



THE GYNAECOLOGY GROUP

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PATIENT LEAFLET - GYNAECOLOGICAL LAPAROSCOPY

MORE INFORMATION CAN BE FOUND AT WWW.THEGYNAECOLOGYGROUP.CO.UK

WHAT IS A GYNAECOLOGICAL LAPAROSCOPY?

A laparoscopy is a procedure used to look inside your abdomen (tummy) and examine your fallopian tubes, ovaries and womb.

A medical 'telescope' with a camera attached, called a laparoscope, is put into your abdomen through a small cut in your tummy button (umbilicus). The pictures from the camera are sent to a television screen and magnified, so that we can clearly see the organs inside your abdomen. Gynaecological laparoscopy can be used either to diagnose a condition or to treat a condition.

Gynaecological laparoscopy is used in many situations:

- diagnose and treat endometriosis
- diagnose and treat causes of pelvic pain
- diagnose causes of infertility i.e blocked fallopian tubes
- treat polycystic ovaries
- diagnose and remove scar tissue (adhesions)
- treat an ectopic pregnancy
- carry out female sterilisation
- remove an ovarian cyst
- remove your womb or ovaries (hysterectomy)
- treat fibroids - non-cancerous growths on or inside your womb
- remove lymph nodes for cancer treatment

WHAT ARE THE ALTERNATIVES?

Depending on your symptoms and circumstances, there may be other investigations or treatments available. Ultrasound can also be used to diagnose some of these conditions such as fibroids and ovarian cysts. It does not treat these conditions and cannot 'diagnose' endometriosis.

If you need to have treatment, you may be offered a different type of surgery. For example by making a cut in the top of your vagina (vaginal hysterectomy) or an 'open' operation via a larger incision in your abdomen i.e abdominal hysterectomy.

We will explain the different options to you and discuss which option is best for you.

PREPARING FOR A LAPAROSCOPY

We will explain how to prepare for your procedure. For example, if you smoke it is best if you can stop, as smoking increases your risk of getting a chest infection or wound infection and slows your recovery.

If you're having a laparoscopy to diagnose a condition, you will usually have it done as a day-case procedure. This means you have the procedure and go home the same day. If you need to have a laparoscopy to treat a condition, you may need to stay overnight.

Laparoscopy is done under general anaesthesia (i.e asleep during the procedure). You will be asked to follow fasting instructions. This means not eating or drinking, typically for about six hours beforehand. We will clarify this for you at the preadmission clinic.

At the hospital, your nurse will do some tests such as checking your heart rate and blood pressure, and testing your urine. On the day of the operation we will discuss with you what will happen before, during and after your

procedure. It can be helpful to make a list of questions before you come in for us to answer. All patients are then asked to sign a consent form.

If you're having a laparoscopy to diagnose your condition or because you have abdominal pain, we may go on to treat your condition during the procedure with your consent. We will discuss with you about any possible treatment before your operation.

You may be asked to wear compression stockings to help prevent blood clots forming in the veins in your legs. You may need to have an injection of an anticlotting medicine called heparin as well as, or instead of, wearing compression stockings.

WHAT HAPPENS DURING A LAPAROSCOPY?

The procedure can take 20 minutes or more, depending on what type of examination or treatment you need. A small incision is made inside your tummy button. Carbon dioxide gas is then put into your abdomen to allow us to see all the relevant organs. Depending on what further surgery is required one, two or three small incisions are made to allow us to complete the procedure. These are in the lower part of the abdomen and are generally less than 1cm long.

If we are investigating causes of infertility, a blue dye can be injected through your cervix and into your womb and your fallopian tubes. This shows whether your fallopian tubes are blocked.

At the end of the procedure, the instruments are removed. The carbon dioxide the gas is also removed. The incisions are then closed with dissolvable stitches or surgical skin adhesive.

WHAT TO EXPECT AFTERWARDS

You will need to rest until the effects of the anaesthetic have passed. You may need pain relief to help with any discomfort as the anaesthetic wears off.

You will usually be able to go home when you feel ready. You will need to arrange for someone to drive you home. You should try to have a friend or relative stay with you for the first 24 hours after your laparoscopy. Your nurse will give you some advice about caring for your wounds, hygiene and bathing before you go home. You may be given a date for a follow-up appointment.

Generally skin stitches can take up to 4 weeks to dissolve. If they cause skin irritation, then your GP can remove them. Surgical skin adhesive does not need to be removed and will naturally come away over a couple of weeks or so.

RECOVERING FROM A LAPAROSCOPY

If you need pain relief, you can take over-the-counter painkillers such as paracetamol or ibuprofen. Always read the patient information that comes with your medicine and if you have any questions, ask your pharmacist for advice.

General anaesthesia temporarily affects your co-ordination and reasoning skills, so you must not drive, drink alcohol, operate machinery or sign legal documents for 48 hours afterwards. If you're in any doubt about driving, contact your motor insurer so that you're aware of their recommendations.

If you have a laparoscopy to diagnose a condition you will need to rest and take it easy a few days. If you have had a more extensive laparoscopy, your recovery generally take longer. It usually takes about one to four weeks to make a full recovery from a laparoscopy, but this varies between individuals and procedures.

WHAT ARE THE RISKS?

Gynaecological laparoscopy is commonly performed and generally safe. However, you do need to be aware of the possible risk of complications.

Minor but more frequent risks include: bruising; shoulder-tip pain; wound gaping; wound infection.

Serious but rare risks include: damage to bowel, bladder or major blood vessels (*This would require immediate repair by laparoscopy or laparotomy (<1 per 1000). However, up to 15% of bowel injuries might not be diagnosed at the time of laparoscopy*); hernia at incision site; DVT/PE (clots in legs/lungs).