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Gynaecological laparotomy

The purpose of this leaflet is to provide the patient with information about the nature, indications, risks and consequences of gynaecological laparotomy.

Laparotomy is the opening of the abdominal cavity for surgery to gain access to abdominal organs.

Indications for laparotomy

- Removal of the uterus (hysterectomy) if, for example, there are large and/or multiple myomas (myomatous uterus)
- Removal of a large myoma (myoma enucleation) with preservation of the uterus
- Large benign tumours (e.g. ovarian cysts)
- Gynaecological malignancies
- Abdominal adhesions due to previous surgery or infection
- Intra-abdominal abscesses
- Need to switch from laparoscopy to laparotomy (e.g. due to complications during surgery: bleeding, injury to adjacent organs)
- Severe intra-abdominal bleeding

Preparation for laparotomy

- You should not eat for 6 hours before the surgery. You can only drink water if necessary. You should not drink anything for 2 hours before the surgery. You should not smoke or chew gum on the day of surgery.
- Prescribed medications can be taken the morning of the surgery with a small sip of water.
- Blood thinners must be temporarily stopped before the surgery (consult your doctor).
- Take a shower in the early morning on the day of the surgery. Do not use body lotion, skin oil, deodorant, or perfume after showering.
- Before the surgery, a urinary catheter may be placed into your bladder.

Surgery

The incision is made either vertically (between the navel and the pubic bone, sometimes above the navel) or transversely (a 15-20 cm incision above the public hair line – the so-called bikini cut). The choice of incision depends on the area that needs to be exposed. In the case of a tumour, the choice depends on the size of the tumour.

The surgery may take one to several hours. The surgery is normally performed under general anaesthesia.

Removed tissues (e.g. cyst, myoma, lymph node) and/or organs (e.g. uterus, ovary, fallopian tube) are sent for histological examination. You will find out the results within 4-6 weeks from your doctor.

Possible complications

As with any surgery, the following may occur during a laparotomy:

- Bleeding during surgery that requires a blood transfusion or blood loss after surgery that requires repeat surgery
- Injury to adjacent organs (bladder, ureter, bowel)
- Surgical site or wound infection that requires antibacterial treatment
- Haematoma (a collection of blood) or seroma (a collection of body fluid) in the wound area, which can cause pain and swelling; risk factors include the use of blood thinners
- Thrombosis (formation of a blood clot within a blood vessel)
- Skin damage due to the use of electrosurgery
- Formation of adhesions in the abdominal cavity, which may lead to complications such as bowel obstruction and pain
- Incisional hernia
- Opening of the surgical wound; risk factors include obesity and diabetes
- In general anaesthesia:
    - Injury to the vocal cords or teeth during insertion or removal of the intubation tube
    - Hypersensitivity reaction to medications
    - Aspiration of stomach contents
    - Postoperative throat discomfort and pain
    - Nerve compression due to immobility
    - Neck and shoulder pain

Postoperative period

- You will wake up from general anaesthesia in the operating room, from where you will be taken to the gynaecology intensive care unit.
- The intensive care unit nurse will monitor your vital signs (blood pressure, heart rate, body temperature, saturation) and give you medications for pain and nausea.
- If you are completely awake and feel good, you will be allowed to drink water after a few hours.
- The urinary catheter will be removed as soon as you are able to move around.
- The IV cannula will stay in place until you no longer need medications.
- Once your condition is stable, you will be taken to your ward.
- In the first days, you must follow the diet prescribed by the doctor.
- The wound dressing is usually removed/changed the day after surgery.
- You may wash the wound with water and take a shower 24 hours after the surgery.
- You will stay in the hospital for 2 to 4 days.

After discharge

- The sutures will be removed 1-2 weeks after the surgery, depending on the type of the incision made (absorbable sutures do not need to be removed).
- It is recommended to have a lighter diet in the first days after the surgery. Fresh vegetables, fruits (especially plums), and whole grain products help with constipation.
- Daily regular exercise reduces the risk of blood clots and helps you return to your normal daily activities and work routine.
- Lifting weights (> 5-6 kg) and vigorous physical activity should be avoided for up to two months during recovery from surgery.
- Recovery from a laparotomy takes about 6 to 8 weeks.
- It is normal to have some brownish vaginal discharge during the recovery process.
- Vaginal intercourse should be avoided until the discharge has stopped. If you had a hysterectomy, intercourse should be avoided for up to two months.
- Taking a bath, going to the sauna, swimming, and using tampons should be avoided for up to two months.
- If you develop heavy bleeding, abdominal pain or a temperature above 38 °C, seek emergency medical care at the Women’s Clinic of East Tallinn Central Hospital (open 24/7).

If you have any problems after surgery that you cannot solve yourself, please call the gynaecologist on duty at East Tallinn Central Hospital on 620 7234

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