

MR ISKANDER

AN INTRODUCTION TO

# LAPAROSCOPIC SUB-TOTAL HYSTERECTOMY



MOST PATIENTS HOME  
WITHIN 24-36 HOURS

"I have really surprised myself with how swift and complete my post operative recovery has been; the greater part of my speedy recovery must be due to the less invasive nature of my Laparoscopic surgery and the skill of Mr. Iskander and his surgery team."

Anne Eastham



## MR KAMAL ISKANDER MD (EDIN.), FRCOG

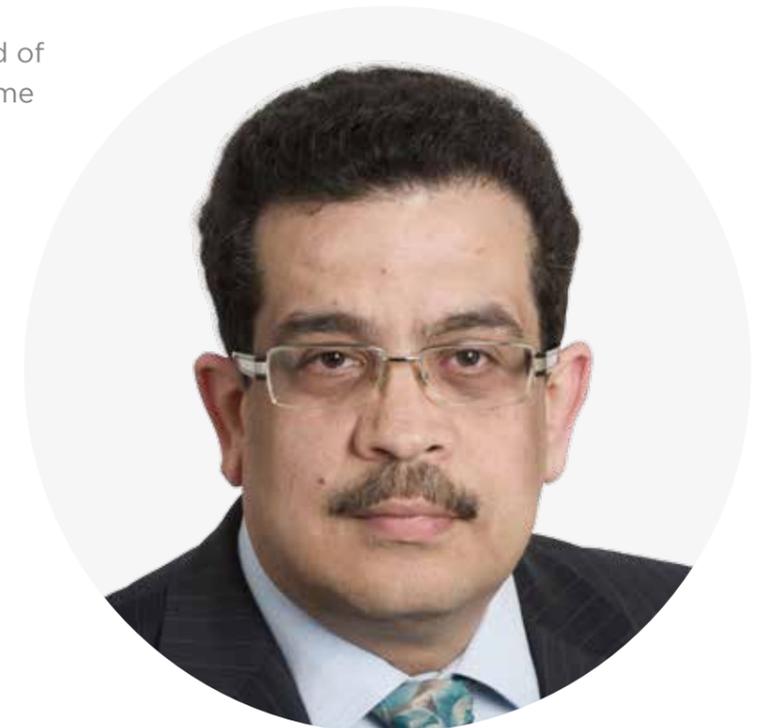
### SPECIALIST IN GYNAECOLOGY & OBSTETRICS

Mr Iskander has thirty years of experience in gynaecology and obstetrics, specialises in advanced laparoscopic (Key-hole) surgery. He is currently the Centre Manager of the BSGE Accredited Endometriosis Centre at Northwick Park and Central Middlesex Hospitals NHS Trust.

Following his graduation and a period of training as a specialist in Cairo, he came to UK in 1993 and was trained at different University Hospitals in UK. Following his training as a Senior Sp R at the UHW he became a consultant at the NHS. He is also a professional member of RCOG, MDU and BMA.

According to Mr Iskanders' experience, Laparoscopic Subtotal Hysterectomy (Day-care Hysterectomy) is the least invasive form of laparoscopic hysterectomy.

Laparoscopic Subtotal Hysterectomy has the shortest physical and psychological recovery period and can be offered to women regardless of the size of the uterus or the body habitus.



# THE LAPAROSCOPIC SUB-TOTAL HYSTERECTOMY PROCEDURE

## AN INTRODUCTION

There are different types of hysterectomy.

The Laparoscopic Sub-total Hysterectomy procedure involves removing the uterus but leaving the cervix in place using keyhole (laparoscopic) surgery. Ovaries and fallopian tubes can be removed at the same time. Although this is a keyhole partial hysterectomy it is still a major surgical procedure.

The operation is usually for patients with heavy, irregular or painful periods. It is also undertaken for patients with fibroids causing symptoms.

LASH involves excision or removal of the part of the uterus (Body of the uterus) causing the heavy bleeding, pain or bearing the fibroids, while conserving the healthier organs such as Cervix, Vagina, pelvic floor and ovaries.

