

Total laparoscopic hysterectomy – bilateral salpingo-oophorectomy

*We dedicate this book to all of the women
who have entrusted their care to us.*

*By allowing us to take part in their surgery and after care,
they have shared an important time in their
lives with us and taught us a great deal.*



The purpose of this booklet is to help prepare you for your surgery and recovery at home. Our Gynecologic Oncologist (the type of surgeon who will be doing your surgery) will explain the surgery in detail with you. There are many words and phrases that you will hear or read that may be new and unfamiliar to you.

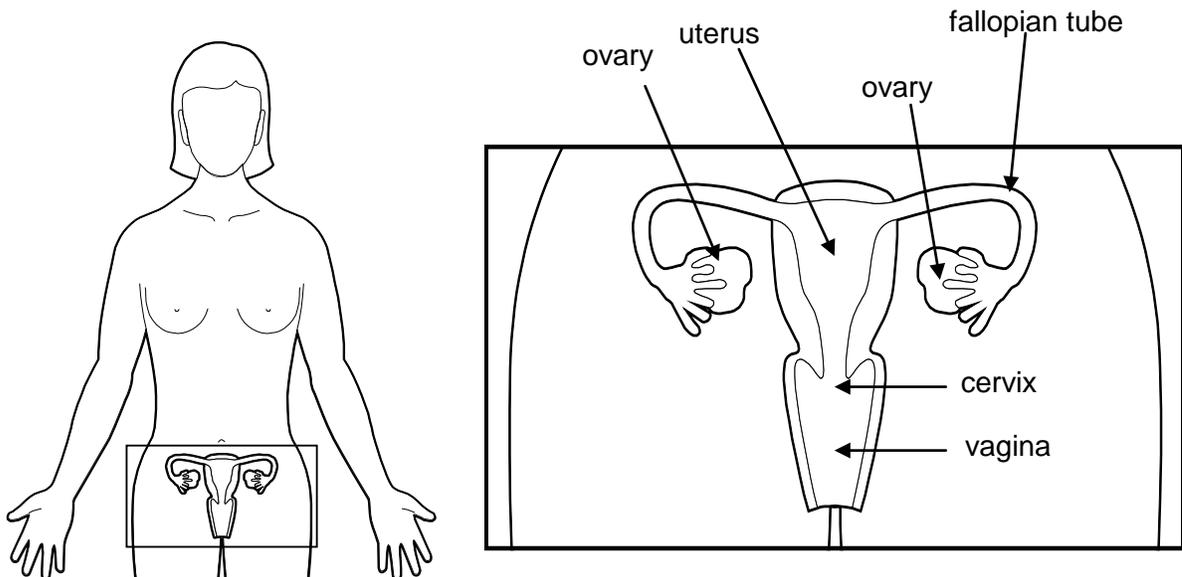
This book will not replace talking with your caregivers, but may make it easier. Please share your concerns with us. We encourage you to write down questions you wish to ask the health care team.

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What is a total laparoscopic hysterectomy – bilateral salpingo-oophorectomy?

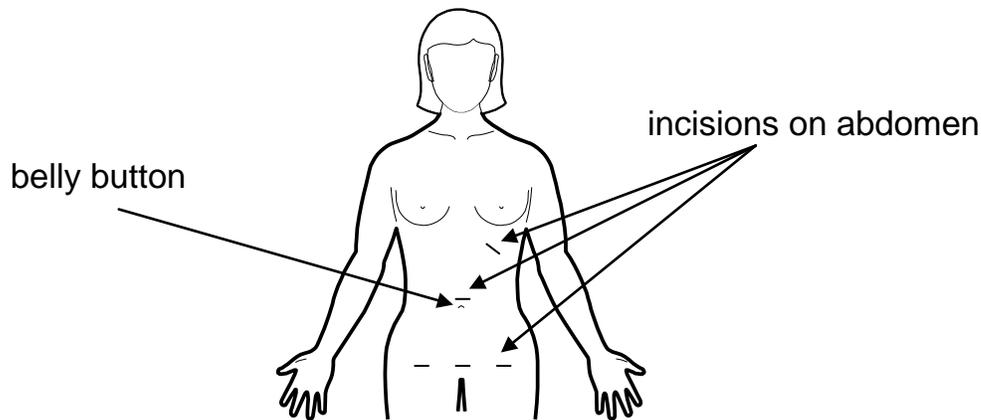
This surgery removes your uterus, cervix, fallopian tubes and ovaries.

- Total hysterectomy is the removal of your uterus (womb) and the cervix (the lower part of the uterus).
- Bilateral salpingo-oophorectomy, (BSO) is the removal of your tubes and ovaries.



What is a laparoscopy?

This is surgery that uses very small incisions or cuts instead of 1 big incision on your abdomen. You will have 3 to 5 incisions (less than 1/2 inch or 1 cm). Through an incision, gas (CO₂) is put into the abdomen. The gas inflates the abdomen so that the body parts can be seen. A small telescope is inserted in your belly button or just above it. The surgeon can see inside your body through the telescope. The surgeon works with 2 assistants. They are usually experienced gynecologists and/or doctors in training (residents).



