

Laparoscopic Hysterectomy:

Hysterectomy is removal of the womb (uterus). Hysterectomy can be done through an open surgery (through a cut in the tummy) or laparoscopically (key hole surgery).

If it is an open hysterectomy, the cut may be like a caesarean section scar, horizontally, lower in the tummy or rarely may need to be an up and down scar in the middle of the tummy if the uterus is very big (usually with fibroids). Usually, most hysterectomies nowadays, however, are done laparoscopically.

Hysterectomy may also be occasionally subtotal, particularly if it is a big fibroid uterus or there is extensive scarring or adhesions from previous surgeries. In subtotal hysterectomy, the cervix or the neck of the womb is left behind but the main body of the womb is removed. It means that one has to have cervical smears.

Usually, if we remove the womb, we also remove the fallopian tubes because they would not have any further function. It also prevents development of cancer in the tubes.

While removing the womb, we always discuss and consider whether to remove one or both the ovaries depending on the circumstances. After menopause, if a hysterectomy is done, then ovaries are usually removed at the same time (bilateral oophorectomy); however, if it is done before menopause, we have a detailed discussion whether to remove them or not, particularly if it is done in someone less than 45 years of age.

In laparoscopic Hysterectomy, 3 or 4 small (1/2 to 1 cm) cuts are made on the tummy and the uterus (& fallopian tubes & ovaries) are removed either through the vagina (the top of the vagina is sutured with dissolvable sutures) or if the uterus is too big, by means of a special instrument called morcellator (that cuts the removed uterus into small strips before taking it out).

All specimens are sent to be checked under the microscope (histology).

Laparoscopic hysterectomy (removal of uterus through keyhole surgery) is done through three or four tiny cuts (0.5 cm to 1 cm) on the tummy. A tiny needle is inserted into the tummy through which gas (carbon dioxide) is inserted to distend the tummy so as to have a better view as well as avoid injury to other structures. A small telescope with a camera is inserted (0.5 or 1 cm in diameter) and through the other small cuts, small ports/instruments are inserted through which the procedure is done.

The uterus usually is removed through the vagina from down below and is sent to be checked under the microscope and the vaginal vault is usually stitched through the keyhole with special sutures. However, if a subtotal hysterectomy is done or a big uterus is removed which is not feasible to be removed from below, it is removed through morcellation (a special instrument

which is inserted through one of the small cuts which cuts the uterus into small pieces and removes it). Usually in laparoscopic Hysterectomy, bleeding is minimal; however, it depends on various factors. At the end of the procedure, small tiny dissolvable stitches are inserted on the skin .

One would expect to have a drip in the hand and a catheter, which is usually removed either later that evening or the next morning. We usually expect you to stay in for a day in the hospital and very rarely for another day. We would normally advise you to take painkillers for the first three or four days and to be slightly mobile and gradually increasing your activity for the first two weeks and to return to normal after about four weeks or so.