

Laparoscopy

Department of Gynaecology

What is a laparoscopy?

A laparoscopy is an operation performed under general anaesthetic to help your gynaecologist make a diagnosis by looking into your pelvis/tummy with a telescope. It is a common surgical procedure and may be used to cure or alleviate a number of gynaecological complaints.

Why do I need a laparoscopy?

A laparoscopy may be done to find the cause of symptoms such as abdominal pain, pelvic pain, or swelling of the abdomen or pelvis. Or, it may be done to treat an already identified problem. Some common conditions which can be seen by laparoscopy include:

- **Endometriosis:** The endometrium is the lining of the uterus. Endometriosis occurs when the cells are found outside the uterus often on the fallopian tubes, ovaries and other surrounding organs in the body, such as the bladder or bowel.
- **Ovarian Cyst:** An ovarian cyst is a fluid filled sac which develops in an ovary. Most ovarian cysts non-cancerous and some can cause problems such as pain and irregular bleeding.
- **Ectopic Pregnancy:** An ectopic pregnancy is where the pregnancy occurs outside the uterus usually in the fallopian tube. The tube may need to be removed.
- **Pelvic Inflammatory disease:** Pelvic inflammatory disease (PID) is an infection of the womb and/or fallopian tubes.
- **Adhesions:** Adhesions are areas of 'scar tissue' which form when pelvic or other internal organs stick together which can happen after surgery or inflammation.
- **Fertility investigations:** Dye test to check tubal patency.

What are the types of laparoscopy?

There are two different types of laparoscopy:

- 1 Diagnostic Laparoscopy - to find the cause
- 2 Operative Laparoscopy where simple or complex procedures are performed.

These may involve the following procedures:

- Bilateral and salpingo-oophorectomy (BSO). This is the removal of one or both of your ovaries and fallopian tubes
- treatment of endometriosis
- ovarian cystectomy (removal of an ovarian cyst)
- treatment of an ectopic pregnancy
- dye test (to check tubal patency for fertility investigations)
- sterilisation
- division of adhesions (scar tissue).

What can I expect before the operation?

At your pre-op assessment and on your admission day the nurse will go through your hospital stay and explain your operation. Please do let us know about any concerns you have or if there is any information you think we should know about that will make your stay with us more comfortable.

You will need to make arrangements for your family, children or any other commitments that you have prior to coming in to hospital and to cover the length of your recovery. You will see an anaesthetist and the doctor performing the surgery before you go to theatre. It is not unusual to feel anxious; the nursing staff will gladly discuss how you are feeling and talk you through your emotions.

You can have clear fluids two hours prior to your admission.

What does the operation involve?

A laparoscopy may also be referred to as keyhole surgery as it is performed through small incisions made in the abdomen and tummy button. Special surgical instruments are inserted through the incisions, and the operation is carried out with the aid of an internal telescope and camera system. You will have between two and four small scars on different parts of your abdomen. Each scar will be between 0.5 cm and 1 cm long.

What are the risks?

There are risks with any operation but these are small. The main risks associated with a laparoscopy are:

Common risks:

- Postoperative pain including abdominal and shoulder tip pain
- urinary infection, retention and/or frequency
- wound infection, bruising and delayed wound healing.

Uncommon risks:

- Damage to blood vessels
- damage to the bladder
- damage to the bowel
- pelvic abscess or infection
- venous thrombosis and pulmonary embolism (a blood clot in your leg or lung)
- failure to gain entry to abdominal cavity and to complete procedure
- hernia at site of entry
- haemorrhage requiring blood transfusion
- return to theatre i.e. because of bleeding
- unexpected laparotomy (abdominal incision).

In order for you to make an informed choice about your surgery please ask one of the doctors or nurses if you have any questions about the operation before signing the consent form.

What can I expect after the operation?

As you come round from the anaesthetic you may experience episodes of pain and/or nausea. Please let the nursing staff know and they will assess you and take appropriate action. We will use a pain score to assess your pain 0-10; 0 = No Pain, 10 = Very Strong Pain.

Your nurse will also check your blood pressure, pulse, breathing and temperature and monitor the laparoscopic ports and any vaginal bleeding.

You may have a drip attached (intravenous infusion); once you are fully awake you will be able to start drinking and eating. Your drip will then be discontinued. You can expect pain and discomfort in your lower abdomen for the first few days after the operation. You may also experience shoulder tip pain from the gas and water that is used through the telescope which may get trapped under your rib cage, this is common with laparoscopic surgery. You will be given pain killers to alleviate this.