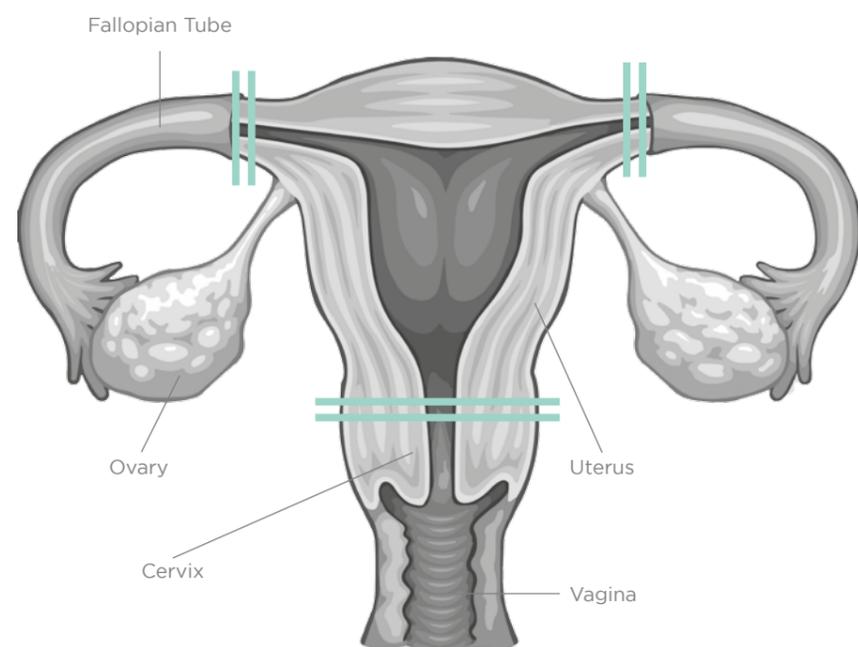


Figure 1.

## WHO IS SUITABLE?

Therefore, by limiting the surgery to the part that is causing the problem (Site Specific Surgery) and minimizing unnecessary excision/scarring to healthier parts (like Cervix and vagina), we believe that this will lead to quicker recovery, maintaining and improving in the patient's body functions such as bowel habit, urinary function and sexual function. We also believe that by conserving the integrity of the pelvic floor less incidence of prolapse would follow LASH as compared to total hysterectomy, where the integrity of the pelvic floor has been breached.

To be considered for this procedure you must have completed your family. You should also have not had significantly abnormal smears in the past, have major womb prolapse or a womb that is too enlarged. Your consultant will check these with you prior to surgery and discuss other options if any of these issues are present.

"I would like to convey my sincerest appreciation to you for performing a very successful procedure on me. I realise how expensive and complicated the keyhole surgery is and I am grateful that you honoured my wishes to perform this skilful operation on me while saving my uterus. I was walking about after two days and now, 5 weeks later, I feel perfectly fine. Thank you from my heart for your skill, expertise and compassion."

Kirtiken Mehts



# ADVANTAGES OF LAPAROSCOPIC SUB-TOTAL HYSTERECTOMY

- ▶ 90-95% of patients have no periods at all
- ▶ No need for any other contraception
- ▶ Most patients home within 24-36 hours
- ▶ Less Post-operative pain
- ▶ Less wound complications
- ▶ Shorter recovery time (on average 2 days less in hospital), less disruption to family life and earlier return to work (on average 2 weeks quicker return to normal daily activities).
- ▶ Less disruption to bowel and bladder function
- ▶ Less risk of infection
- ▶ Less risk of DVT (deep vein thrombosis)
- ▶ Less adhesion formation
- ▶ Better cosmetic results

## HOW THE PROCEDURE IS CARRIED OUT

The procedure is performed under a general anaesthetic. A catheter (a tube for urine drainage) is inserted into your bladder after you have been put to sleep (anaesthetised). A small cut (1 cm) is made inside your tummy button. The abdomen is filled with gas and an instrument, called a laparoscope (similar to a telescope) is inserted to visualise the internal organs. Two further small incisions (1 cm and 2 cms) will be made in your abdomen (Figure 2).

The uterus is removed (with or without both tubes and ovaries) piecemeal through the larger abdominal incision in the bikini-line. The cervix is left in place. The skin wounds are closed with dissolvable stitches or skin adhesive. The procedure itself takes approximately one to two hours, but you can expect to be in theatre and recovery for 3-4 hours.

