology Department

Laparoscopic assisted vaginal hysterectomy LAVH

What is Laparoscopic assisted vaginal hysterectomy (LAVH)?

This is an operation using keyhole technique to separate the uterus (womb) from its support structures along with the ovaries. Then the uterus and ovaries will be taken out through the vagina. The operation usually lasts 1 to 2 hours depending on each individual case.

Removal of the ovaries and/or the tubes will sometimes be performed along with the hysterectomy. Please discuss this with the surgeon as it is a highly personalised decision.

Indications of hysterectomy

- Uterine fibroid
- Abnormal uterine bleeding
- Pelvic organ prolapse (POP)
- Pelvic pain or infection (eg, endometriosis, pelvic inflammatory diseases)

Treatment alternatives

- Uterine fibroids – Uterine artery embolisation and myomectomy
- Abnormal uterine bleeding – Medical therapies, endometrial ablation, and IUCD
- POP – pelvic floor exercises or pessaries
- Chronic pelvic pain – painkillers
- Endometriosis - Medical therapy

On the day of the operation

- You will be seen by the anaesthetist and the surgeon.
- Consent of the procedure will be taken after explaining the procedure.
- You will receive clear information regarding the risk and complications associated with the procedure.
- You will also have an opportunity to ask any questions.
- You will wear anti-embolic (support) stockings to reduce risk of blood clot formation.
- Other tips
 1. Bring your regular medication with you.
 2. Consider bringing some magazines or books to pass the time.
 3. Consider taking a bath/shower before admission.
 4. Remove all your makeup, nail varnish and jewelry.

After your operation

- When you wake up, you will be in the recovery area in theatre in your bed and a nurse will check that you are fully awake and stable. You are likely to be very sleepy for the rest of that day.
- On return to the ward the nurses will continue to monitor you regularly.
- You will have between two and four small scars on different parts of your abdomen. Each scar will be between 0.5 cm and 1 cm long.

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- You may have stitches both on your abdomen and internal stitches in your vagina. These usually dissolve by themselves.
- You will be given pain relief. Please do not hesitate to contact the staff if you are still in pain
- You will have a drip to keep you hydrated which will usually be removed later that day.
- You will have a catheter (small tube) in your bladder to drain your urine. (Usually up to 24h)
- You may have a gauze vaginal pack to reduce bleeding.
- You will have blood test the next morning.

Once you are able to mobilize, eat and drink as well as passing urine properly without the catheter, you will be good to go. This will usually be 1-2 days after the procedure.

Recovery period

- Avoid constipation: Please drink plenty of water and have a balanced diet. You may also take laxative to avoid constipation.
- Sex: Allow **4-6 weeks** after your operation and when you feel comfortable
- Driving: Please check with your insurance company but generally you can drive once you can safely carry out an emergency stop. This is often about **4 weeks** after your operation.
- Exercise: You can start short walks immediately and slowly increase the distance.
 - Swimming is an ideal exercise that can usually be resumed within **2-3 weeks**.
 - Contact sports and power sports should be avoided for at least **6 weeks**.
- Work: Many women are able to go back to normal work after **4-6 weeks**.
- Shower and bath: Avoid baths and just take showers in **first 1-2 days**. After that, it is okay to take a bath as long as you keep the wound covered with waterproof bandages or dressings.
- Hormone Replacement Therapy (HRT): If you have had your ovaries removed during your operation you may be offered HRT.

You can see the full schedule below.

Time after operation	How might I feel?	What is safe to do?	Fit to work?
1 - 2 days	<ul style="list-style-type: none"> You are likely to be in hospital during this time You will have some pain and discomfort in abdomen You may feel sore moving in and out of bed You may have some bleeding like a light period 	<ul style="list-style-type: none"> Get up and move about Go to the toilet Get yourself dressed Start eating and drinking as usual You may feel tired and perhaps feel like a sleep in the afternoon 	 No
3 - 7 days	<ul style="list-style-type: none"> You should be at home by now Your pains will slowly be reducing in intensity and you will be able to move about more comfortably You will still tire easily 	<ul style="list-style-type: none"> Continue as for days 1 - 2 Go for short walks Continue with exercises that have been recommended to you Wash and shower as normal Have a sleep or rest in the afternoon if you need to 	 No
1 - 2 weeks	<ul style="list-style-type: none"> There will be less pain as you move about and you will find your energy levels slowly returning Bleeding should have settled or be very little 	<ul style="list-style-type: none"> Build up your activity slowly and steadily You are encouraged to go for longer and more frequent walks Restrict lifting to light loads 	 Not just yet
2 - 4 weeks	<ul style="list-style-type: none"> There will be even less pain now as you move more and more You will find your energy levels returning to normal You should feel stronger every day 	<ul style="list-style-type: none"> Continue to build up the amount of activity you are doing towards your normal levels You can start to do low-impact sport Make a plan for going back to work 	 Yes, possibly on reduced hours or lighter duties at first. Some women will be fit for full-time work after 4 weeks
4 - 6 weeks	<ul style="list-style-type: none"> Almost back to normal You may still feel tired and need to rest more than usual 	<ul style="list-style-type: none"> All daily activities including lifting Usual exercise Driving Have sex if you feel ready 	 Yes, but if you don't feel ready to go to work, talk to your GP or employer about the reasons for this

Seek medical advice if you have the following symptoms after the procedure

- Fever
- Burning and stinging when you pass urine or pass urine frequently.

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- Vaginal bleeding that becomes heavy or smelly (Small amount for up to 2 weeks is normal)
- Red and painful skin around your scars
- Increasing abdominal pain
- A painful, red, swollen, hot leg

You will be given the direct phone number of the department. You can either contact us, your GP, 111 or even 999 (in emergency) if appropriate

References

1. Pickett CM, Seeratan DD, Mol BWJ, Nieboer TE, Johnson N, Bonestroo T, Aarts JW. Surgical approach to hysterectomy for benign gynaecological disease. Cochrane Database Syst Rev. 2023 Aug 29;8(8):CD003677.
2. Lee SH, Oh SR, Cho YJ, Han M, Park JW, Kim SJ, Yun JH, Choe SY, Choi JS, Bae JW. Comparison of vaginal hysterectomy and laparoscopic hysterectomy: a systematic review and meta-analysis. BMC Womens Health. 2019 Jun 24;19(1):83.
3. <https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2017/06/choosing-the-route-of-hysterectomy-for-benign-disease>
4. RCOG - patient information
5. UpToDate

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If you have feedback regarding the accuracy of the information contained in this leaflet, or if you would like a list of references used to develop this leaflet, please email pals@dchft.nhs.uk.



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