You will have 2-4 small dressings on the cuts in your abdomen. You may experience trapped wind which can cause discomfort, peppermint water and getting up and walking around will help this.

What about going home?

A diagnostic laparoscopy is usually a day case procedure and you should be able to go home within 3-4 hours. Before you go home you need to have had something to eat and have passed urine. When you go home, make sure you are not alone and someone can stay with you overnight.

If you have had a simple procedure as part of an operative laparoscopy, you should be able to go home on the same day or you may be asked to stay in hospital overnight.

The anaesthetic is short-lasting. You should not have, or suffer from, any after-effects for more than a day after your laparoscopy. During the first 24 hours you may feel more sleepy than usual and your

judgement may be impaired. You should avoid drinking any alcohol during this time as it will affect you more than normal. You should have an adult with you during this time and should not drive or make any important decisions.

Please feel free to ask questions about your operation and recovery at any time.

To ensure you have a good recovery you should take note of the following:

Tiredness:

You may feel much more tired than usual after your operation as your body is using a lot of energy to heal itself. You may need to take a nap for the first few days. Very often feeling tired is the last symptom to improve. Avoid crossing your legs when you are lying down.

Vaginal bleeding:

You can expect to have some vaginal discharge/bleeding for 24-48 hours after surgery. Sanitary towels should be used not tampons to reduce the risk of infection.

Stitches:

Your cut will initially be covered with a dressing that will need to be removed in 48 hours. Your cut will be closed by stitches which are usually dissolvable. If after 7 days you notice the stitches have not dissolved then they will need to be removed. This is normally done by your practice nurse and you will need to make an appointment. We advise that you shower daily and keep the wound clean and dry. There is no need to cover the wound with a dressing.

Exercise:

The day after your operation you should be able to go for a short 10 to 15 minute walk in the morning and the afternoon. You should be able to increase your activity levels quite rapidly over the first week. Most women should be able to walk slowly and steadily for 30 to 60 minutes by the middle of the first week and will be back to their previous activity levels by the second week.

If you have had other procedures with the laparoscopy you may need to avoid contact/power sports for a few more weeks.

Preventing DVT:

There is a small risk of blood clots forming in your legs (DVT) after any operation. These clots can travel to your lungs (pulmonary embolism) which can be serious. Reduce these risks by:

- Being mobile
- Leg exercises
- Blood thinning injections
- Compression stockings

This will be discussed with you prior to leaving the hospital.

Diet:

A well balanced nutritious diet with a high fibre content is essential to avoid constipation. Your bowels may take some time to return to normal after your operation and you may need to take laxatives. You should include at least 5 portions of fruit and vegetables per day. You should aim to drink at least 2 litres of water per day.

Sex:

It is safe to have sex when you feel ready. You may experience dryness which is common if you have had your ovaries removed at the time of the laparoscopy. You may wish to try a vaginal lubricant from your local pharmacy. If after this time you are experiencing pain or any problems with intercourse then you should see your GP.

Returning to work:

Depending on the surgery you will need 1-3 weeks off work. Most women are able to return to work after 1. If you have a procedure as part of an operative laparoscopy, such as removal of an ovarian cyst, you may need 2 to 3 weeks off after your operation please discuss this with the doctor or nurse. The hospital doctor will provide a sick certificate for this period.

Driving:

It is usually safe to drive after 24 hours but this will depend on your level of concentration and ability to perform an emergency stop. Each insurance company will have their own conditions for when you are insured to start.

Are there any alternatives to having a laparoscopy?

You may decide not to have surgery and want to try alternative methods of improving you symptoms such as;

- Hormone preparations such as an intrauterine system.
- Other pharmacological therapies.

These can be discussed with your doctor.

Who can I contact with any concerns or questions?

If you have any problems or are worried, please do not hesitate to contact us on the gynaecology ward:

Royal Sussex County Hospital

Level 11 Telephone **01273 523191**

Princess Royal Hospital

Horsted Keynes Telephone **01444 441881 Ext. 5686**

This information sheet has been produced by the Gynaecology Ward Sister Hannah Tompsett and Samantha Backley.

References/useful links

- 1 Patient UK. (2010). Information Leaflets: Women's Health Category: Laparoscopy & Laparoscopic Surgery (www.patient.co.uk).
- 2 Royal College of Obstetricians and Gynaecologists. (December 2008). Diagnostic Laparoscopy. Consent Advice No. 2. London : RCOG.
- 3 Royal College of Obstetricians and Gynaecologists (2015). Recovering Well: information for you after a laparoscopy. London: RCOG.

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