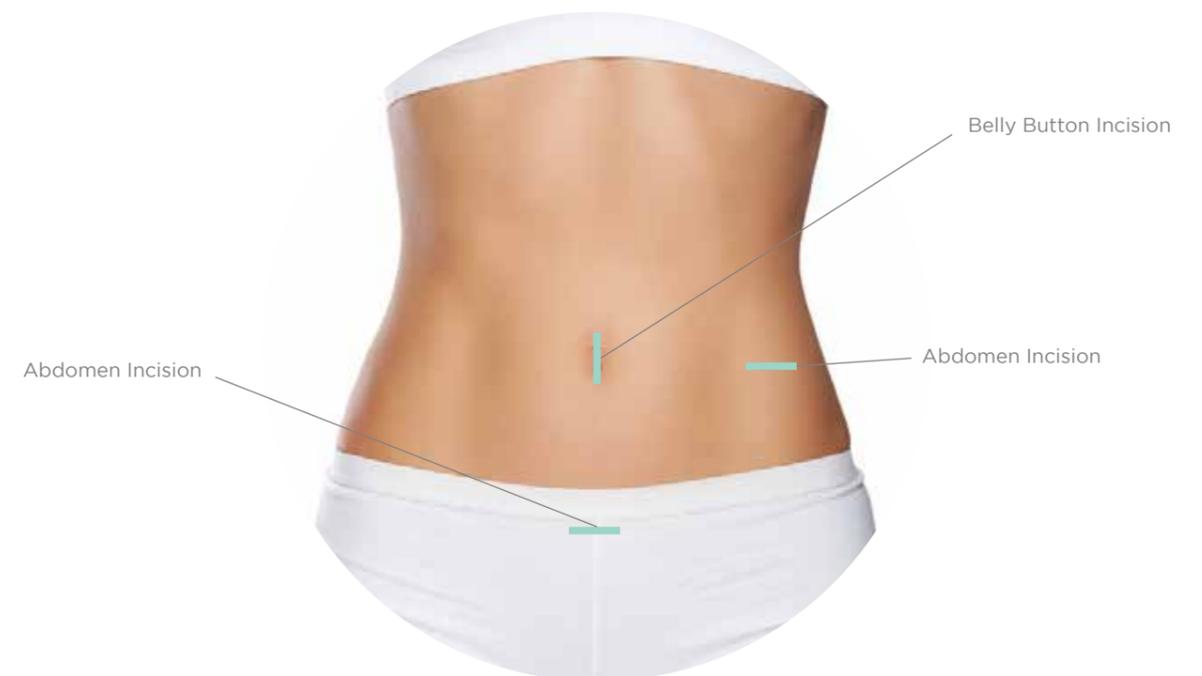


Figure 2. Incisions for Laparoscopic sub-total hysterectomy

## PRE PROCEDURE STEPS

Any investigations or consultations arranged at the preoperative consultation should have been completed. You should continue your regular medications, unless advised otherwise. We strongly advise that you stop smoking. Should you develop an illness prior to your surgery or have any question, please contact the appropriate ward.

## POST PROCEDURE

Women wake up in the recovery room and when suitable are transferred to the ward.

The anaesthetist will prescribe a range of painkillers to have regularly and then when necessary.

Shoulder pain and gripey bowel pain are frequently experienced. Shoulder pain is related to the gas used during the procedure and if it occurs will resolve over 24-48 hours. Bowel pain and abdominal bloating can last for several days; peppermint tea/water can be very

effective in relieving this. Most women can drink and eat when they feel ready.

All women will have a catheter placed during the operation and this is usually removed the following day.

EARLIER RETURN  
TO WORK (ON  
AVERAGE 2 WEEKS  
TO NORMAL DAILY  
ACTIVITIES).

# POSSIBLE COMPLICATIONS OF THE PROCEDURE

Every surgical procedure has associated risks. Complications include, but are not limited to:

### ▶ **The Surgery;**

- ▶ Injury to the bladder, ureters (connection between the bladder and the kidney), bowel or blood vessels requiring further surgery, blood transfusion or longer admission.
- ▶ Rarely the procedure may not be able to be completed entirely laparoscopically. You may require an open operation with an increased hospital stay.
- ▶ Major complications have occurred in our patients at a significantly lower rate than published elsewhere (<2% vs 5%).

### ▶ **The Recovery Period;**

- ▶ Urine infection, wound infections (internal and external), chest infections, blood clots that may form in the leg or pelvis and travel to the lung; unpredictable wound healing, bruising and variable postoperative pain and recovery.

- ▶ All women have some temporary abdominal bloating for up to a week or so following surgery.

### ▶ **Later;**

- ▶ Some patients may still have some period bleeding. Amongst our patients this is <5% and is almost invariably only spotting.
- ▶ 1% of patients will need the remaining part of the cervix to be removed at a later stage. Usually because of irregular bleeding but new pelvic pain can occur in <5% of patients. Tiredness and fatigue is a very common issue and improves over 4-6 weeks.

# FOR MORE INFORMATION

about other clinical interests of Mr K Iskander,  
please contact;

Tel : 0788 7390 483

Email : [info@mriskander.com](mailto:info@mriskander.com)

[www.mriskander.com](http://www.mriskander.com)

## MR ISKANDERS' PRIVATE PRACTICES

### ▶ **BMI The Garden Hospital**

44-50 Sunny Garden Road Hendon  
London, NW4 1RP  
Tel : +44(0)20 8457 4500

### ▶ **Trustplus Private Wing**

Northwick Park Hospital  
Watford Road, Harrow, HA1 3UJ  
Tel : +44(0)20 8869 3390/3153

### ▶ **Hospital of St John's & Elizabeth**

60 Grove End Road,  
London, NW8 9NH  
Tel : +44(0)788 7390 483

### ▶ **BMI Syon Clinic**

941 Great West Road, Brentford,  
Middlesex TW8 9DU  
Tel : +44(0)20 8322 6000

### ▶ **BMI Clementine Churchill Hospital**

Sudbury Hill, Harrow,  
Middlesex, HA1 3RX  
Tel : +44(0)20 872 3872

