



**Procedure Information -  
Laparoscopic Total Hysterectomy +/-  
Bilateral Salpingo-oophorectomy +/-  
Laparotomy +/- Frozen Section**

Visit No.: Dept.:  
Name: Sex/Age:  
Doc. No.: Adm. Date:  
Attn. Dr.:  
Patient No.: PN

Page No:

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+10	+20	+30	+40	+50	+60	+70	+80	+90

*Please fill in /  
affix patient's label*

**Introduction**

Laparoscopic hysterectomy is an operation in which the uterus and possibly the ovaries, fallopian tubes, and cervix are removed through small incisions in the abdomen. The incisions for a laparoscopic hysterectomy are relatively small, pain and recovery times from a laparoscopic hysterectomy are significantly less when compared with an abdominal hysterectomy.

**Indications**

1. severe chronic infection or inflammation
2. suspected or proven cancer of the uterus or cervix
3. heavy or irregular periods
4. uterine fibroids

**Outcomes**

Once the operation has been completed, symptoms related to the diseased uterus may be cured or improved, your menstrual cycle will cease and you will be unable to become pregnant.

**The Procedure**

1. General anaesthesia
2. 3 – 4 small incisions are made in the bellybutton and in the lower part of the tummy
3. A laparoscope and laparoscopic instrument are inserted into the abdomen through the incisions to remove the uterus and cervix. The uterus will be collected through vagina
4. The ovaries, fallopian tubes, cervix and/or the upper part of the vagina may be removed if necessary
5. The abdominal and vaginal wounds are closed with stitches

**Risk and Complication**

There are always certain side effects and risks of complications of the procedure. Medical staff will take every preventive measure to reduce their likelihood.

**Possible risks and complications (not all possible complications are listed)**

1. Anaesthetic complications
2. Haemorrhage which may require blood transfusion
3. Damage to large vessels
4. Secondary haemorrhage
5. Conversion to laparotomy if laparoscopic surgery is not feasible
6. Infection, such as pelvic or wound infection
7. Venous Thromboembolism (VTE)
8. Post-operative ileus
9. Vaginal vault haematoma
10. Damage to the bladder, bowel or ureter which may require further investigation or operation



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**Pre-operative information**

1. Your doctor will explain to you the reason, procedure and possible complications
2. You will need to sign a consent form before operation
3. No food or drink for 6 to 8 hours before operation
4. Good hygiene can prevent surgical wound infection. Therefore, we advise you to clean up yourself on the day of operation.
5. Please change into a surgical gown after removing all clothing including undergarments, dentures, jewellery and contact lenses.
6. Please inform the doctor and nurse all your past medical history, previous surgical operations, current medication and any complication with drug or anaesthesia. Please inform doctor if you are taking medications that affect blood coagulation.
7. You may have blood tests, ECG, X-ray, ultrasound and pelvic CT scan if needed.
8. Fleet enema and/ or shaved your pubic hair may be given if necessary as instructed by your doctor

**Post-operative information**

**General**

1. After general anaesthesia, you may:
  - experience discomfort in the throat after tracheal intubation.
  - experience side effects of anaesthesia including tired, drowsy, nausea or vomiting. Inform the nurse if symptoms persist or worsen.
2. Please inform the nurse of wound pain. Proper pain relief treatment by injection or oral medication may be prescribed by the doctor.
3. An indwelling urinary catheter is inserted into the bladder to empty urine. It will be removed before discharge.
4. Showering is allowed as soon as you feel well.
5. You can usually be discharged 4 days after the operation.

**Wound Care**

1. The wounds are covered with sterile dressings which must be kept clean and dry.
2. Stitches will be removed or dissolve in 2 weeks.

**Diet**

1. A normal diet may be resumed as instructed after recovery from general anaesthesia.

**Activities**

1. Early mobilization is encouraged to prevent venous thromboembolism.
2. You should be fit enough to do light activities but stair climbing, heavy lifting, strenuous exercise and swimming should be avoided for 6 – 8 weeks.



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Advices on discharge

1. The recovery time may take 2-4 weeks.
2. Prescribed pain medication may be taken as needed.
3. Bloody vaginal discharge within a week is normal.
4. You can take a shower as normal, please avoid bathing until vaginal discharge has stopped.
5. Short walks are encouraged to promote blood circulation and reduce the risk of complications developing.
6. Tampons, douching, and sexual intercourse should be avoided if there is still vaginal bleeding or discharge.
7. Immediately consult your doctor or return to hospital for professional attention in the event of massive vaginal bleeding, offensive-smelling vaginal discharge, increasing abdominal pain (pelvic cramps) or distention, bleeding or purulent discharge from abdominal wound, shivering, high fever over 38°C or 100°F, or any other unusual symptoms.
8. Any follow-up consultations should be attended as scheduled.

Remarks

This is general information only and the list of complications is not exhaustive. Other unforeseen complications may occasionally occur. In special patient groups, the actual risk may be different. For further information please contact your doctor.

Reference

Department of Obstetrics & Gynaecology - The University of Hong Kong

I acknowledge that the above information concerning my operation/procedure has been explained to me by Dr. \_\_\_\_\_. I have also been given the opportunity to ask questions and receive adequate explanations concerning my condition and the doctor's treatment plan.

\_\_\_\_\_  
Patient / Relative Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Relationship (if any)

\_\_\_\_\_  
Date