Disclaimer

This movie is an educational resource only and should not be used to manage Hysterectomy surgery. All decisions about the management of Hysterectomy surgery must be made in conjunction with your Physician or a licensed healthcare provider.
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INTRODUCTION

Hysterectomy, the surgical removal of the uterus, is one of the most frequently performed operations. A woman who has undergone a hysterectomy cannot become pregnant; therefore, if you think you may want to become pregnant in the future, you should discuss alternative options with your physician.

Laparoscopic Supracervical Hysterectomy is a minimally invasive procedure to remove the uterus while leaving the cervix intact.

To learn more about this surgery and the different types of Hysterectomies, let us first learn about the anatomy of the female reproductive system.
Female Reproductive System

The following organs comprise the female reproductive system are located between the urinary bladder and rectum.

- Uterus
- Ovary
- Fallopian Tube
- Vagina
- Cervix

Uterus:

The uterus is a hollow, muscular, pear-shaped organ of reproduction in the female. It is specialized for containing and nourishing a developing embryo from implantation to birth.

(Refer fig.1)

Ovary:

One of two small glands situated on either side of the uterus and below the opening of the fallopian tubes. The ovaries are responsible for the development of egg cells (ovum) and the production of the female hormones estrogen and progesterone.

(Refer fig.2)

Fallopian Tube:

One of two tubes that connect the upper part of the uterus to the ovary. The tubes main function is to transport eggs and sperm and is the location where fertilization takes place.

(Refer fig.3)
Vagina:
The passageway that connects the cervix with the external female genitals.
(Refer fig.4)

Cervix:
A small organ with a central canal that is located between the vagina and the lower portion of the uterus. The canal allows for the passage of sperm, menstrual blood and for childbirth.
(Refer fig.5)
Why is it done?

Why is Hysterectomy performed? There are several reasons why your doctor may recommend undergoing a Hysterectomy procedure.

- Fibroids - benign, uterine tumors that can grow and cause symptoms such as heavy menstrual bleeding which can lead to anemia, urinary discomfort and frequency, backache and constipation.
- Uterine Prolapse - a condition that occurs when the ligaments holding the uterus in place become weak and lax causing the uterus to slip into the vagina.
- Menorrhagia - heavy, menstrual bleeding that has not responded to hormone therapy or D & C procedure or any other form of treatment. D & C (dilatation and curettage) is a surgical procedure where the lining of the uterus (endometrium) is scraped away.
- Adenomyosis - a condition where the uterine lining grows inside the muscular layer of the uterus.
- Endometriosis - a condition where fragments of the lining of the uterus (endometrium) are found outside the cavity. It may occur on the ovaries, tubes, outside of the uterus or anywhere in the pelvic cavity, rarely elsewhere. Its presence can lead to local inflammation, scarring and pain.
- Cancer of the uterus or cervix

Alternative Options

Alternative Treatments to Hysterectomy

It is important to know that there are options available to treat many of the problems that would normally indicate need for Hysterectomy. With new medications, technologies, and procedures to treat non-cancerous uterine conditions, it is important you discuss alternative options with your doctor and ask about the risks and benefits of each option.
Procedures & Types

A hysterectomy can be performed vaginally or abdominally and will depend on the medical reason for the procedure, size and position of your uterus, and your general state of health. Your doctor will discuss your best options with you.

Hysterectomy procedures include:

- Abdominal Hysterectomy - performed through either a horizontal or vertical incision in the lower abdomen.
- Vaginal Hysterectomy - performed through the vagina where an incision is made to remove the uterus and cervix.
- Laparoscopically Assisted Vaginal Hysterectomy (LAVH) - performed using a laparoscope (viewing instrument) and surgical instruments which are inserted through a vaginal incision and one or more small abdominal incisions.
- Laparoscopic Supracervical Hysterectomy (LSH) - performed using a laparoscope and surgical instruments inserted through several small incisions to the abdomen. This is a new procedure requiring specialized training for surgeons and may not be available everywhere.

Procedures & Types

Hysterectomy Types:

- Total Hysterectomy involves the removal of the uterus and cervix. When the fallopian tubes and ovaries are also removed, this is called salpingo-oophorectomy.
- Subtotal Hysterectomy (also called supracervical or partial hysterectomy) involves the removal of the uterus only, leaving the cervix intact.
- Radical Hysterectomy involves the removal of the pelvic lymph nodes as well as the uterus, cervix, ovaries, and fallopian tubes. This is done to treat endometriosis or when cancer is advanced.

What is Laparoscopy?

Laparoscopy is a procedure that enables your surgeon to look inside the abdominal and pelvic cavities to diagnose and treat a variety of abnormal conditions. A laparoscope is a long, narrow telescope with a light source and video camera at the end. The scope is passed through a tiny incision into the abdomen where images from the camera are projected onto a large monitor for the surgeon to view the abdominopelvic cavity. Laparoscopes have channels inside the scope enabling the surgeon to pass gas in and out to expand the viewing area or to insert tiny surgical instruments for treatment purposes. The surgical instruments used in operative laparoscopy are very small but appear much larger when viewed through a laparoscope.
Benefits of Laparoscopy versus Traditional (Open) Surgery:

- Smaller incisions
- Minimal soft tissue trauma
- Less pain
- Faster healing time
- Lower infection rate
- Less scarring
- Less blood loss
- Earlier mobilization
- Usually performed as outpatient day surgery

**Laparoscopic Supracervical Hysterectomy**

A Laparoscopic Supracervical Hysterectomy, also called LSH, is usually performed as day surgery either in the hospital or outpatient surgery center under general anesthesia.

