

Vaginal NOTES hysterectomy- (using keyhole surgery to remove your womb vaginally)

This leaflet explains Vaginal NOTES hysterectomy. The aftercare and other general information regarding hysterectomy will be the same as for vaginal hysterectomy, that is provided along with this leaflet. NOTES stands for Natural Orifice Trans-luminal Endoscopic Surgery. In this type of hysterectomy, a vaginal hysterectomy is performed using keyhole instruments as they improve access and visibility.

What are the types of hysterectomies?

Most hysterectomies in our unit are performed laparoscopically (key hole). The other routes of performing hysterectomies are abdominal (by making an incision on the tummy) or vaginal. Laparoscopic and vaginal hysterectomies have better outcomes in terms of quicker recovery and post operative pain. Patients who are not suitable for vaginal or laparoscopic hysterectomies have an abdominal hysterectomy. Your doctor will discuss with you which type of hysterectomy is suitable for you.

What are the drawbacks of vaginal hysterectomy?

Not all patients are suitable for vaginal hysterectomy. The main drawbacks are

- It is difficult to do a vaginal hysterectomy if you have not had vaginal births previously.
- Removal of tubes and ovaries are difficult to perform vaginally due to

difficulty in access.

It has now been shown that removal of tubes during a standard hysterectomy helps to prevent ovarian cancers, hence it is a standard practice to offer removal of tubes at the time of sole hysterectomy (tubes are removed along with ovaries when ovaries are removed).

What are the advantages of Vaginal NOTES hysterectomy?

In general the advantages are absent scars, less pain, quicker recovery, less blood loss and reduced hospital stay (similar to vaginal or key hole hysterectomies).

- The advantages over vaginal hysterectomy are better access to remove the fallopian tubes and ovaries.
- The advantages over laparoscopic hysterectomy is the absence of abdominal scars and any trocar related injuries (trocars are used to introduce the key hole instruments).

What are the disadvantages of Vaginal NOTES hysterectomy?

- Not possible to do a partial hysterectomy (subtotal hysterectomy) this way.
- Not suitable for patients with severe endometriosis where there might be disease elsewhere in the pelvis and is not accessible.
- Not possible to perform in patients with no prolapse.

How is Vaginal NOTES hysterectomy performed?

This procedure is very similar to vaginal hysterectomy. An incision is made in the

vagina and the hysterectomy is performed using key hole instruments. The uterus, tubes and ovaries are then removed vaginally and the incision is closed with dissolvable sutures.

Who are suitable for Vaginal NOTES hysterectomy?

This is suitable only in selected patients. Your doctor will discuss with you if you are suitable to have this procedure. Ideally any patient who is suitable to have a vaginal hysterectomy can have a Vaginal NOTES hysterectomy.

This can also be performed along with vaginal repairs for prolapse.

What are the risks involved

The risks are similar to that of vaginal hysterectomy. The important risks are the following: infection, discharge and haematoma (collection of blood). Potentially serious risks are the following.

- Damage to the bladder or the one of the tubes that drains the kidneys (the ureters) – 1 in 70 women.
- Damage to the bowel – 1 in 1000 women.
- Excessive bleeding. This may occur during the operation or after the operation requiring a transfusion or sometimes return to theatre (1 in 50)
- Deep vein thrombosis (DVT) – this is the formation of a blood clot in a leg vein. This occurs in 1 in 1000 women.
- Rarely, infection may occur inside the abdomen or pelvis (1 in 500 women).
- Unintended laparotomy (incision on tummy) (1 in 50).

After Surgery

When you come back to the ward you will have a catheter and sometimes a vaginal pack. Both will be removed the next day. You will be given pain relief to keep you comfortable.

You will also receive daily injection of Fragmin, a blood thinning drug to avoid any clots (DVT) till you are discharged.

The main differences between a standard vaginal hysterectomy and Vaginal NOTES is that you will have less pain with this type of surgery and will not need to stay in hospital for long.

Most patients should be able to go home within 24 hours.

What Happens after discharge

Once you are ready for home you will be given a supply of pain relief if required.

It is common to feel more tired after any major operation and it is important to keep mobile and drink plenty of water.

If you feel unwell or have abnormal bleeding or foul smelling discharge you should contact your GP

Resuming normal activities including driving

You should avoid heavy lifting and strenuous exercise for about 3 months.

You should check with your insurance company about driving but we expect this to happen by around 2 weeks. You should be able to drive if you are feeling well, able to make a sudden stop and wear a seat belt.

You are likely to have some vaginal discharge following surgery. This is normal and may last up to 6 weeks.

You can return to work once you feel ready and this will usually be 4 to 6 weeks.

All normal activities including sexual intercourse can be resumed from 6 weeks.

Once the discomfort from the operation has settled you should start to resume pelvic floor exercises. You should aim to contract your pelvic floor 30 times per day (spread out over the day). This can help prevent any pelvic floor problems.

Follow up

Prior to your discharge you will be given an appointment for a check up in 6-8 weeks in clinic.

At the follow up we will discuss the findings from your operation.

Useful contacts

If you have any questions about your stay in hospital, or about your recovery at home, please ask any of the staff who are looking after you.

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Prepared for Darent Valley Hospital and Benenden Hospital- 2018

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