

# LAPAROSCOPIC OR ROBOTIC-ASSISTED HYSTERECTOMY

## What is a hysterectomy?

Hysterectomy is a surgery to remove the uterus and cervix. The technique for this particular hysterectomy is laparoscopic or robotic-assisted, meaning it is a minimally invasive surgery that only uses a few small incisions in your lower abdomen. This procedure will remove the uterus and cervix. If indicated by your physician, the ovaries and fallopian tubes may also be removed. These procedures are called **oophorectomy** and **salpingectomy**, respectively, and will be performed at the same time as your hysterectomy. After a hysterectomy, you will no longer have periods or be able to become pregnant.

## Why am I having this surgery?

There are multiple reasons why your provider may suggest a hysterectomy:

- Heavy periods
- Endometriosis
- Uterine fibroids
- Cancer

You may also need to have a salpingectomy or oophorectomy if you are high risk for ovarian cancer, have certain types of breast cancer, or have ovarian masses or cysts.

## What happens during this surgery?

Before surgery begins, you will be given anesthesia to sleep. A laparoscope – a thin tube with a camera on the end – is inserted into the abdomen, usually at the sight of your navel, through a small incision. Additional incisions will be made in your abdomen. Air will be used in the abdomen to create more space between your abdominal wall and internal organs. The surgeon will remove your uterus, cervix, ovaries, and/or fallopian tubes from this incision.

## What are the risks?

This procedure has a small risk of:

- Bleeding during surgery, which may require a blood transfusion
- Infection of the bladder or surgical site
- Damage to surrounding organs (bladder, bowel, and ureters)
- Possible need for further surgery

## What should I do to prepare for the procedure?

- Do not eat or drink anything after midnight the night before your surgery.

- You will be under anesthesia for the procedure so you will need someone to drive you to and from your appointment.
- Be sure to arrive two hours before your estimated surgery start time.
- Ask your provider any questions you may have before the procedure, especially instructions on stopping or continuing to take any existing medications.
- Follow the instructions from our office to schedule your pre and post op appointments.

### **What should I expect during recovery?**

After the procedure, it is normal for your navel area and abdomen to be sore and possibly bruised. Your shoulders and back may hurt from the gas placed in your abdomen during the procedure. Also, it is normal for the anesthesia to sometimes make you feel weak and nauseous. You may have some vaginal discharge or spotting after surgery.

The incisions in your abdomen will be closed with skin adhesive or stitches and may be covered with Band-Aids. If you have bandages, they can be removed 24 hours after surgery, and the adhesive or stitches will dissolve on their own. If you have small bandage strips on your incisions, leave them on and they will fall off on their own. If they do not fall off you can remove them seven days after your procedure. Do not soak your incisions in the bathtub or go swimming. You may shower, but do not rub your incisions.

The first week after surgery, you may feel more tired than usual. Take it easy this first week, and then gradually increase your activity level with short walks and light activity. For 2 weeks after surgery you should not do any heavy lifting. You should also refrain from having sexual intercourse for 6 weeks after surgery.

### **Call your provider if you experience:**

- Fever greater than 100.4 degrees Fahrenheit
- Severe nausea / vomiting or abdominal pain
- Heavy bleeding (more than 2 pads soaked per hour)
- Redness, swelling, or discharge from your incisions

Office number: **(404) 778-3401**, Monday – Friday 8:00AM – 5:00PM

- For emergencies after hours, calling this number will connect you to the operator, who will page the OBGYN physician on call.
- **If your pain becomes severe, or your fever rises above 102°F in the 3 days following the procedure you should go to the emergency room.**

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