A port is used in each incision to insert instruments during the operation. Long, narrow instruments are inserted through these ports to detach the uterus, cervix, tubes, and ovaries. The tissue is then removed through the vagina. The top of the vagina is closed with stitches that dissolve over time. The gas is then released and the instruments and ports removed. The incisions in the abdomen are also closed with dissolvable stitches or paper tapes.

If it is not possible to do the surgery by laparoscopy, for medical or surgical reasons, an open surgery is needed. This means that the laparoscopy is stopped and an open incision is made in the abdomen to do the surgery. The name of this open surgery is called a laparotomy.

Sometimes other surgery is needed to look for spread of cancer cells.

This includes:

- **Lymphadenectomy:** the removal of lymph nodes in the area of the surgery for sampling.
- **Omentectomy:** the removal of the omentum, a layer of fat which covers the intestines.
- **Staging biopsies:** samples taken from the tissues in the abdomen.

How long will I be in hospital?

Usually you will go home the same day as your surgery or early the morning after surgery. However, there are times when you may need to spend more time in the hospital.

Will I have a lot of pain?

Most women feel bloated and a sense that their insides feel bruised for a few days after surgery. The small incisions may bruise and cause discomfort.

Benefits of laparoscopy

- No large incision in the abdomen.
- Less blood loss during surgery.
- Less risk of infection.
- Less risk of developing adhesions (scarring of tissues or organs inside the body which causes them to stick together).
- You can eat sooner – sometimes the same night of your surgery.
- Your bowel function returns to normal more quickly – 1 to 2 days after surgery.
- You will need less pain medication after surgery.
- Shorter time spent in the hospital.
- Your recovery time is much shorter. You should be able to return to your normal, daily, professional and social activities in less than a month.

Why do I need surgery?

Surgery is needed because there is an area of concern involving your uterus, cervix, fallopian tubes or ovaries. The surgeon removes as much of the abnormal growth or tumour as possible.

After the surgery a doctor called a pathologist examines the uterus, cervix, fallopian tubes and ovaries under a microscope. Only then can we be sure whether there is cancer or not.

During surgery, the surgeon will also look at other organs such as the liver, diaphragm and other surfaces in your abdomen to see if they are healthy.

Your doctors and other health care providers will discuss all treatment plans with you. They may use these words to describe what you have:

Tumour: An abnormal growth or mass. The word tumour does not mean that you definitely have cancer

Benign: not cancer

Malignant: is cancer

If the tumour is not cancer, the surgery will be the only treatment you will need. If the tumour is found to be cancer, you may need to have further treatment such as chemotherapy, radiation, or both.

Each person's treatment plan is different so that you can get the best results possible.

When will I know if I have cancer or not?

You and your family may want to know the answer to this question as soon as possible. During surgery, it may be possible to tell from what the tumour looks like whether or not it is a cancer.

However, to be completely sure the tumour is cancer, it needs to be looked at very carefully under the microscope by the pathologist. The results are usually known within 3 to 4 weeks.

Blood tests will be done before surgery. In most cases, blood tests cannot identify a cancer but will show how well the body is working to prepare for surgery.

What does it mean if there is cancer left inside after the surgery?

Surgery is done to remove the tumour. Sometimes, it is not possible to remove the entire tumour. The tumour and organs may be stuck together and it is too difficult to separate them for removal.

Other times, tumour cells or seedlings are scattered over a large area that it is impossible to remove all of them. In these cases, your doctor will recommend further treatment to kill any remaining cancer cells. Further surgery, if needed, may be done at a later date.

What fills the empty space when everything is removed?

Normally, the uterus, ovaries and tubes fill a space in your lower abdomen about the size of your hand. The small bowel or intestines are just above. After surgery, the intestines will dip down to fill the space.

What should I expect before surgery?

Planning ahead

It is important to plan for your healthy recovery before surgery. Be sure to get groceries and banking done a few days before hand.

Also, arrange for help with meals, child care, pets, gardening and housework because rest is most important for the first few weeks after surgery.

Be sure you have someone to drive you where you need to go after surgery as the doctor may advise not to drive for a while.

Pre-op Clinic

Up to 2 weeks before your surgery you will go to the Pre-op Clinic at McMaster Hospital. There, the nurse will discuss your surgery and health and what you need to do just before surgery. You may have blood taken as well as a chest x-ray. An EKG (electrocardiogram) may also be done to check your heart. The team needs this information to plan your care. The information is also helpful to see your progress as you heal. During this visit an anesthesiologist will:

- review your medications with you
 - discuss what will be done to put you to sleep for the surgery
 - discuss how your pain will be controlled after surgery
-

The day before your surgery

Only drink clear fluids the day before your surgery. A clear fluid is anything you can see through when poured in a glass. Do not eat or drink any food or fluids after midnight the night before your surgery.

On the day of your surgery

On the day of surgery, you will go to Same Day Surgery at the Juravinski Hospital. There they will take your belongings and put your name on them and take them to the area you will be staying after surgery. It is important not to bring anything of value (money or personal).