The patient is placed lying on their back with their body tilted so the feet are higher than the head. This position helps to move some of the abdominal organs toward the chest allowing the surgeon a clearer view.

The surgeon uses a needle to inject a harmless gas into the abdominal cavity near the belly button to expand the viewing area of the abdomen giving the surgeon a clear view and room to work.

(Refer fig.6)

The surgeon makes a small incision in the abdomen, about ¼ inch, usually at or below the belly button, and inserts a tube called a trocar through which the laparoscope is introduced into the abdomen.

(Refer fig.7)
Your surgeon will make 2-3 additional small incisions for the insertion of a variety of surgical instruments to be used during the procedure.

(Refer fig.8)

With the images from the laparoscope as a guide, the surgeon separates the uterus from the cervix.

(Refer fig.9)

Using a special instrument called a morcellator, the surgeon can reduce the uterus into smaller pieces and remove it through one of the tiny incisions.

The ovaries and fallopian tubes can also be removed if necessary.

The cervix is left intact.

(Refer fig.10)

After removing the uterus, the laparoscope and other instruments are removed and the gas released.

The tiny incisions are closed and covered with small bandages.

Laparoscopic Supracervical Hysterectomy is much less traumatic to the muscles and soft tissues than the traditional method of surgically opening the abdomen with long incisions (open techniques).

(Refer fig.11)
Post Operative Precautions

A Laparoscopic Supracervical Hysterectomy is usually done as day surgery. You will need someone to drive you home once you have been released from the hospital.

Most patients are able to resume normal activities after 1-2 weeks. General Post Operative precautions may include:

- You should be up and moving around without restriction.
- You may shower, however, no tub baths for one week.
- You may resume light sport activity after one week.
- Strenuous sports should be avoided for the first two weeks.
- Wear sanitary pads for any vaginal discharge, not tampons.

Risks & Complications

As with any major surgery there are potential risks involved. The decision to proceed with the surgery is made because the advantages of surgery outweigh the potential disadvantages. It is important that you are informed of these risks before the surgery takes place.

Most women do not have complications after Hysterectomy; however complications can occur and depend on which type of surgery your doctor performs as well as the patient’s health status. (i.e. obese, diabetic, smoker, etc.)

Complications can be medical (general) or specific to Hysterectomy.

Medical complications include those of the anesthesia and your general well being. Almost any medical condition can occur so this list is not complete. Complications include:

- Allergic reaction to medications
- Blood loss requiring transfusion with its low risk of disease transmission
- Heart attack, strokes, kidney failure, pneumonia, bladder infections
- Complications from nerve blocks such as infection or nerve damage
- Serious medical problems can lead to ongoing health concerns, prolonged hospitalization, or rarely death.
Specific Complications for Laparoscopic Supracervical Hysterectomy include:

- Post-operative fever and infection - Antibiotics given at the time of surgery lessen this risk but symptoms of infection should be reported to your physician and can include: fever, increasing pain, heavy bleeding, and foul smelling discharge.
- Surgical injury to bowel or bladder - This is an uncommon complication that is usually recognized during surgery and repaired.
- Abscess - An abscess is a localized collection of pus (infected material) in a body cavity.
- Fistulas - When an abnormal passage way occurs from one organ to the skin or to another organ it is called a fistula.
- Blood Clots - Small clots can form in the leg veins (thrombophlebitis) causing sudden swelling or discoloration in the leg requiring immediate medical attention. A rare but life threatening complication can occur in which the blood clot travels to the lungs. This is called a pulmonary embolism.
- Vaginal vault prolapse - Weakness of pelvic muscles that can cause the top of the vagina to drop down which can lead to urinary and bowel problems. Further surgery may be indicated.
- Conversion to an open hysterectomy - Your surgeon may have to convert to an open surgery from a laparoscopic surgery.
- Early onset of menopause - If your ovaries are also removed and you are pre-menopausal, you will begin menopause.

Follow Up Care

You will follow up with your surgeon about 2 weeks after your hysterectomy to ensure that everything has healed properly.

If you have had your ovaries removed during the surgery and are pre-menopausal, this will initiate menopause. Talk to your doctor about ways to handle menopausal symptoms such as hot flashes.

A Laparoscopic Supracervical Hysterectomy does not remove the cervix therefore you will require annual pap smears for cervical cancer at your annual gynecological exam.
Disclaimer

Although every effort is made to educate you on Laparoscopic Supracervical Hysterectomy and take control, there will be specific information that will not be discussed. Talk to your doctor or health care provider about any concerns you have about this surgery.
Laparoscopic Supracervical Hysterectomy
Multimedia Health Education

YOUR SURGERY DATE

READ YOUR BOOK AND MATERIAL

VIEW YOUR VIDEO /CD / DVD / WEBSITE

PRE - HABILITATION

ARRANGE FOR BLOOD

MEDICAL CHECK UP

ADVANCE MEDICAL DIRECTIVE

PRE - ADMISSION TESTING

FAMILY SUPPORT REVIEW

Physician's Name :  
Physician's Signature:  
Date :  

Patient's Name :  
Patient's Signature:  
Date :  

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