Minimally Invasive Hysterectomy

Get Back to Your Active Lifestyle Sooner
If you are considering hysterectomy, you’re not alone. According to the United States Department of Health and Human Services, about one-third of American women will have a hysterectomy by the time they are sixty years of age. Over 615,000 women in the United States will undergo a hysterectomy this year. Approximately ninety percent of these women will consult their doctor because they have one or more of the following:

- **Fibroids** – Benign (non-cancerous) tumors growing inside or outside of the uterus that can vary greatly in size and cause pain and abnormal bleeding.

- **Menorrhagia** – Excessive menstrual bleeding that is usually caused by fibroids or hormonal changes, but can be caused by disease.

- **Endometriosis** – Uterine tissue that has migrated to other parts of the abdomen causing pelvic pain and sometimes infertility.

- **Uterine Prolapse** – A condition where the uterus falls from its normal position and descends uncomfortably into the vagina.

- **Female Reproductive Cancers** – Hysterectomy is indicated for treating some cancers of the uterus, cervix and ovaries.
What is a Hysterectomy?

A hysterectomy is the surgical removal of the uterus. It is a muscular, pear-shaped organ that is part of the female reproductive system. Sometimes, your doctor will also recommend removing the cervix, which connects the uterus to the vagina. Your doctor may also recommend removal of the ovaries where eggs are formed, and the fallopian tubes which the eggs travel through to get to the uterus during a woman’s child-bearing years.
Less-Invasive Options

Unlike in your mother’s day, you now have several different procedure options when it comes to your decision to have a hysterectomy. Today’s hysterectomy choices include innovative, minimally-invasive procedures that can be modified by your doctor to address the treatment and relief of your symptoms. These new advanced surgical techniques reduce the pain and minimize the scarring from surgery, typically require only one day in the hospital, and get you back to your normal routine in less than a week on average.

Laparoscopic Supracervical Hysterectomy (LSH)

LSH is a minimally-invasive procedure where three to five tiny incisions are made in the abdomen into which laparoscope and surgical instruments are inserted. The uterus is removed through these small incisions and the fallopian tubes and/or ovaries may or may not be removed. In this procedure, the cervix is left intact.

Total Laparoscopic Hysterectomy (TLH)

TLH is another minimally invasive option that is similar to the LSH procedure. The main difference is the cervix is removed with the uterus. The fallopian tubes and/or ovaries may or may not be removed.

Laparo-Endoscope Single-Site Surgery (LESS) Hysterectomy

LESS is a new minimally-invasive approach for performing a hysterectomy. This approach allows the surgeon to perform the entire procedure through one single incision in the belly button.
Maintaining the Cervix

LSH leaves the cervix intact whereas TLH does not. Some surgeons believe that leaving the cervix intact may reduce the risk of urinary incontinence and pelvic support problems. Leaving the cervix intact may also help maintain sexual stimulation. Not all women are candidates for the LSH procedure. It is best to talk with your physician about your options.

Removal of Ovaries

Depending on your medical diagnosis, your ovaries may need to be removed. The removal of your ovaries may lead to symptoms associated with menopause — hot flashes, insomnia, irritability or vaginal dryness. These symptoms may be reduced by alternative therapies. Ask your physician about your options.

Abdomen showing three-to-five tiny incisions made for LSH or TLH
Benefits of Laparoscopic

Less Time in the Hospital

Minimally-invasive procedures require less time in the hospital compared to abdominal hysterectomy. Most patients can expect to go home the same day as surgery, where abdominal hysterectomy requires five to six days in the hospital.

Quicker Recovery

With minimally-invasive surgery, most patients return to normal activity within one week. Abdominal hysterectomy patients can expect six weeks or more to recover.

Less Pain & Scarring

Minimally invasive procedures also only require a few small incisions, which means less postoperative pain compared to abdominal hysterectomy. The smaller incisions also result in less scarring on the abdomen.
## Hysterectomy Procedure Comparisons

