

# Having a hysterectomy by keyhole surgery

Department of Gynaecology

Information for Patients

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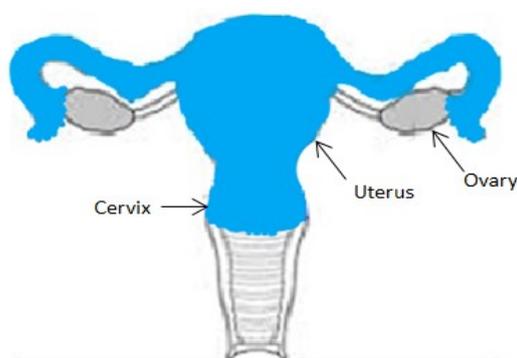
## What is a laparoscopic hysterectomy?

It is an operation to remove the womb (uterus). We make small cuts (incisions) in the lower tummy (abdomen) and a cut at the top of the vagina. We remove the womb and the fallopian tubes (and if you want, ovaries). The type of hysterectomy you have will depend on your wishes, and the reason for the hysterectomy. You will have talked about this with your gynaecologist before the operation.

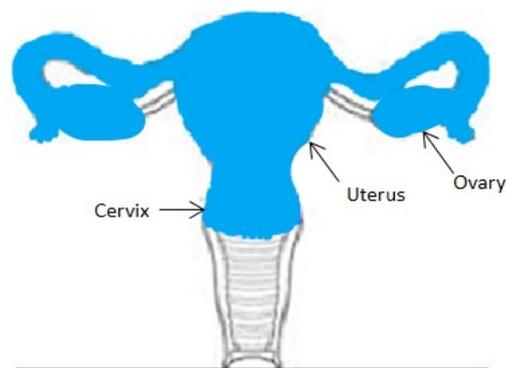
A laparoscopic hysterectomy is better for you. Your stay in hospital is usually shorter, you recover faster and pain is less than with an open operation.

Sometimes we cannot use a keyhole approach. If this is the case, we will make a larger cut on the tummy. This is called an abdominal hysterectomy.

If you have a prolapse in the vagina, we can sometimes combine the operation with a vaginal wall repair. See leaflet link on page 3 for more information.



Total hysterectomy and bilateral salpingectomy (Removal of womb, cervix and tubes (shaded parts removed), ovaries are kept).



Total hysterectomy and bilateral salpingo-oophorectomy (Removal of womb, cervix, tubes and ovaries (shaded parts removed)).

Health information and support is available at [www.nhs.uk](http://www.nhs.uk)  
or call 111 for non-emergency medical advice

Visit [www.uhleicester.nhs.uk](http://www.uhleicester.nhs.uk) for maps and information about visiting Leicester's Hospitals  
To give feedback about this information sheet, contact [uhl-tr.informationforpatientsmailbox@nhs.net](mailto:uhl-tr.informationforpatientsmailbox@nhs.net)

## Why do I need this operation?

When other treatments have not improved your symptoms or you have, or might have, cancer. It may be recommended for problems such as:

- heavy and/ or painful periods.
- womb prolapse. This is when the womb drops down low in the vagina. You may also need a repair of the vaginal wall. We may want to use the keyhole approach so we can take out the tubes and ovaries at the same time as your womb.
- womb lining tissue growing in between the muscle fibres of the womb (adenomyosis)
- womb lining tissue growing outside the womb (endometriosis)
- pre-cancerous changes in the womb lining that has not been helped with hormone treatment or when hormone treatment was not a suitable option.
- endometrial, cervical or ovarian cancer. If we suspect this we will refer you to a cancer specialist.
- bad pre-menstrual syndrome.

You may need an open operation if you have large fibroids/ bad endometriosis/ chronic pelvic inflammatory disease. These diseases make surgery more difficult and risky.

## What are the possible risks?

- **Pain** is common. Taking regular painkillers will help. Long term pain from internal scarring after major surgery happens in 2 to 15 in 100 cases. This is seen less in keyhole surgery.
- New or continued **bladder problems** like leaking pee, peeing often or problems with peeing.
- **Painful sex** because of dryness or scarring at the top of the vagina.
- **Infection** (lungs, skin, pee (urine) or in the tummy). This happens in 10 to 20 in 100 cases. Pocket of infection on the tummy (pelvic collection) or build up of pus (abscess) is seen in 2 in 1000 cases.
- **Poor wound healing**, lumpy scars (keloid).
- **Hernia at the small cuts in the tummy**. This is less than 1 in 100 cases.
- **Damage to the bowels** (2 to 4 in 1000 cases), **bladder** or tubes that carry the urine from the kidneys to the bladder (**ureters**) (1 to 3 in 100 cases). We will often repair any damage during the same operation. It will have little or no long term effects.
- **Heavy bleeding**: common (1 to 3 in 100 cases). Bleeding is usually less than with an open operation. If do you bleed heavily you may need an emergency blood transfusion.
- **Vaginal prolapse**: the top of the vagina or vaginal walls drops down later on (after months or years).
- **Vaginal vault dehiscence**: the stitches at the top of the vagina open up. It is more common with keyhole surgery (laparoscopic) (1 to 2 in 100 cases) compared to an open operation. This is more likely if women have sex too soon (in the 6 weeks after surgery) or where there has been an abscess or infection at the top of the vagina.

