

Having a hysterectomy using robotic surgery

Gynaecology Department

Information for Patients

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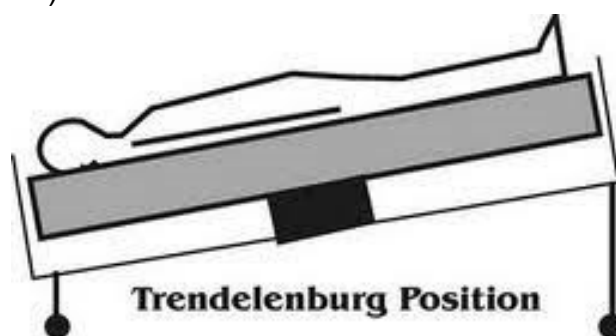
Why have I been given this leaflet?

You have recently been told that you are going to have robotic-assisted surgery or robotic surgery. Traditionally, many gynaecological operations would be carried out through a large cut in the tummy (abdomen) called open surgery. This leaflet is about a type of keyhole surgery called robotic surgery.

A surgical robot can be used to perform many different types of operations in many different parts of the body. In gynaecology it is mainly used to perform:

- hysterectomy (removal of the womb).
- ovarian cyst surgery.
- removal of lymph glands.
- treatment of endometriosis.
- removal of the cervix (to treat cervical cancer).

For the surgery you will be lying on the operating table and wrapped in a special bean bag to make sure you remain in the same position. The table is then moved into a head down position to create space in your pelvis for the surgery.



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What is robotic surgery?

A robotic operation is carried out under a general anaesthetic so that you are asleep. This is the same as for open surgery.

A small “keyhole” opening is made in your abdomen. Through this opening a telescope-like instrument, the endoscopic camera, is inserted so that every movement can be seen clearly in 3 dimensions. Specially designed surgical instruments, such as scissors, are then inserted carefully by the surgeon through several more keyhole openings.

The surgical instruments are then held by the robot but are moved inside your abdomen by the surgeon who is sitting at a control console. The robot cannot move the instruments on its own, they are always under the control of the surgeon.

The surgeon then performs the operation using the camera to look closely at the site of operation and uses electrosurgical energy (diathermy) to cut and seal the tissues.

For a hysterectomy, the womb will be removed through the vagina. The top of the vagina is then closed with dissolvable stitches.

Advantages of robotic surgery	Disadvantages of robotic surgery
<p>Shorter hospital stay.</p> <p>Less pain.</p> <p>Quicker return to normal.</p> <p>Less complications after surgery.</p> <p>Less blood loss.</p> <p>Smaller cuts and less scarring.</p>	<p>Head down position with arms/ legs in fixed positions.</p> <p>Mechanical issues with the robot.</p>

What are the benefits of robotic surgery?

Shorter stay in hospital:

If you have open surgery, you can expect to stay in hospital between 3 to 5 days on average. For the robotic operation studies suggest a shorter hospital stay of 1 to 2 days.

Faster recovery:

If you have a robotic procedure, studies suggest that you will recover faster than having an open procedure (an average of 4 weeks recovery time compared to 6 to 12 weeks), and usually have less pain.

What are the risks?

As with all operations, there are risks of bleeding, bruising, damage to tissues near to your womb (such as your bowel, bladder and ureters) and infection. You may need a blood transfusion after your surgery.

Other complications from surgery include:

- blood clots in the leg (deep vein thrombosis) or lung (pulmonary embolism). You will be asked to wear surgical stockings and given heparin (blood-thinning) injections to reduce the risk of blood clots.
- changes in bladder function.
- numbness around the cuts and at the top of your thighs.
- swelling in your legs (lymphoedema); this usually happens only if you have had your lymph glands removed.
- changes in sensation during sexual intercourse.

These same complications can happen with open and standard keyhole surgery too.

Mechanical issues with the robot:

These are very rare and the robot is monitored by Intuitive Surgery during your operation. This enables any issues to be identified and rectified. If an issue were to occur that could not be resolved, the robotic instruments are removed and the surgery performed through open or standard keyhole surgery.

You will have time to discuss all possible risks with the doctors and nursing staff before you give your consent for your operation.

What do I need to do before the operation?

You will be seen in a pre-assessment clinic before your operation. At this appointment the nurse will fill in your admission forms and provide you with more information about your operation. If you wish you can bring someone with you to this pre-assessment appointment.

