

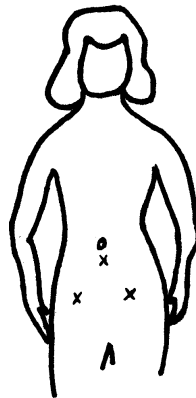
Learning about . . .

## Laparoscopic Assisted Vaginal Hysterectomy ~ LAVH ~

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### What is a laparoscopic assisted vaginal hysterectomy?

A laparoscopic assisted vaginal hysterectomy is also called a LAVH. Laparoscopic means the operation is done through small incisions in your abdomen using a small telescope. Each incision is 5 to 10 mm long. The picture shows where the incisions are usually made.



A small telescope with a light at the end is put into one incision so the surgeon can see the pelvis area. Instruments are put into the other incisions to cut the ligaments, which release the uterus from the abdomen. The uterus is then removed through the vagina. This is called a hysterectomy. You may also have the ovaries and fallopian tubes removed at the same time.

In order to see well during surgery, the surgeon inflates your abdomen with a gas called carbon dioxide. At the end of surgery most of this gas is removed. The surgery lasts about 2 hours. The amount of time depends on what organs you are having removed.

### What do I need to do before surgery?

You will come to the Pre-operative Assessment Clinic 1 to 2 weeks before surgery to have any blood tests, x-rays and other tests your doctor orders. Bring a record of all your medications to the clinic so the nurses and doctor can see what you are taking.

You will speak to the anaesthesiologist and find out what type of anaesthetic you will have. You will be given a checklist that will help you prepare for surgery at home.

## **What happens the day of my surgery?**

You will check in at the Day Surgery Unit. The nurses will help you dress and get ready for surgery and answer any questions you have. You will then be taken to the operating room area.

Before surgery, you will have general anaesthetic so you will sleep during the surgery.

You will have an intravenous or IV started before surgery. This is a tube put into a vein in your arm to give you fluids and medications. The nurse may insert the intravenous before you go to the operating room or the anaesthesiologist may insert it in the operating room.

## **How will I feel after surgery?**

You will go to the recovery room after surgery until you are fully awake. You then go to the nursing unit for care. The nurses will check your blood pressure, heart rate and breathing. The nurses will also check your incisions and watch for bleeding from your vagina.

You may have nausea or vomiting after surgery. Tell your nurse as you can have medication to control this. Many people have nausea after a general anaesthetic.

## **Pain**

You may have pelvic fullness, bloating, pain and discomfort. The nurse can give you pain control medication to help. You may also have pain in your shoulder. This is due to the gas that the doctor injected into your abdomen during surgery. Moving and walking around helps this pain go away.

Other ways to relieve your pain are:

- drinking warm fluids
- walking
- any method of relaxation, such as listening to music, imagery, meditation or deep breathing

## **Hygiene**

You can shower the day after surgery. Shower instead of taking a tub bath for at least 2 weeks after surgery. ✘Do not douche until your doctor allows you to. You can tub bath after your incisions have healed.

## **Vaginal bleeding**

Light vaginal bleeding is normal. This may be red or pink. Wear pads to protect your clothing.

## **Incisions**

Keep your incisions clean and dry. Pat your incisions dry after having a shower or washing. Look at the incisions each day while you are healing to make sure they are dry and closed.

## **Catheter**

You may have a plastic tube called a catheter in your bladder to let your urine drain into a bag. This will be removed when you go to the nursing unit after surgery. The nurses will check your urine before you go home. You will continue to check your urine at home to make sure it stays clear.

## **Activities**

Begin your deep breathing and coughing exercises right after surgery. Moving and walking will help you recover faster. As you feel stronger, you will be able to talk longer walks.

At home, gradually go back to your normal activities. ✘Do not do any heavy lifting or strenuous exercises until you check with your doctor.

## **Diet**

Drink plenty of fluids after surgery. You do not need to follow a special diet. Eat as you did before. Eating fruits, vegetables and whole grains can help prevent constipation. Choosing foods that are low in fat is also part of healthy eating. If you have questions about your diet, please talk to your family doctor.

## **Return to work**

The usual time off work is 2 to 6 weeks. This time can vary depending on the type of work you do. Talk with your doctor about when you can return to work.

## **Sexual activity**

Avoid intercourse for 4 to 6 weeks after surgery. Ask your doctor when you can resume normal sexual activity.

## **Follow up**

Make sure you have a follow-up appointment with your doctor after surgery.

### **Contact your doctor if you notice:**

- you have a fever
- drainage from any incision site
- burning when voiding
- voiding more than usual
- bright red or heavy vaginal bleeding

