

Laprosopic Uterus Removal (LAVH) is a surgery which involves using Laprosopic surgical technique and instruments to remove the uterus and ovaries and tubes if indicated. This surgery is routinely performed by Dr Kamna Nagpal in this hospital.

Ques: What are the advantages of LAVH over open surgery?

Ans: The advantages of LAVH over open surgery are : 1) there are small abdominal incisions which heal with a minimal scar, 2) decreased post operative pain, 3)shortened hospital stay and 4)quicker post operative recovery to normal activity .

Ques : Can all patients have LAVH?

Ans: Despite the advantages not all patients are suitable for LAVH. It is contraindicated in patients with a very large uterus, suspicion of malignancy, previous surgeries, difficult access of uterus as in endometriosis, restricted mobility of uterus and tight vaginal access.

Ques: What are the pre-op requisites for LAVH ?

Ans : A pre-op medical evaluation by Doctor and blood /urine /Xray tests are done to evaluate the fitness of a patient for surgery. If a person has asthma /diabetes/hypertension or any other medical problem it will need to be controlled prior to surgery.

Ques: what is the anesthesia administered during this surgery?

Ans: A team of anesthetists will decide which anesthesia is safest to give the patient whether it is regional or general anesthesia.

Ques: What should the patient expect post op?

Ans : Being a major surgery some amount of pain and nausea will be there immediately post operatively which are managed with medicines. Usually oral fluids are started within a few hours after at the discretion of the doctor. I/V fluids are stopped generally at 24 hours and catheter. is removed after 48 hours. Patient is generally discharged on 3rd of the surgery.

Ques: Are there some additional procedures which may be necessary during /after surgery?

Ans: Sometimes if there is excessive bleeding intra-op then blood transfusion is needed intra-op or post operatively. Occasionally the LAVH needs to be converted to open surgery in case of uncontrollable bleeding, repair of injured internal organ or technical difficulty to access the uterus. It is important to remember that extra procedures during the course of your surgery will only be done if it is necessary if it is life threatening or technically necessary. It should not be taken as a complication but in the best interest of the patient at the discretion of the doctor who is acting in your best interest.

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