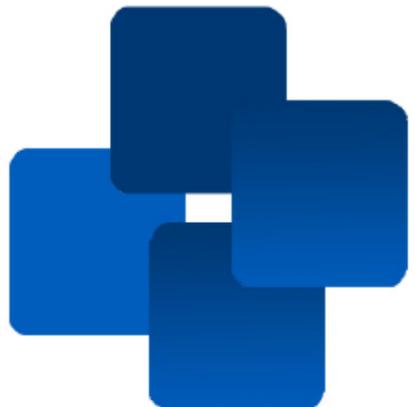


# Patient Information

## Laparoscopy

Women's Services



## **What is laparoscopy?**

Laparoscopy is a type of surgical procedure that allows a surgeon to access the inside of the abdomen (tummy) and pelvis without having to make large incisions in the skin. This procedure is also known as keyhole surgery or minimally invasive surgery.

## **Diagnostic laparoscopy**

Diagnostic laparoscopy is usually performed to investigate the cause of abdominal or pelvic pain. We would expect to find a gynaecological reason for the pain in approximately two thirds of cases. The surgery is usually performed as a day case in the day procedure unit but sometimes more urgently in the hospital.

## **What is involved in diagnostic laparoscopy?**

Laparoscopy is carried out under general anaesthetic, so you'll be asleep and won't feel any pain during the procedure.

A small incision is made at the umbilicus (navel) and a slim telescope is inserted into the abdomen so that the uterus (womb), ovaries and fallopian tubes can be clearly visualised. A small probe is usually inserted through a second, smaller, abdominal incision and this allows a more careful inspection of the pelvic organs.

Being able to manipulate the womb from side to side also enhances the view of the pelvic organs. This is achieved by placing a probe into the cavity of the womb. The probe is then attached to the cervix (neck of the womb) and manipulated from below.

## **What is operative laparoscopy?**

A diagnostic laparoscopy may have been performed previously to determine the cause of your symptoms. An operative laparoscopy is a procedure that looks to diagnose conditions and may go on to do some further operative surgical treatment.

**Types of operative laparoscopy carried out in the main hospital include:**

- Diagnosis and treatment of ectopic pregnancy

**Types of operative laparoscopy carried out in the Day Unit include:**

- Cutting away of small ovarian cysts or aspiration (removal by suction) of fluid from them.
- Treatment by diathermy or cutting away of lesions on the pelvic organs caused by endometriosis.
- Treatment for polycystic ovary disease by diathermy to the ovaries (ovarian drilling).
- Adhesiolysis - the breaking down or separation of adhesions (scar tissue) caused by previous infection or endometriosis. Anti-adhesion fluid may also be put into the pelvic area at the end of the procedure. This may leak through the wound and is nothing to worry about.

## Are there any significant risks?

This procedure is safe but there are some risks associated with all operations. These include:

- **Wound infection** - Signs include redness, swelling and maybe a discharge from the wound and/ or a raised temperature. This can be treated with antibiotics by your GP.
- **Bleeding** - If you experience heavy bleeding that cannot be stopped with firm pressure over the wound for 15 minutes, you should contact your local Accident and Emergency Department.
- **Shoulder tip pain** - This will decrease within 48 hours of surgery. Some women may need painkillers for this.
- **Extra peritonisation of gas** - The carbon dioxide gas used to inflate the abdomen may get trapped below the skin which would make it difficult to complete the intended procedure.

### Risks specific to laparoscopy include:

- 1 in 1000 risk of bowel, bladder, uterus or major blood vessel injury during the operation, which may need further surgery to repair. To prevent the risk of infection and in the unlikely event that such damage should occur, patients undergoing operative laparoscopy may be asked to do pre-operative bowel preparation. This will be discussed with you at your pre-admission assessment with the nurse (see separate instructions).
- Failure to gain entry in the abdominal cavity and complete the intended procedure.
- 3 to 8 in every 100,000 patients undergoing laparoscopy can die as a result of complication.

## What are the benefits?

- Operative laparoscopy allows treatment of conditions, which may have been giving you symptoms including pain, menstrual problems and problems conceiving.
- Recovery following keyhole surgery is faster compared to conventional abdominal surgeries.
- The skin incision will be closed by dissolvable stitches, which do not need to be removed.
- You may bathe or shower as usual following the operation and you will be able to remove any dressings in a couple of days.

## What preparation do I need to do?

You may if you wish to, shave the top two inches of the pubic hair on your abdomen - this may be the area of the second small “cut” and then the small plasters used after cause less discomfort.

**Important** – it is essential that you are not pregnant. The nurses may carry out a pregnancy test if it is longer than 28 days since your last period or if there is any doubt at all. When you come into hospital please ensure you can tell us the date of your last period.

## What should I do afterwards?

- You may eat and drink normally when you go home. Avoid alcohol for 24 hours because of the anaesthetic.
- Aim to rest for the next day or two to ensure full recovery from surgery and the anaesthetic. Most people would need a week or two off work after laparoscopy so please have this in mind when planning your weeks ahead, i.e. childcare arrangements, domestic chores etc.
- You may have a bloodstained vaginal discharge for a day or more. **Do not** use tampons - sanitary pads are preferable due to the small risk of infection. If the discharge continues after a week, becomes heavy with large clots and/or offensive smelling, please see your GP.
- Avoid sexual intercourse until you are comfortable and any bleeding has settled.
- You may feel bloated after the operation because of the gas used to inflate your abdomen. Any remaining gas will be absorbed over the next few days. Sometimes you may experience discomfort or “pressure” in your abdomen and pain in your shoulders. These are both quite normal side effects of the gas.

## **Any further questions?**

If you have any questions or concerns regarding your condition or treatment, please contact the Gynaecology Ward (contact details overleaf) or your GP.

**Please use this space to write down any questions you may like to ask:**

## Useful contact telephone numbers

Gynaecology Ward 10AN, Lister Hospital

☎ 01438 286193

## Additional information

NHS Choices - [www.nhs.uk/Conditions/Laparoscopy](http://www.nhs.uk/Conditions/Laparoscopy)

Royal College of Obstetricians & Gynaecologists - [www.rcog.org.uk](http://www.rcog.org.uk)

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