Glossary

Fallopian Tubes: Tubes through which an egg travels from the ovary to the uterus.

Hysterectomy: Removal of the uterus.

Laparoscopy: A surgical procedure in which a slender, light-transmitting instrument, the laparoscope, is used to view the pelvic organs or perform surgery.

Ovaries: Two glands, located on either side of the uterus, that contain the eggs released at ovulation and that produce hormones.

Uterus: A muscular organ located in the female pelvis that contains and nourishes the developing fetus during pregnancy.

Vagina: A passageway surrounded by muscles leading from the uterus to the outside of the body, also known as the birth canal.

This Patient Education Pamphlet was developed under the direction of the Committee on Patient Education of the American College of Obstetricians and Gynecologists. Designed as an aid to patients, it sets forth current information and opinions on subjects related to women's health. The average readability level of the series, based on the Fry formula, is grade 6–8. The Suitability Assessment of Materials (SAM) instrument rates the pamphlets as "superior." To ensure the information is current and accurate, the pamphlets are reviewed every 18 months. The information in this pamphlet does not dictate an exclusive course of treatment or procedure to be followed and should not be construed as excluding other acceptable methods of practice. Variations taking into account the needs of the individual patient, resources, and limitations unique to the institution or type of practice may be appropriate.

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ISSN 1074-8601

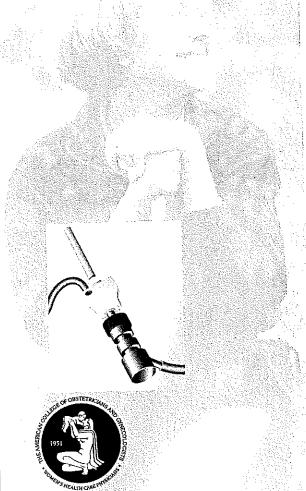
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Laparoscopically Assisted Vaginal Hysterectomy



ACOG PATIENT EDUCATION

What Is LAVH?

LAVH is a special form of hysterectomy—removal of the uterus. The uterus is a reproductive organ in the lower abdomen. It holds the fetus during pregnancy. When a woman is not pregnant, the uterus sheds its lining each month during her menstrual period.

The uterus can be removed in two ways. When it is removed through a cut (incision) in the abdomen, the procedure is called an abdominal hysterectomy. When it is removed through the vagina, it is called a vaginal hysterectomy. After a vaginal hysterectomy, women often have less pain, a shorter hospital stay, and a quicker recovery than after an abdominal hysterectomy. Sometimes, a laparoscope allows a vaginal hysterectomy to be done when it could not be done safely otherwise.

LAVH involves the use of a small, telescope-like device called a laparoscope. The laparoscope is inserted into the abdomen through a small cut. It brings light into the abdomen so that your doctor can see inside. He or she views the pelvic organs on a special TV-like screen.

During laparoscopy, other small cuts are made in the abdomen. These allow your doctor to insert other devices to help move organs into view, perform parts of the surgery, and remove the uterus through the vagina.

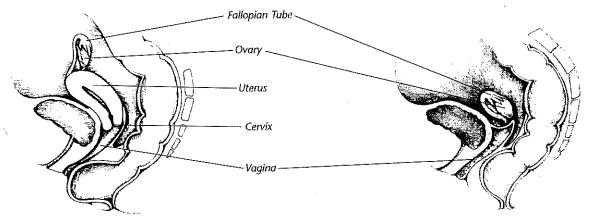
The laparoscope also can be used before hysterectomy to look at the pelvic organs to help your doctor see what conditions are present. Then, he or she can decide whether the uterus can be removed through the vagina.

Reasons for LAVH

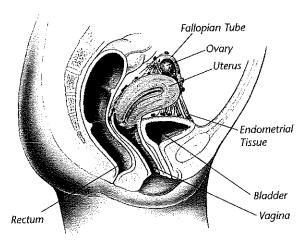
Hysterectomy may be offered as a treatment option for problems with the uterus. Following are reasons to perform LAVH:

- Adhesions. Adhesions are bands of scar tissue that
 can cause the pelvic organs to stick together.
 They may occur in the abdomen because of past
 surgeries or pelvic infection. By using a laparoscope, your doctor can cut adhesions to free the
 uterus. This allows the uterus to be removed
 through the vagina.
- Endometriosis. In this condition, patches of tissue that normally line the uterus grow outside the uterus and become attached to other pelvic organs. This may lead to cysts and severe adhesions. Your doctor may want to use a laparoscope to treat the endometriosis and to do your hysterectomy.
- Fibroids. Fibroids are benign (not cancer) growths on the uterus. If they are large, they can make it hard for your doctor to remove the uterus through the vagina. Using the laparoscope may help.
- Salpingo-oophorectomy. If the ovaries and fallopian tubes also are removed during hysterectomy, it is called salpingo-oophorectomy. Removing the tubes and ovaries through the vagina may be difficult, but a laparoscope can help.