This appointment is a good time for you to ask any questions you may have.

Depending on your general health and your age, you may have tests carried out, such as an ECG (heart tracing) and blood tests.

Please let the doctor or nurse know if you take any medications and bring a list of all your medications to this appointment. It is especially important to tell them if you take medication to thin your blood such as aspirin, warfarin or clopidogrel.

You will be seen by one of the doctors performing your operation and will be asked to sign a consent form to say that you agree to go ahead with the operation. Please ask the doctor or nurse any questions you may have about the operation and the possible risks, before you sign this form.

What happens when I arrive on the ward?

You will be given instructions at your pre-assessment appointment as to when and where to attend on the day of surgery. Before you have your operation the anaesthetist will visit you to discuss your anaesthetic and the pain medication you may need after your operation.

You will have been told when you should stop eating and drinking (this is usually 6 hours before your operation).

Your nurse will then complete a checklist of questions before you leave the ward to go to the operating theatre.

How am I prepared for my operation?

You will need to take a bath or shower with an antiseptic wash before your operation. You will then be asked to dress in a clean theatre gown and surgical stockings.

On arrival at the operating department your care will be handed over to theatre staff, who will go through the checklist again. You will then be taken into the anaesthetic room where you will be given a general anaesthetic.

What happens after my operation?

From the operating theatre you will be taken on a bed into the recovery area where you will wake up. The time spent in the theatre recovery area varies for each patient.

As soon as you are settled enough, a nurse from the Gynaecology Ward will collect you and take you back to the ward. When you are settled into your bed, your blood pressure, temperature and pulse will be monitored regularly.

You will usually have:

- **A drip (an intravenous infusion):**

This may be in your hand or arm. It replaces any fluids that you may have lost during surgery or by fasting. You may also need a blood transfusion. This may require a separate drip.

- **Pain medication:**

You will have some form of pain medication. How this will be given will be explained to you before your operation. If you need more information, please ask to speak to a member of the pre-assessment team.

- **Urinary catheter:**

You will usually have a urinary catheter, which is a tube that goes into your bladder and drains your pee (urine) out into a bag. The amount of urine you pass will be monitored regularly. The catheter will be removed at the earliest opportunity.

How will I feel after surgery?

The day after your operation you should be up and walking around the ward. Most patients are able to go home later that day, provided that their blood pressure and temperature are normal.

It is common to have painful wind or shoulder tip pain after keyhole surgery. This will settle and the best treatment is to walk around and have small regular meals. Peppermint tea can also help with this.

You will be given painkillers to take home with you. You should take these as advised by the nurse discharging you.

Aftercare

Wound care: you will have small dressings over the surgical cuts. These can be removed the day after surgery, after which no dressings are needed. After washing or having a shower please pat the wounds dry. If there is any redness or soreness around the wounds you must contact your GP or Clinical Nurse Specialist for advice.

Bleeding: you may have a small amount of bleeding from your vagina, but this should become darker and less heavy. If you have heavy fresh blood loss it is very important that you contact the ward, your Clinical Nurse Specialist, or see your GP. If the bleeding is extremely heavy go straight to the Emergency Department.

Eating and drinking: drink plenty of fluids and eat fruit and vegetables to help your bowels get back to normal.

Exercise: you should go for short gentle walks, but avoid too much exercise. Expect to feel tired for a few weeks. Listen to your body and take rests when you need.

Other possible side effects:

- The skin around the cuts on your tummy (abdomen) may be numb as the nerves have been affected by the surgery. It may take up to 6 months for this to return back to normal.
- After your operation you may find that you are less aware of your bladder being full. If this happens it is important that you get into the habit of passing urine at regular intervals. Ask your Clinical Nurse Specialist for further advice if this is an issue.

Returning to work: your consultant will advise you about going back to work.

Will I have a follow-up appointment?

A follow-up appointment may be arranged with your surgical team. At this appointment you will be checked to make sure that you are recovering well. The results of your surgery will also be discussed with you.

Further treatment plans, including whether or not you need treatments such as chemotherapy and radiotherapy, will depend on the results of your surgery.

Contact details

Gynaecology Oncology Nurse Specialists (Key Workers):

0116 258 4840

Leicester General Hospital, Admission Ward:

Ward 11 - 0116 258 4106 (9am to 5pm)

Gynaecology Ward:

Ward 31 - 0116 258 4843 (24 hours)

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