**Patient information**

**Removal of the uterus/womb using keyhole surgery**

There are various surgical methods for removing the womb. In your case, the plan is to remove you womb using keyhole surgery (laparoscopy). In some cases, a robot-assisted technique is used. If removal of the ovaries and/or fallopian tubes has been agreed upon, then this is done during the same operation. The womb is removed via the vagina, or in smaller sections through an opening in the belly.

The most common reason for removing the uterus is abnormal bleeding, which has not been treatable any other way. This can be due to hormonal disturbances or benign fibroids. Sometimes it is the actual size/weight of the uterus and fibroids that causes symptoms and necessitates an operation. Some women have to have the uterus removed due to cancer of the uterus itself, or the ovaries.

Sometimes it may be appropriate to leave the cervix /neck of the womb in place, but we recommend that it is removed along with the uterus, if you have had cervical cell changes, or cancer of the uterus or ovaries.

The surgery is qualified for registration in the Norwegian endoscopy register. For further information about your rights and how to decline registration check the website [**www.siv.no/nger**](http://www.siv.no/nger)

A doctor will inform you of findings during the operation and what has been done, either on the day of the operation, or the following day.

**Before the operation**
You have been informed about the operation during the preliminary examination /"journal recording". If you are taking medication, it is important that your medication list is updated.

**On the day of admittance** Come directly to Ward 4AC at the time you have been given.

**Operation method/anaesthetic**The operation is carried out under general anaesthetic. A camera, to aid surgery, is passed through a small incision in the navel. In addition, we also make use of several small incisions in the abdominal wall for operating instruments. In this way, the ovaries, fallopian tubes, womb, and other internal organs can be examined. After the operation, you should normally get out of bed after a few hours to reduce the risk of blood clots.

**Complications**
There is a risk of complications during any operation, both during and after the operation. General anaesthetic and other forms of anaesthesia also involve a slight risk.

* Bleeding and infection may arise. Injury to the gut, bladder, urinary tract or nerves can occur, but this is very rare.
* Blood clots can occur even though you receive blood-thinning medication.
* Sometimes we have to switch to open surgery in order to gain a satisfactory overview, due to complications or difficulties with the operation.

**After returning home**
You should continue taking pain relief medication regularly for the first few days, even if you don't have a lot of pain. You can reduce the dose and take it as needed after a few days, when the pain lessens.

The degree of pain/discomfort afterwards depends on what has been done. Many experience "wind pains" with pain in the shoulders/neck, which may last for 1-2 days. Light vaginal bleeding is normal for 1-4 weeks. Intercourse, bathing, and use of tampons should be delayed until the vaginal bleeding has stopped. If the cervix has been removed, you should avoid intercourse for 8 weeks.

You can maintain normal activity at home. You will receive a sick note for 1-2 weeks depending on what has been done and what kind of work you do.

Contact us if you have a fever, heavy bleeding, or increasing pain. The same applies to swollen legs, or increasing shortness of breath.

Gynaecological Ward 4AC tel.no. **51 51 87 77.**

Kvinneklinikken SUS, juni 2022
[www.sus.no/kvinneklinkken](http://www.sus.no/kvinneklinkken)

**Welcome to the Women's Clinic**

Stavanger University Hospital

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[Siter kilden din her.]