You and your doctor will discuss whether LAVH is the best approach for you. If you have any questions about LAVH, ask your doctor.



The pelvic organs before (left) and after (right) the uterus is removed.



Your doctor may suggest LAVH if you have endometriosis.

The Procedure

Before LAVH, certain steps will be taken to prepare you for the procedure:

- Your pelvic area and abdomen may be shaved.
- You will be given an intravenous (IV) line.
- You will be given anesthesia (pain relief). You will not be awake during the surgery.

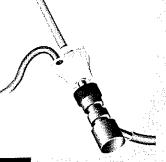
During LAVH, you will lie on your back as for a pelvic exam. The procedure most often follows these basic steps:

- 1. Your doctor will make a small cut near the navel. The laparoscope is inserted through this cut into the abdomen. A harmless gas also is put into your abdomen through this cut. The gas expands the space around your pelvic organs so that your doctor has enough room to look at and move them. The doctor can see your pelvic organs on a special TV-like screen.
- 2. Your doctor may make one or more other small cuts (¼–½-inch wide) in the abdomen. These cuts are used to insert devices to move the pelvic organs and help remove the uterus. Devices that may be used include scissors, forceps (grasping device), clamps, or a special stapling device. Some doctors may use an electric tool to cut tissue or stop bleeding.

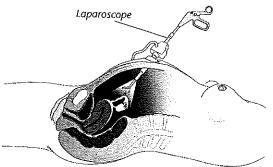
the uterus, your doctor may suggest a procedure called laparoscopically assisted vaginal hysterectomy (LAVH). LAVH combines laparoscopy and hysterectomy. Laparoscopy is used to look into the abdomen at the reproductive organs. Hysterectomy is surgery to remove the uterus. Your doctor may suggest using laparoscopy to see inside the abdomen and help with the surgery.

This pamphlet will explain:

- Why your doctor may suggest LAVH
- How LAVH is done
- What to expect before, during, and after LAVH



Your doctor may use a laparoscope (left) to see your pelvic organs during a hysterectomy.



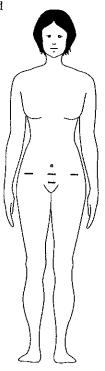
The laparoscope is placed through a small cut made below or inside the navel. Other devices may be inserted through other cuts in the abdomen to help complete the hysterectomy.

- 3. A cut is made where the uterus joins the vagina. The bladder and rectum are gently pushed off the uterus. Then, the uterus is removed through the cut made in the vagina.
- 4. The cuts in the abdomen and the vagina are closed with stitches. After LAVH, you will have some small scars on your abdomen.

In some cases, an abdominal hysterectomy may be required if an LAVH could not be done.

Benefits

The main reason for LAVH is to allow the uterus to be removed safely through the vagina if a standard vaginal hysterectomy cannot be done. LAVH has some benefits over abdominal hysterectomy. With LAVH, there may be less discomfort than if you had an abdominal hysterectomy. You likely will get better quickly and be able to go back to your normal activities sooner after LAVH than after abdominal hysterectomy.



After LAVH, you will have a few small scars on your abdomen.

Risks

There are some risks that may occur with any surgery. These may include:

- · Bleeding
- Infection
- Problems from the anesthesia
- · Blood clots in the veins or lungs
- Death (rare)

LAVH can take longer than other types of hysterectomy. This means that you may need more anesthesia than you would with other forms of hysterectomy. Laparoscopy also increases the risk of damage to other organs, such as blood vessels, intestines, or the urinary tract.

After Surgery

Hysterectomy is major surgery, no matter how it is done. You will have some pain. You may need to stay in the hospital for a few days.

After you leave the hospital, you will need to rest and take care of yourself. Plan to take some time off from your job or your work at home.

Because of the stitches in your vagina, you will have some vaginal bleeding or discharge. You should not have sex for a few weeks after the surgery. Do not douche or put anything, such as a tampon, into your vagina during this time. Your doctor will tell you when healing is complete.

Make sure you know the warning signs of a problem. Contact your doctor if you have any of the following:

- Fever or chills
- Heavy bleeding or vaginal discharge
- · Severe pain
- Redness or discharge from the abdominal cuts
- Problem with urination or bowel movements
- Shortness of breath or chest pain

Finally...

If you have problems with your uterus, you and your doctor may decide that a hysterectomy is the best treatment. LAVH may be an option. As with any surgery, it has benefits and risks. Talk to your doctor to help you decide if LAVH is right for you.