

Having a Laparoscopy

What is Laparoscopy?

Laparoscopy is an operation in which a telescope is inserted through the umbilicus (belly button) to inspect the pelvic organs i.e. uterus (womb), Fallopian tubes and ovaries. Diagnostic laparoscopy is used to try and find a cause for symptoms. Laparoscopy may also be therapeutic, when treatment is performed.

Who might benefit from laparoscopy?

Laparoscopy is useful in evaluating pelvic pain, painful periods, painful intercourse and infertility.

How is laparoscopy performed?

- General anaesthetic is administered.
- Your bladder is emptied with a catheter.
- An instrument is introduced through your cervix into your womb so that it can be moved as required to help visualise the pelvic organs.
- A small cut is made inside the umbilicus.
- A needle is introduced via the incision into the abdominal cavity, which fills the abdomen with gas (carbon dioxide). This allows the pelvic organs to be seen more clearly.
- The telescope (laparoscope) is inserted. Several other small incisions may be made to introduce other necessary instruments into the abdominal cavity.

Which other procedures may be performed during laparoscopy?

- **Treatment of endometriosis** – Endometriosis occurs when tissue which resembles the lining of the womb is found in other places e.g. in the pelvis. It may cause painful periods, the pain often starting before the period. Endometriotic deposits have a typical appearance and they may be removed at laparoscopy using either heat (cautery) or by cutting them out (excision).
- **Dye test** – this is used for women who are trying to conceive. Blue dye (which is harmless to you) is introduced into the womb. The dye should travel up the tubes and spill out of the ends into the pelvic cavity.
- **Adhesiolysis** – Adhesions may be caused by previous surgery or infections. Bands of fibrous scar tissue 'stick' organs together and may cause pain. If adhesions are not too extensive they may be divided. If adhesions are complicated or extensive, you may need a larger open operation at a later date.
- **Removal / aspiration of ovarian cysts, removal of ovaries and Fallopian tubes.** Ovarian cysts may be removed or aspirated (drained) using laparoscopy. It is also possible to remove the ovaries and Fallopian tubes.
- **Sterilisation** – see separate female sterilisation leaflet.
- **Hysterectomy** – see separate leaflet.

Is it a safe procedure?

Laparoscopy is a relatively safe procedure. However, it does carry some risks. The overall risk of serious complications is 1 in 500. Your risk will be higher if you are obese, have had previous abdominal surgery or have pre-existing medical problems. Possible risks include:

- **Risks from anaesthesia**
Your anaesthetist will answer any questions you may have before the operation.
- **Injury to bowel/bladder/major blood vessels.** These may occur during entry into the abdominal cavity with any of the instruments used to inflate the tummy with gas or occur during the procedure. These are serious injuries and often require an open operation 'laparotomy' (i.e. a larger incision will be made on your abdomen) to repair any damage caused. You may need to have a blood transfusion if a blood vessel is damaged. Your hospital stay will be prolonged by several days if these complications occur.
- **Infection**
Serious infections of the pelvis are very rare. Minor infections of the wound sites or bladder may occur and usually respond to a course of antibiotics that you can obtain from your GP.
- **Failure to gain entry into the abdominal cavity**
When this happens, you may be offered a repeat attempt at laparoscopy or an open operation at a later stage.
- **Uterine perforation**
This could happen with the instrument used to move the uterus. Most small holes in the uterus heal by themselves but you may need to be monitored overnight.
- **Unable to identify the cause of your symptoms**
Frequently, nothing is found at your laparoscopy to account for your symptoms.
- **Bruising**

This should settle after about a week

- **Shoulder tip pain**

This is fairly common and results from the gas introduced into the abdomen. The gas may irritate a nerve under the diaphragm, which also supplies the shoulder.

Are there alternative diagnostic or treatment options?

- **Pelvic ultrasound**

This may be helpful in diagnosing some causes of pelvic pain e.g. ovarian cysts and in some cases of endometriosis.

- **Hysterosalpingogram**

This is a test to check for blockage of the Fallopian tubes and is performed in the x-ray department. Dye (which shows up on x-rays) is injected into the womb and x-rays are taken to see if it has spilled out of the tubes. A laparoscopy and dye has the advantage of checking for endometriosis and is therefore often preferred when a woman has painful periods or intercourse.

- **No treatment**

Your gynaecologist will take into account your symptoms, and examination and the results of any tests when considering a laparoscopy. As the procedure is not without risks the patient and doctor have to decide together whether the symptoms warrant a laparoscopy.

What type of anaesthetic is used?

Laparoscopy is performed under a general anaesthetic i.e. you will be asleep. You will be seen by the anaesthetist before your operation and will have the opportunity to ask questions. You must not eat or drink anything for a minimum of four hours before a general anaesthetic. If your operation is in the morning you should not eat or drink anything from midnight. If your procedure is scheduled for the afternoon you may have an early, light breakfast but nothing after 8am.

When will I go home after the operation?

If you have a laparoscopy as a Day case patient, you will be allowed to go home a few hours after the procedure if there are no complications. You should have emptied your bladder and not be in severe pain or actively bleeding. Patients should not drive for 48 hours after the procedure so private transport home with a companion must be arranged.

When can I go back to work?

People vary in how quickly they recover after surgery. Depending on your job you may be able to return to work 1 – 3 weeks after the operation, as long as you feel well.

When can I have sexual intercourse?

Once the vaginal bleeding has stopped.

What about the stitches?

Small plasters will be covering your incisions when you wake up. Although the stitches always dissolve, they may remain in place for weeks. Usually they are dissolvable stitches. Your surgeon will advise you of removal of stitches if they are non absorbable.

Showers are preferable to baths and dry plasters should cover your wounds for three days, so try not to get them wet. After two days the wounds should be left uncovered and kept clean and dry.

When should I seek urgent medical advice after laparoscopy?

If you experience increasing abdominal pain, distension, high temperature (fever), loss of appetite, nausea or vomiting, this may be caused by damage to your bowel or bladder.

If you develop a painful, swollen leg, shortness of breath, chest pain or start coughing up blood, this may be a sign of a clot in the leg or lung. In such cases you will need to be admitted to the hospital urgently.

www.rcog.org.uk/information-for-you-after-a-laparoscopy

Modified by Mr Elias kovoov from Darent Valley hospital leaflet- 2023