



Laparoscopic-Assisted Vaginal Hysterectomy

Minimally Invasive Gynecologic Surgery

A laparoscopic assisted vaginal hysterectomy (LAVH) is a surgical procedure to remove the uterus and cervix and sometimes the ovaries and fallopian tubes. During a LAVH, some of the surgical removal is done through the vagina and the rest is done through a few small surgical cuts (incisions) in the abdomen. Generally, recovery time is faster and there are fewer complications after laparoscopic procedures than after open incisional procedures.

RISKS OF LAVH

- Bleeding and risk of blood transfusion. Tell your caregiver if you do not want to receive any blood products
- Blood clots in the legs or lungs
- Infection
- Injury to surrounding organs
- Anesthesia problems or side effects
- Conversion to an abdominal hysterectomy

LET YOUR CAREGIVER KNOW ABOUT:

- Allergies to food or medicine
- Medications you are currently taking at home including blood-thinners, vitamins, herbs, eye drops, over-the-counter medicines and creams
- Use of steroids (by mouth or creams)
- Previous problems with anesthetics or numbing medicines
- History of bleeding problems or blood clots
- Previous surgery
- Other health problems, including diabetes and kidney problems
- Possibility of pregnancy

BEFORE THE PROCEDURE

- Ask your caregiver about changing or stopping your regular medicines.
- Ensure all pre-operative testing is completed as directed by your caregiver.
- You may be prescribed a laxative by your doctor to empty your colon the night before surgery. Follow your doctor's instructions on how to take this medication.
- Do not eat or drink anything after midnight on the day of your surgery.
- Take a shower at home the night before or the morning of your procedure.
- Arrive without jewelry, makeup, nail polish or any lotions or deodorants.
- Stop smoking if you smoke. Stopping will improve your health after surgery.
- Arrange for a ride home when discharged from the hospital and for help at home during recovery.
- A pre-op nurse will call you with instructions on when and where to arrive at the hospital and what to bring with you. The nurse will also instruct you what medications you should take on the day of surgery. If you are diabetic, the nurse will tell you whether to take your pills or insulin and to check your blood sugar in the morning.

IN THE PRE-OPERATIVE AREA

- A nurse will admit you to the pre-op area. You will be able to speak to your surgeon and anesthesiologist before the surgery.
- An intravenous (IV) access tube will be put into one of your veins to give you fluids and medicines.
- SCDs (sequential compression device) will be placed on your legs. This device gently massages your legs to promote circulation.
- To prevent the risk of infection, you will be given an antibiotic and your abdomen washed with a special soap.

DURING THE PROCEDURE

- You will receive medicines to relax you and medicines that make you sleep (general anesthesia).
- Three to four small incisions will be made in the abdomen. An incision is also made in the vagina. Probes and tools are inserted into the small incisions. The uterus and cervix are removed (and possibly your ovaries and fallopian tubes) through the vagina and the 3 to 4 small incisions that were made in the abdomen.
- The vagina is then sewn back to normal.
- You may have a flexible tube (catheter) put into your bladder to drain urine.
- Your physician may choose to put a tube through your nose or mouth that goes into your stomach (nasogastric tube) to remove digestive fluids. This nasogastric tube is inserted when you are asleep and removed before you wake up. You may have a sore throat after the procedure.
- The procedure takes about 1 to 3 hours.

AFTER THE PROCEDURE

- Plan to be in the hospital for 1 to 2 days.
- You may have abdominal cramping and a sore throat. Your pain will be controlled with medicine. Our hospital uses a pain scale of 0-10.
- You may have a liquid diet temporarily. You will most likely return to your usual diet the day after surgery.
- You will be passing urine through a catheter. It will be removed the day after surgery.
- Your vital signs will be monitored regularly.
- Your incision will be covered with either surgical dressing or glue. The nurse will be checking your sanitary pad to monitor vaginal bleeding.
- You will still wear sequential compression stockings on your legs until you are able to move around and when lying in bed.
- You will use a special device or do breathing exercises to keep your lungs clear.
- You will be encouraged to walk as soon as possible.

Discharge Instructions

These instructions provide you with information on caring for yourself after your procedure. Your caregiver may also give you more specific instructions. Call your caregiver if you have any problems or questions after your procedure.

Medications:

- You may resume home medications unless otherwise directed by your caregiver. If you are taking a blood-thinner, please notify your caregiver for instructions on when to resume this medication.
- Speak to your caregiver about pain control. Use prescription or over-the-counter medicines for pain or discomfort as directed by your caregiver.
- Do not drive while taking narcotic pain medicine.

Activity:

- You may resume normal activity as tolerated. You may walk up and down stairs. No heavy lifting, exercise or straining until directed by caregiver.
- Light physical activity, such as short walks, is encouraged throughout the day.
- You may shower. No tub baths until seen by your caregiver.
- Nothing in the vagina for 6 weeks. This includes tampons, douche and sexual intercourse.
- Change your bandages (dressings) as directed by your caregiver.
- Schedule a follow-up appointment as directed by your caregiver.

Diet:

- You may resume your usual diet as tolerated
- Do not drink alcohol until your caregiver gives you permission
- If you develop constipation:
 - Take a mild laxative with the advice of your caregiver
 - Eat bran foods
 - Drink enough water and fluids to keep your urine clear or pale yellow



SEEK IMMEDIATE MEDICAL CARE IF:

- You have an oral temperature above 101° F (38.4° C)
- You have severe abdominal pain
- You have chest pain
- You have shortness of breath
- You faint
- You have pain, swelling or redness in your leg
- You have heavy vaginal bleeding with blood clots

SEEK MEDICAL CARE IF:

- You have swelling, redness or increasing pain in the wound
- You have pus coming from the wound
- You notice a bad smell coming from the wound or bandage (dressing)
- You have swelling, redness or pain from the intravenous (IV) site
- Your wound breaks open
- You feel dizzy or lightheaded
- You have pain or bleeding when you urinate
- You have persistent diarrhea
- You have persistent nausea and vomiting
- You have abnormal vaginal discharge
- You have a rash
- You have any type of abnormal reaction or develop an allergy to your medicine
- You have poor pain control with your prescribed medicine

References:

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American Congress of Obstetricians and Gynecology. Patient Education FAQs: Laparoscopic Assisted Vaginal Hysterectomy. www.acog.org/For_Patients/Patient_Education_FAQs_List. Retrieved 6/5/2013