All rings and jewelry must be taken off before surgery, so it is best to leave them at home or with a family member for safekeeping.

You will change into a hospital gown, empty your bladder and remove your dentures and contact lenses if you wear them. An intravenous (IV) will be started to give you fluids and some medications that are needed before, during and after surgery. Once these preparations are completed, you will go to the holding area about 30 minutes before your surgery.

Usually, one person may stay with you at this time.

We cannot be sure of the exact time of your surgery. The time may be slightly earlier or later than planned.

Once you go in to the operating room, your family members can wait in the waiting area to talk to the surgeon after the operation. If your family wishes to speak to the surgeon after surgery, please let your surgeon know this.

What should I expect after surgery?

After the surgery, you will go to the recovery room, which is called the Post Anesthetic Care Unit, or PACU where the nurses will look after you.

When you are fully awake, you will go back to Same Day Surgery to complete your recovery from the anesthetic. Most patients go home the same day as their surgery, but sometimes staying in the hospital is needed.

How will I feel after my surgery?

For the few hours after surgery, you may feel pain and/or sick to your stomach (nausea). Patients feel pain after surgery in different ways. You may have some crampy belly pain or you may have pain in your shoulder. This is due to the gas that was put into your abdomen. Sometimes, the gas leaks under the skin and it causes swelling and crackling when touched. Discomfort from the gas usually goes away in 1 to 2 days.

How can I relieve my pain?

Tell your nurse that you feel pain and/or are sick to your stomach. Your nurse will give you medication. Other ways to relieve pain are:

- ✓ drinking warm fluids
- ✓ moving around and walking
- ✓ any method of relaxation, such as listening to music or deep breathing.

Vaginal bleeding

The nurses will check for vaginal bleeding before you leave. A pad is worn to check this and for comfort. Some vaginal bleeding and spotting is normal for up to 4 to 5 weeks after surgery.

When you go home ...

Pain

Your doctor will give you a prescription for pain pills. When you have less pain, you may prefer to take plain Tylenol. If you find that an activity gives you pain, stop and rest. Wait a few days before trying that activity again. Walking and moving around can help with the shoulder pain from the gas.

Activity

For several days after your surgery, your activity will be less than normal.

Do light activities during the first week after surgery. This can be walking or your daily house activities. You will be able to climb stairs. Moving around reduces the chance of a clot forming in your legs and will rebuild muscle strength.

You will use a lot of emotional energy during this time. Rest and relaxation will help your recovery. Activities you enjoy will also renew your energy and sense of wellbeing.

Do not do activities that use a lot of your stomach muscles for 3 to 4 weeks after surgery. These include:

- heavy lifting – greater than 5 kgs or 10 lbs
 - vacuuming or pushing a lawn mower
 - weight training
 - high impact sports
-

Shower

You may shower the day after surgery. Gently pat dry your incisions. Do not take a bath for 3 days after surgery. Do not douche until your doctor allows you to.

The small steri-strips on your wounds will come off by themselves. If they begin to fall off, you can pull them off without any worry. If they have not come off 2 to 3 days after surgery, please remove them gently. The stitches will dissolve on their own.

The stitches underneath will dissolve on their own. If the stitches feel like they are getting caught on your clothing, you may cover them with a dry bandaid. Do not apply polysporin products to the area without direction from your health care team.

Eating

Slowly return to your normal diet over a few days. Drink plenty of fluids. Healthy eating can help give you energy and strength. A balanced diet of protein, fruit, vegetables and whole grains will help your body heal. Your diet can also prevent problems with constipation. Eat foods with fibre such as bran, whole grains, fruits and vegetables to keep your bowels healthy and regular.

Sex

You should not have sexual intercourse until your doctor has examined the top of your vagina after surgery to make sure it has healed properly. Of course, affection and touching are possible before that time if you wish. Most women report few sexual changes as a result of this surgery, but may

notice that the vagina may be shorter in its relaxed state, if the top section has been removed with the uterus. As the vagina is stretchy most people cannot tell the difference during lovemaking. In the “aroused” state, the vagina naturally lengthens.

The surgery should not affect your ability to have an orgasm or sexual climax. However, a climax causes muscle contractions in the uterus as well as other parts of the body. Since the uterus is no longer there, some women have said there is a slight difference in their orgasms.

Follow-up visits

Make sure that you have a follow-up appointment about 4 weeks after surgery. This appointment is to check that you have healed well after surgery, to review the pathologist’s report and to discuss whether any further treatment is needed.

When to call the surgeon

Call the surgeon, if you have:

- bright red vaginal bleeding that is like a period
 - foul smelling vaginal or wound discharge
 - a fever of 38.3°C (101°F) or higher
 - pain that gets worse despite taking pain medication
 - not been eating and drinking, you feel sick to your stomach and are vomiting
 - redness or increased pain around your incisions
 - a full or bloated abdomen
 - episodes of fainting
-

Phone numbers

Call this number first – Office 905-387-9495

Gynecologic Oncologist: _____

Nurse: _____

Follow-up appointment: _____

Questions



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