**While the above complications are more common, the following rare complications can sometimes happen:**

- Anaesthetic problems. These are very rare and happen 1 in 10,000 cases. Risk of death is 1 in 100,000 cases from a problem with the anaesthetic.
- Blood clot in the vein of the leg (deep vein thrombosis). It can break off and go to the lung (pulmonary embolism) (4 in 100 cases).
- Heart attack, stroke or kidney failure.

**Other procedures which can sometimes be needed:**

- Changing to an open operation through a bigger cut on the tummy (5 to 26 every 100 cases).
- Repair of accidental damage to intestines/ bladder/ ureters
- Unplanned removal of the ovary/ovaries if unsuspected disease is found during the operation.

## **What do I need to do before the operation?**

It is important to be as fit and healthy as possible. Good health before your operation will help lower your risk of getting complications. It will also speed up your recovery.

- Stop smoking if you can.
- Eat a healthy, balanced diet. Try to lose weight if you are overweight.
- Exercise regularly.

You will have a pre-assessment appointment a few days before your operation. You will have some blood tests and a health check. This is to make sure that you are fit for surgery. You can also talk about any concerns and ask questions.

## **What happens during the procedure?**

- You will be asleep under general anaesthetic.
- We will insert a tube (catheter) into the bladder to drain pee away. We will examine you inside.
- We will make 3 to 4 cuts in the lower tummy. This is to insert the camera and instruments.
- We will cut the blood vessels and ligaments supporting the womb and fallopian tubes (and to the ovaries if they are also being removed). This releases the womb and tubes (and ovaries if being removed) from their blood supply and attachments.
- We will take the womb out through the vagina with a small cut around the cervix at the top of the vagina. We send the tissues for testing.
- We will sew the top of the vagina. If a vaginal repair is also needed for prolapse we may do this at the same time. Please see leaflet 924 or visit: <https://yourhealth.leicestershospitals.nhs.uk/library/women-s-children-s/gynaecology/1090-treatment-options-for-vaginal-prolapse/file>
- We will close the cuts in your tummy after a final check inside.

- A pack (long strip of gauze) is sometimes placed in the vagina like a big tampon. This helps to reduce bleeding. The nurses will most often take it out next day along with the catheter.
- You will wake up in the recovery area. You will stay for about 1 hour before going back to the ward.

## After the operation

- You may wake up feeling tired and in some pain. This is normal after this type of surgery.
- We will give you painkillers to help with any pain and discomfort.
- We will give you anti-sickness medicines.
- You will have a drip in your arm and a catheter in the bladder. There may be a pack in your vagina. The catheter and pack will usually stay in place for 1 day or night. There will be dressings over your wounds.
- The next day, we will encourage you to take a short walk. This helps your blood to flow normally. It helps to reduce the risk of problems like blood clots in your legs (deep vein thrombosis).
- A physiotherapist may show you how to do some exercises to help you move around. They may also show you some pelvic floor muscle exercises to help with your recovery.
- You should be able to pee normally when we remove the catheter. Your stitches will usually be dissolvable.

## Your recovery time

How long you will need to stay in hospital depends on your age and overall health. It will often be between 1 or 2 days before we send you home. But if you are fit and healthy you may be able to go home later the same day.

You will feel some pain or discomfort in your tummy for at least a few days after your operation. You may also have some pain in your shoulder. This is common with keyhole surgery.

We will give you painkillers and laxatives when you go home. Some painkillers that have **codeine** or **dihydrocodeine** can make you sleepy, slightly sick and constipated. If you do need to take these medicines:

- eat extra fruit
- eat extra fibre
- take laxatives to help you poo

Take painkillers regularly to reduce your pain. They will help you get out of bed sooner, stand up straight and move around. This will help your recovery. It will help stop blood clots in your legs or your lungs.

It takes about 6 to 8 weeks to fully recover after having a hysterectomy. You need to rest as much as possible during this time.

**Do not** lift anything heavy, such as bags of shopping. Your tummy muscles need time to heal..

## Possible short term issues after hysterectomy:

### Bowel and bladder issues

There may be some changes to how you pee and poo.

Some women get pee infections or constipation. If you think you have a pee infection, please see your GP for some antibiotics. If you are constipated or have a pee infection, you should drink plenty of fluids. You should also eat more fruit and fibre.

The first few times you poo may be difficult. Try not to strain. It may help to hold your tummy to give support. You can take medicines (laxatives) to soften your poo.

You may have trapped wind (gas). This can cause some pain and bloating. Getting out of bed and walking around will help. Peppermint cordial with water or tea may also help. The wind will get better once you poo.

