

Laparoscopic Supracervical Hysterectomy

Hysterectomy is the second most common surgery performed in the United States. Laparoscopic supracervical hysterectomy is a minimally invasive method of removing the uterus. This means that the surgeon makes only small cuts in the belly to “minimize” or lessen injury to the body. Your surgeon places a camera (laparoscope) through one small cut to see inside of your abdomen and uses little instruments through the other surgical cuts to do your surgery. The uterus then is removed through one of the small cuts in your belly. Women who have a laparoscopic (minimally invasive) hysterectomy recover more quickly, have less pain, and have fewer injections than women who have one large surgical cut in the abdomen called an abdominal hysterectomy.

In a laparoscopic supracervical hysterectomy, a surgeon removes the top portion of your uterus (womb). Sometimes other reproductive organs are removed, including the fallopian tubes (tubes sending the eggs to the uterus), or ovaries (the egg producers). Your surgeon will decide which organs may need removal depending on your age, family history, and reason for surgery.

ABOUT THIS PROCEDURE

Why do surgeons perform this procedure?

This procedure may be useful for:

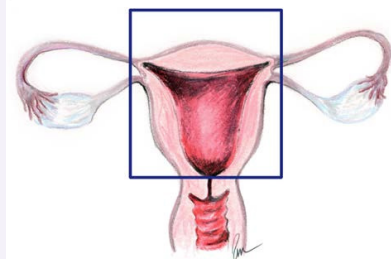
- Heavy bleeding
- Fibroids (non-cancerous muscular tumors)
- Prolapse (uterus dropping into the vagina)
- Patients whose surgery could not be completed due to a lot of scar tissue

This procedure is not good for patients with:

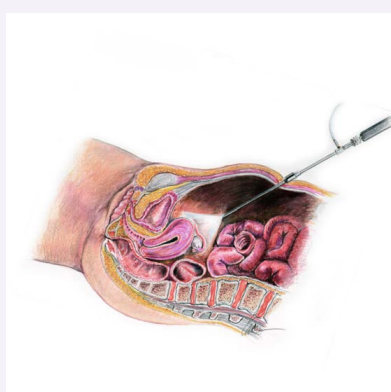
- Abnormal pap smears
- Cervical or uterine precancer or cancer
- Tissue from the uterus growing outside the organ (endometriosis)
- Chronic pelvic pain
- Patients at high risk for uterine cancer (family history, obesity)

Benefits of the surgery:

- Most women stop having periods (approximately 10% will still bleed monthly)
- No more pregnancies, so no need for birth control
- Improvement in symptoms related to periods



A supracervical hysterectomy removes the top part of the uterus.



A cross-sectional view of a laparoscope (camera) inside the abdomen.

RISKS

What are the risks of this procedure?

There is a small chance of having a complication or problem when you have surgery. Your risk could be higher if you have had surgery before or have other medical conditions. Some risks of laparoscopic supracervical hysterectomy include:

- Bleeding during or after the surgery
- Infection
- Injury to your bladder, intestines, or other structures near your uterus
- Blood clots in your legs or lungs
- Hernia (tear or weakness in the wall of your abdomen)
- Need to switch to a laparotomy (surgery through one large incision)
- Accidental spill of undetected cancerous tissue from uterus into abdomen
- Later need to remove cervix (opening to the uterus) due to precancerous changes, benign growths, bleeding, or persistent pain (approximately 25% of women)



Examples of laparoscopic hysterectomy surgical cuts

AFTER SURGERY

What should I expect after surgery?

Everyone recovers at a different pace after surgery. Many patients are able to get back to most of their usual activities by two weeks after surgery, but full recovery can take six-to-eight weeks. Common symptoms after laparoscopic supracervical hysterectomy include:

- Light vaginal bleeding
- Fatigue or sleepiness from anesthesia
- Pain or cramping in your stomach and soreness from your surgical cuts
- Shoulder pain
- Constipation (difficulty emptying bowels)

Do not put anything in your vagina for at least six weeks (no tampons or sexual intercourse). You will no longer be able to become pregnant. Most women do not experience any change in sexual function after hysterectomy.

When should I call my doctor?

Serious problems after total laparoscopic hysterectomy are uncommon, but notify your surgeon if you develop:

Difficulty breathing or shortness of breath

Heavy vaginal bleeding

Pain not controlled by your pain medications

Severe nausea and vomiting

A temperature over 100 degrees

Trouble urinating or having a bowel movement

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