<table>
<thead>
<tr>
<th>Hysterectomy Procedures</th>
<th>Typical Recovery Time</th>
<th>Typical Hospital Stay</th>
<th>Abdominal Incision</th>
<th>Minimally Invasive</th>
</tr>
</thead>
<tbody>
<tr>
<td>Laparo-Endoscopic Single-Site (LESS)</td>
<td>2–3 weeks</td>
<td>1 day or less</td>
<td>1 umbilical incision approximately 1 inch</td>
<td>✓</td>
</tr>
<tr>
<td>Laparoscopic Supracervical (LSH)</td>
<td>2–3 weeks</td>
<td>1 day or less</td>
<td>3–5 incisions ½ inch or less</td>
<td>✓</td>
</tr>
<tr>
<td>Total Laparoscopic (TLH)</td>
<td>2–3 weeks</td>
<td>1 day or less</td>
<td>3–5 incisions ½ inch or less</td>
<td>✓</td>
</tr>
<tr>
<td>Laparoscopic assisted Vaginal (LAVH)</td>
<td>4 weeks</td>
<td>1–3 days</td>
<td>3–5 abdominal incisions, ½ inch or less and vaginal incisions</td>
<td>✓</td>
</tr>
<tr>
<td>Vaginal</td>
<td>4 weeks</td>
<td>1–3 days</td>
<td>Vaginal incisions</td>
<td>✓</td>
</tr>
<tr>
<td>Abdominal</td>
<td>6 weeks</td>
<td>5–6 days</td>
<td>1 incision approximately 6–8 inches</td>
<td></td>
</tr>
</tbody>
</table>

### Hysterectomy Procedure Incisions

- **Open**
- **Laparoscopic**
- **LESS**
Important Topics to Consider

Risks & Complications

Before making your decision to have surgery, it is important to understand the risks. There is always a possibility that your laparoscopic hysterectomy may be converted to an open procedure if there are unforeseen complications during your procedure such as difficult anatomy or excessive bleeding.

While major risks are rare, all surgery should be considered carefully. With laparoscopic surgery, as with all surgery, there are the typical risks of reactions to medications or problems resulting from the anesthesia, bleeding, infection, problems breathing, blood clots in the veins or lungs, inadvertent injury to other organs or blood vessels near the uterus, and even death, which is rare. The risk for serious complications depends on the reason the surgery is needed and your medical condition and age, as well as on the experience of the surgeon and anesthesiologist. Ask your doctor what you should expect after surgery, as well as the risks that may occur with surgery.
Alternatives to Hysterectomy

If you determine that you are not ready for surgery, you may have other options. If your periods are very heavy or last a long time, your doctor may prescribe hormone replacement therapy. Medication does not work for all women but is an option for some. Another alternative to surgery is endometrial ablation, which can be performed in the office. Endometrial ablation is a medical procedure that removes the lining of the uterus, called the endometrium. After endometrial ablation, you may no longer have any bleeding, but a percentage of women do continue to experience lighter menstrual cycles.

Know Your Options

Your doctor or surgeon will help you determine what treatment is best for you. Some factors that your doctor will consider before surgery are obesity, history of prior surgery, and any underlying medical conditions. Review a list of suggested questions to help guide you through your discussion with your health care provider.

Ask questions. Seek a second opinion. Make an informed choice.

Not all Gynecologists are trained to perform Laparoscopic Hysterectomy. Talk to a trained expert.
Questions For Your Doctor

- Why do I need a hysterectomy, and how soon do I need it?
- What type of hysterectomy is appropriate for my symptoms?
- Am I a candidate for laparoscopic surgery? If not, why?
- How many laparoscopic hysterectomies do you perform per year?
- Will other organs (cervix, fallopian tubes, ovaries), in addition to my uterus, need to be removed and how will that affect my health after surgery?
- What type of anesthesia is necessary for this surgery?
- What should I do to be prepared for the surgery?
- Will I have pain after surgery?
- Will I have scars, how many and how large will they be?
- How long will I need to stay in the hospital?
- How long is the average recovery time for my type of hysterectomy?
- How soon will I be able to return to work, exercise and sexual activity?
Get Back to Normal Activities Faster

Having a hysterectomy doesn’t have to hold you back. Ask your Gynecologist how a less-invasive procedure called laparoscopic hysterectomy can:

- Shorten your hospital stay
- Speed up your recovery
- Maintain pelvic support
- Reduce pain & scarring

Get Linked in For More Information

- www.herhealth.org
- www.healthywomen.org
- www.womenshealthnetwork.org
- www.obgyn.net
- www.webmd.com
At Olympus we think every woman who faces the decision to have a hysterectomy should be fully aware of her options. We dedicate ourselves to providing physicians with innovative new imaging technologies and medical devices that complement their highly-trained surgical techniques.

Our advanced, minimally-invasive diagnostic and treatment technologies are changing the way surgery is performed. We offer women new, improved hysterectomy options that decrease post-operative discomfort, scarring and recovery time, so they can get back to their normal, healthy lives faster.