### Vaginal discharge

- You will have some bleeding and discharge from the vagina. This should be less than during a period. It may last up to 6 weeks.
- Some women have little or no bleeding at first. They then have a sudden gush of old blood or fluid about 10 days later. This usually stops quickly but if not or if the bleeding is heavy (changing pads more often than every hour) or if it smells bad or rotten - contact the Gynaecology Assessment unit on 0116 258 6259 for advice.
- Use sanitary towels. Do not use tampons. Tampons could increase the risk of infection.
- **Contact the Gynaecology Assessment unit on 0116 258 6259 for advice if you have:**
  - heavy vaginal bleeding (changing pads more often than every hour)
  - start passing blood clots
  - have bad smelling discharge
  - feel feverish or unwell

### Menopausal symptoms

If your ovaries are taken out before you have reached the menopause naturally, it is likely you will have menopausal symptoms. These may include:

- |                |                            |  |
|----------------|----------------------------|--|
| • hot flushes  | • Weepiness                | • poor concentration / poor memory     |
| • night sweats | • low mood / depression    | • hair loss / brittle nails / dry skin |
| • anxiety      | • low sex drive / response | • muscle or joint pain                 |
| • mood swings  | • poor sleep               | • vaginal dryness                      |

Most women will be able to have hormone replacement therapy (HRT) after their operation unless they have or might have cancer. HRT often takes a few weeks before it helps with the symptoms.

Your gynaecologist will talk about this with you before the operation. You can often start HRT soon after your surgery if you are able to have it.

For women that have cancer or might have cancer, you should be told if you can have HRT or if you are better to avoid it at your follow up appointment. You can ask about other alternative treatments to help with menopausal symptoms, if you are better avoiding HRT.

## Emotional effects

You may have a feeling of loss and sadness. These feelings are very common in women with advanced cancer, who have no other treatment option. Some women may feel a sense of loss because they are no longer able to have children. Others may feel less 'womanly' than before. In some cases, having a hysterectomy can be a trigger for depression. See your GP if you have feelings of low mood that do not go away. They will be able to tell you about treatment options.

Talking to other women who have had a hysterectomy may help. You can find various support groups online.

## Getting back to normal

### Returning to work

When you can return to work will depend on how you feel and work you do. If you do not do manual work or heavy lifting work, it may be possible to return to work after 4 to 8 weeks.

### Driving

Do not drive until you are comfortable wearing a seatbelt. Do not drive until you can safely do an emergency stop. This can be anything from between 3 to 8 weeks after your operation. You may want to check with your GP that you are fit to drive before you start. Some car insurance companies need a certificate from a GP stating that you are fit to drive. Check this with your car insurance company.

### Exercise and heavy lifting

The hospital should give you information and advice about suitable forms of exercise while you recover.

Walking is always recommended. You can swim after your wounds have healed.

Do not try to do too much. You will probably feel more tired than usual.

Do not lift any heavy objects during your recovery period. If you have to lift light objects, make sure that your knees are bent and your back is straight.

### Sex

Do not have sex for at least 6 weeks. **There is a higher risk of the vagina reopening if you have sex before 6 weeks.** Wait until any vaginal discharge has stopped and you feel comfortable and relaxed. You may have some vaginal dryness especially if you have had your ovaries removed and you are not taking HRT.



You can try some vaginal moisturisers such as [Yes VM](http://www.yesyesyes.org/pages/well-being-hub) applicators ([www.yesyesyes.org/pages/well-being-hub](http://www.yesyesyes.org/pages/well-being-hub)). Or see your GP for a prescription for vaginal oestrogen if you are able to use this.

You may have a loss of sexual desire (libido) or response after the operation. This often returns once you have fully recovered. Studies show that pain during sex is less. The strength of orgasm, desire and sexual activity all often improve after the hysterectomy.

## Contraception

You no longer need to use contraception to stop pregnancy.

You will still need to use condoms to protect yourself against sexually transmitted infections (STI's).

## When will I get the results of the removed tissues?

Your doctor will let you know the results as soon as possible by post or in a follow-up appointment. If you have not heard anything after 6 weeks, call your consultant's secretary.

## Contact details

**For questions about your procedure before your operation:**

Pre-assessment: **0116 258 4839**

**If you are unwell after the procedure you can call:**

Gynaecology Assessment Unit (GAU) Leicester Royal Infirmary: **0116 258 6259** (24 hours everyday).

اگر آپ کو یہ معلومات کسی اور زبان میں درکار ہیں، تو براہ کرم مندرجہ ذیل نمبر پر ٹیلی فون کریں۔  
على هذه المعلومات بلغةٍ أخرى، الرجاء الاتصال على رقم الهاتف الذي يظهر في الأسفل  
જો તમને અન્ય ભાષામાં આ માહિતી જોઈતી હોય, તો નીચે આપેલ નંબર પર કૃપા કરી ટેલિફોન કરો

ਜੇ ਤੁਸੀਂ ਇਹ ਜਾਣਕਾਰੀ ਕਿਸੇ ਹੋਰ ਭਾਸ਼ਾ ਵਿਚ ਚਾਹੁੰਦੇ ਹੋ, ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਹੇਠਾਂ ਦਿੱਤੇ ਗਏ ਨੰਬਰ 'ਤੇ ਟੈਲੀਫੋਨ ਕਰੋ।  
Aby uzyskać informacje w innym języku, proszę zadzwonić pod podany niżej numer telefonu

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