Department of Obstetrics & Gynaecology - The University of Hong Kong

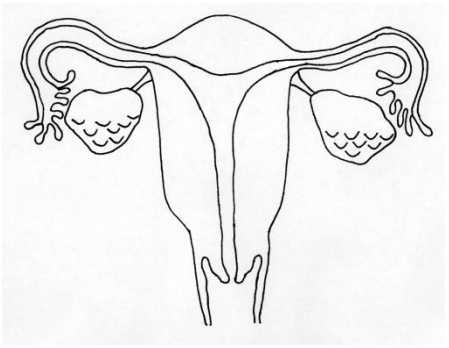
PREOPERATIVE INFORMATION SHEET FOR LAPAROSCOPIC ASSISTED VAGINAL HYSTERECTOMY (LAVH) OR TOTAL LAPAROSCOPIC HYSTERECTOMY (TLH) ± BILATERAL SALPINGO-OOPHORECTOMY

Clinical diagnosis: fibroid / DUB / endometrial hyperplasia / _____

Indication for surgery: pelvic or abdominal mass / heavy menstrual flow / risk of cancer /_____

Nature of operation

- general anaesthesia
- laparoscopic assisted vaginal hysterectomy
  - abdominal cavity inflated with carbon dioxide
  - incisions made
  - telescope and instruments passed into abdomen
  - upper part of the uterus freed (with or without both tubes or ovaries and tubes)
  - incision made around cervix vaginally
  - lower part of the uterus freed vaginally
  - uterus removed vaginally
  - may need episiotomy
  - vaginal wound and abdominal wounds closed
- total laparoscopic hysterectomy
  - same as LAVH above except lower part of uterus freed laparoscopically
- all tissue removed will be sent to the Department of Pathology or disposed of as appropriate unless otherwise specified
- photographic and/or video images may be recorded during the operation for education/research purpose. Please inform our staff if you have any objection.
- similarities with abdominal hysterectomy
  - same organ(s) removed
  - same sequelae
- difference from abdominal hysterectomy
  - 3-4 smaller abdominal wounds
  - less painful
  - faster postoperative recovery
  - earlier discharge
  - shorter sick leave required
  - slight increase risk of urinary tract injury



Benefits of the procedure: relieve symptom(s) / remove and confirm pathology / _____

Other consequences after the procedure:

- no menstruation
- cannot get pregnant
- can have coitus
- should not affect hormonal status if ovaries are not removed; ovarian failure may occur 2-4 years earlier than natural menopause
- climacteric symptoms if ovaries are removed in a premenopausal woman

Risks and complications may include, but are not limited to the following:

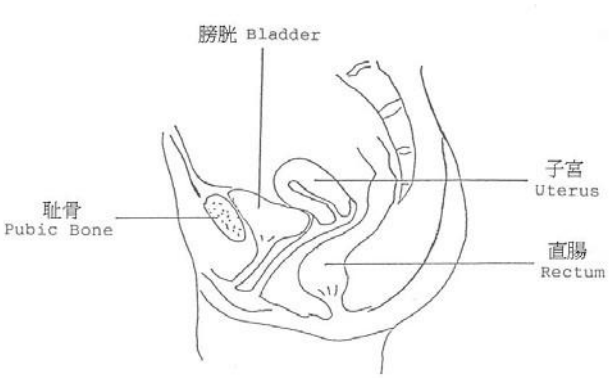
- Women who are obese, who have significant pathology, who have undergone previous surgery or who have pre-existing medical conditions must understand that the quoted risks for serious or frequent complications will be increased.
- Anaesthetic complications
- Similar complications as abdominal hysterectomy
- Serious
  - failure to gain entry into abdominal cavity and to complete the intended procedure, requiring laparotomy
  - bleeding, may need blood transfusion
  - injury to neighbouring organs especially the bladder, ureters, bowels or major blood vessels, may require laparoscopic or open repair and/or urinary/faecal diversion; risk of ureter and bladder injury may be higher compared with open hysterectomy
  - return to theatre because of complications like bleeding, wound dehiscence
  - pelvic haematoma
  - pelvic abscess, infection
  - deep vein thrombosis and pulmonary embolism
  - risk of death (3 in 10000, rare)
  - wound hernia

vault prolapse

- Frequent
  - febrile morbidity
  - wound complications, pain, bruising , delayed wound healing or keloid formation
  - numbness, tingling or burning sensation around the scar
  - frequency of micturition and urinary tract infection
  - ovarian failure
  - postoperative pain and difficulty and/or pain with intercourse
  - internal scarring with adhesion

Risks of not having the procedure:

- progression and deterioration of disease condition
- exact diagnosis cannot be ascertained



Possible alternatives

- observation
- non-surgical treatment eg. medical treatment, LNG-IUS(Mirena)
- myomectomy (for uterine fibroid)
- endometrial ablation /resection(for DUB)
- open/vaginal approach
- uterine artery embolization
- others _____

Other associated procedures (which may become necessary during the operation):

- blood transfusion
- laparotomy (less than 5 in every 100), increase in risk of tubes and /or ovaries removed
- procedure for unsuspected ovarian disease: leave alone / cystectomy / salpingo-oophorectomy
- removal of tubes and ovaries (prophylactic or when affected)
  - if removed – may need hormonal therapy; note the risk of hormonal therapy including increased risk of carcinoma of breast, deep vein thrombosis, gall stone and the need to pay for the cost if you do not have any climacteric symptoms
  - if not removed – life time risk of carcinoma of ovary without hysterectomy is 1.4-2 in every 100 (common), reduced by 26-30% with hysterectomy; 5 in every 100(common) chance of future operation for ovarian pathology
- removal of tubes may reduce the risk of carcinoma of ovary but may have a risk of affecting blood supply to the ovaries

Special follow-up issue: avoid intercourse until examination by doctor at follow up

Statement of patient: procedure(s) which should not be carried out without further discussion

---

I acknowledge that the above information concerning my operation/procedure have been explained to me and discussed with me by the medical staff and I fully understand them. I have been given the opportunities to ask questions pertinent to my condition and management and satisfactory answers have been provided by medical staff.

Signature _____

Date _____