

# Laparoscopic resection of Uterine niche

This brochure will tell you more about Laparoscopic resection of Uterine niche (laparoscopy) and your admission to ward H5-South. This procedure is currently only performed as part of a study, i.e., if you qualify for one of the current studies.

## Introduction

You will soon be admitted to the AMC in the Gynecology department. (H5-South) for Laparoscopic resection of Uterine niche. In this brochure, you will find information about this operation. The brochure is intended to supplement the oral information of your practitioner. If you have any questions, please feel free to contact the outpatient clinic nurses or the nursing department. We wish you good luck and a speedy recovery.

## What is a Laparoscopic resection of Uterine niche?

Laparoscopic resection of Uterine niche is a surgery (laparoscopy) performed on patients with a niche. A niche is a recess in the uterus created after a previous cesarean section. The operation aims to repair the uterus by removing the niche. At the same time, a camera is used to look into the uterus (hysteroscopy) to determine the niche's exact location. You must, therefore, not be pregnant when this procedure is performed. In addition, the uterus must recover after this procedure for 6 months before a new pregnancy may occur.

In most cases (if the operation is technically successful), the niche can be reduced. This will be examined 3 months after surgery utilizing an ultrasound scan at the outpatient clinic. For keyhole surgery, 4 small incisions are made in the abdomen. The operation takes approximately 2-3 hours.

## Preparation for the outpatient clinic

Before surgery, you will visit the AMC outpatient clinic at least once more for;

- An intake interview with the doctor and nurse at the outpatient clinic;
- Possibly, a blood test;
- Appointment at the polyclinic for anesthesiology

## **Anesthesiology Outpatient Clinic**

You will get an appointment with the anesthesiologist to discuss the anesthesia during surgery. The anesthesiologist is a specialist in the field of anesthesia and pain management. The anesthesiologist will ask you questions about your health now, about diseases you have had, about medications you use, and about allergies and drug sensitivity. The anesthesiologist will also ask whether you have had surgery before and your experiences with previous anesthetics. Your blood pressure will be measured, and sometimes an additional examination will be requested.

## **Multidisciplinary consultation**

We discuss biweekly within our team who will be operated on and what the best treatment is. We will also do this for you. Sometimes we also discuss the results of tests. You will be called about 1 to 2 weeks before your surgery about the surgery date and when you will be admitted.

## **Planning**

Approximately 1-2 weeks before the scheduled admission, you will receive a telephone call about this.

## **Preparations for the nursing ward**

You will be admitted to the nursing ward H5-South the day before surgery or the day of surgery. You can usually go home the day after surgery. The total duration of hospitalization is 1-2 days on average.

## **Interviews and examinations on the day of admission**

Several conversations take place on the day of admission.

The nurse will conduct an intake interview, in which she will ask about your medication use, among other things. It is important that you bring all your medications in the original packaging(s) when you are admitted. You will also be asked to make arrangements to take your own medication. In addition, you will be asked about any allergies, your general state of health and your home situation. The name and telephone number of your contact person will also be recorded. This is the person who will be called after surgery to confirm that the operation is over. You can name your partner, family member or close friend as your contact person. A medical assistant will go over a medical questionnaire with you and take blood. The gynecologist and/or resident will visit you to discuss the operation with you once more. In addition, you may have another internal gynecological examination.

## **Evening before the operation**

The evening before the operation, you may eat whatever you want until midnight.

On the day of surgery, you may not eat or drink anything for the last 6 hours before surgery.

Up to 6 hours before the operation, you may eat something light like a biscuit or crackers.

Up to 2 hours before the operation, you may drink clear liquids.

Keep in mind that the operating schedule may change, so you may have to come earlier.

## **The operation**

### **Before the operation**

- The nurse will provide you with surgical clothing. Jewelry, piercings, make-up, and headgear should be removed. If you have glasses, contact lenses, or dentures, they must be removed before going to the operating room.
- In preparation for the anesthetic, you will be given medication for the operation. The anesthesiologist will determine these drugs, which include painkillers and/or tablets for relaxation/rest.
- The nurse will take you and your bed to the waiting area of the operating room, the recovery room. A specialist nurse will take over your care here temporarily.
- You will be picked up from the recovery room by the anesthetist and their assistant. Then, a team of doctors and operating assistants are ready to take you into surgery.

### **During the operation**

- In the operating room, the latest safety procedures are checked. You will be asked for your name, date of birth, what you are allergic to, when you last ate, and finally, your wristband will be checked. Your surgery will also be confirmed.
- In the operating room, you will be given an IV to administer fluids and medication.
- During surgery, you will receive an epidural or general anesthesia. If you receive anesthesia, you will be unconscious and connected to a monitor that checks vital signs. A breathing tube will also be inserted into your throat for ventilation during surgery. As a result, you may have discomfort in your throat for several days. An epidural does not require a tube to be inserted into the throat.

### **After the operation**

- After surgery, you will be taken back to the recovery room. Here you will stay some time for observation. You will be connected to monitoring equipment. If necessary, you will receive extra oxygen through a tube in your nose. In addition, a catheter is inserted into the bladder that provides for the drainage of urine. A specialized nurse takes care of you here.
- The recovery nurse will contact the first contact person to inform that person that the operation is finished. There will be no substantive information told.
- As soon as your physical condition permits, you will be returned to H5-South.
- The catheter can be removed 6 hours after surgery in most cases.
- You may usually eat immediately after surgery.

## **First day after operation and discharge from hospital**

In principle, it is possible to go home the first day after surgery. The IV will be removed. After surgery, it is important to start mobilizing as soon as possible. The nurse will instruct you in this.

### **Discharge**

Upon discharge, you will have a discharge interview with the ward physician. You will be given a letter for your General Practitioner and any prescription(s) for medication. In addition, the doctor and nurse will provide you with instructions on living and when you should contact the hospital.

## **Recovery**

Recovery from surgery may take 4-6 weeks.

For the first six weeks, the following rules of life apply no heavy lifting, no swimming or bathing, no using tampons, and no sexual intercourse.

As long as you are not in good condition and cannot lift heavy objects, household help may be desirable. If you do not have a partner or adult children living at home, you can apply for this before your operation at the Social Support Act desk. However, this does involve a personal payment. Of course, you can also arrange for domestic help yourself.

## **Aftercare**

You will have a phone appointment with the gynecologist who operated on you 6 weeks after surgery. Furthermore, you will have a check-up ultrasound at the outpatient clinic 3 months after surgery. If there are any complaints, you can always contact us earlier.