香港浸信會醫院
Hong Kong Baptist Hospital

Procedure Information Sheet

Introduction

It is a procedure by using laparoscopic techniques to assist the removal of the uterus and / or tubes and ovaries through the vagina.

Indication

Pelvic or abdominal mass, heavy menstrual flow, risk of cancer.

The Operation / Procedure

1. General anaesthesia.
2. A catheter is inserted into the bladder.
3. Incisions are made after pneumoperitoneum created by insufflation of carbon dioxide.
4. Telescope and instruments passed into abdomen.
5. Peritoneal fluid / washings collected if necessary.
6. Upper part of the uterus freed.
7. Removal of tubes and ovaries if necessary（prophylactic or when affected）.
8. Incision made round cervix vaginally.
9. Lower part of the uterus freed.
10. Uterus removed vaginally.
11. Vaginal wound and abdominal wounds closed.
12. All tissue removed will be sent to the Pathology Department or disposed of as appropriate unless otherwise specified.

Before the Operation / Procedure

1. Suggest to stop hormonal treatment at approximately two weeks prior to surgery.
2. A written consent is required.
3. Keep fast 6 hours before operation.
4. Pubic and vulval shaving may be required.
5. Umbilical cleansing is required :
   - 5.1 Use clean cotton wool applicators soaked with soapy water to clean the umbilicus ;
   - 5.2 Swab from inside to outside and repeat procedure until the umbilicus is cleaned thoroughly.
6. Bowel preparation may be required by doctor.
7. Take off all clothes（including underwear）and things such as denture, jewelry and contact lens, then put on operation gown.
8. Empty urinary bladder before operation.

After the Operation / Procedure

1. Patient who have undergone general anesthesia may have fatigue, nausea or vomiting. If the symptoms persisted or aggravated, please inform health care providers.
2. Patient may feel abdominal distension on the operation day.

Patient's Label
Patient Name: _____
Hospital No:_____
Episode No:_____

Laparoscopic Assisted Vaginal Hysterectomy (and Bilateral Salpingo-Oophorectomy(LAVH +/- BSO) if necessary)

3. Base on 3-4 smaller abdominal wounds, patient will feel less painful than TAH, faster postoperative recovery and earlier discharge.
4. Scanty bleeding from vagina, please consult your doctor in case of excessive vaginal bleeding.
5. No menstruation.
6. Cannot get pregnant.
7. Coitus is not affected, but avoid intercourse for 4 weeks or until examination by doctor at follow up.
8. Should not affect hormonal status if ovaries are not removed; ovarian failure may occur 2-4 years earlier than natural menopause and 1% risk of future operation for ovarian pathology.
9. Climacteric symptoms if ovaries are removed in a premenopausal woman.
10. Further treatment may be necessary in case of malignancy.

Similarities with abdominal hysterectomy

1. Same organ(s) removed.
2. Same sequelae.

Risks and Complications

1. Anaesthetic complications.
2. Injury to abdominal wall and blood vessels.
3. Blood loss necessitating transfusion.
4. Injury to neighboring organs including bowels, bladder and / or ureter or blood vessels by way of burn and / or puncture, formation of a fistula, requiring a necessary procedure to repair and / or future surgery.
5. A colostomy or a second operation is required to repair any of the above injuries.
6. Specific complication due to the use of CO^2 in laparoscopic approach including surgical emphysema, gas embolism and its implications.
7. Wound healing problem including infection, incisional hernia, pain, disfiguring scar.
8. Pelvic pain due to adhesions, scar formation or residual ovary.
9. Vault prolapse in the future.
10. Risk of converting to laparotomy（< 5%）.
11. If both tubes and ovaries was removed, possible need for hormones and its side effects include risk of breast cancer, gallstone, heart attack, stroke, venous thromboembolism, pancreatitis etc.
12. If not removed tubes and ovaries – 1% risk of future operation for ovarian pathology.

Risk of Not Having the Procedure

1. Progression and deterioration of disease condition.
2. Exact diagnosis cannot be ascertained.

Alternative Treatment

1. Observation.
2. Non-surgical treatment e.g. Medical treatment, Mirena.
3. Myomectomy（for uterine fibroid）.
4. Endometrial ablation（for dysfunctional uterine bleeding）.
5. Open / vaginal approach.
6. Uterine fibroid embolization.

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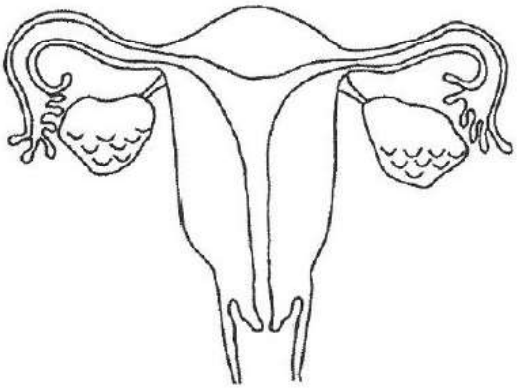
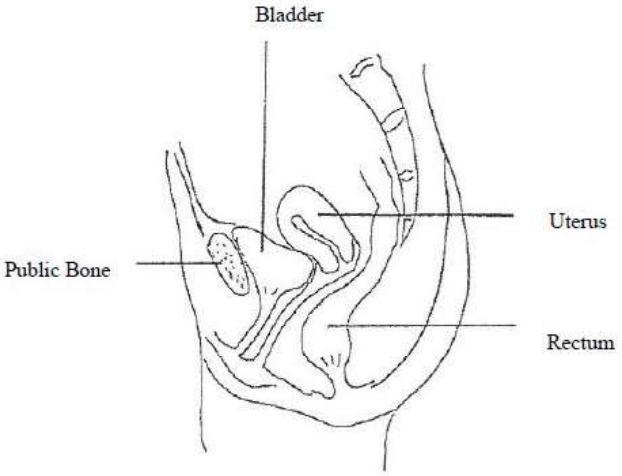
Disclaimer

This leaflet only provides general information pertaining to this operation / procedure. While common risks and complications are described, the list is not exhaustive, and the degree of risk could also vary between patients. Please contact your doctor for detailed information and specific enquiry.

Reference

Department of Obstetric & Gynaecology, United Christian Hospital, Pre-operative Information Sheet: Laparoscopic Assisted Vaginal Hysterectomy with/without Bilateral Salpingo-oophorectomy (2022)





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Patient's Signature:_____ Date:_____