
LAPAROSCOPY INFORMATION LEAFLET

What Is Laparoscopy?

Under general anaesthetic, a small telescope (laparoscope) is passing through a cut in your belly button into your abdomen to look at organs inside the pelvis and abdomen.

The abdominal cavity is inflated with carbon dioxide gas. This allows the laparoscope to be inserted safely by separating the bowel from the abdominal wall. It is used to find the cause of problems such as pelvic pain, painful periods, infertility, and painful sex.

Minor problems may be treated during your laparoscopy.

Laparoscopy: Why Do I Need One?

The uterus (womb), the fallopian tubes, the ovaries, and the pelvic wall are examined during a laparoscopy.

For a variety of different conditions, it is used to investigate and plan treatment.

Among the possibilities are:

- Endometriosis – where tissue similar to the lining of the womb starts to grow in other places, such as the ovaries and fallopian tubes.
- Pelvic inflammatory disease – an infection of the genital tract, including the womb, fallopian tubes and ovaries which may result in abscess formation.
- Ovarian cyst - a fluid-filled sac that develops on an ovary.
- Adhesions – scar tissue.
- Fertility investigation- A laparoscopy and dye test is an operation using keyhole surgery to look at your abdominal and pelvic organs, particularly your fallopian tubes. It is used to help find out why you are having difficulty becoming pregnant.
- Find the cause of your symptoms and plan treatment if needed.

In comparison with an open operation (laparotomy), the operating and recovery times are shorter.

Laparoscopy Risks: What Are They?

Risks are always possible with any operation, but they rarely occur.

Some will occur during the operation and others may not happen until you have gone home.

About two women in 1,000 are at risk of serious complications from diagnostic laparoscopy.

In obese women, women who have previously undergone surgery, or women with pre-existing medical conditions, the risk of serious or frequent complications may be increased.

It is possible that the bowel, bladder, ureters, uterus or major blood vessels could be damaged during the operation. In these circumstances we would repair any damage. Often, this involves a bigger wound to the abdomen and a longer hospital stay. A small chance of bowel injury only becoming apparent after discharge from hospital.

Sometimes, especially if you have had previous abdominal operations, it may be safer to place the camera through a small cut on the left upper part of your abdomen (as opposed to through your belly button) to reduce the risk of complications. We will discuss this with you prior to the laparoscopy if that is the case.

The wound may become infected. It is important to report any inflammation or discharge at the wound site.

Following the procedure, you will be encouraged to move about as soon as possible to prevent blood clots from developing in your legs or lungs.

It is unlikely that you will lose much blood during the operation but if you do it may be necessary to give you a blood transfusion.

There is a risk that we are not able to enter the abdominal cavity, or we are unable to complete the intended operation.

The laparoscopy may not identify any cause for your symptoms.

Fasting Or 'Nil-By-Mouth' Instructions:

Fasting means you cannot have anything to eat or drink (except still water) for the 6 hours prior to your operation. This means you cannot suck on sweets or chew chewing gum. You are allowed to drink clear water up to 2 hours before your operation.

If you continue to eat or drink after this, your surgery will be cancelled.



For morning surgery, do not eat after midnight, the night before. You may drink water until 06:30am.

For afternoon surgery, you can have a light breakfast, tea/coffee with toast/cereal before 07:00am. You may drink water until 11:30am.

If you are taking any medicines, you should take your usual dose before 6:00am with a sip of water, unless advised not to, at your pre op appointment.

How Long Will I Have To Stay In Hospital?

Most Women have the procedure and go home the same day.

Patients may stay in overnight if they feel unwell or if they are experiencing side effects from anaesthetic.

It is more likely that you will stay overnight if the procedure is performed late afternoon or early evening.

How Will I Feel After A Laparoscopy?

The procedure may cause abdominal bloating, cramping, and pain in the ribs or shoulders due to gas being injected into your abdomen. Over the next few days, this should ease off. In case of pain, you can take simple painkillers. Moving around regularly can help prevent complications like blood clots in the legs. You may have some vaginal bleeding or discharge for a few days, and you should use sanitary pads rather than tampons / menstrual cup to reduce your risk of infection.

WHAT HAPPENS WHEN I GO HOME:

What Happens To The Stitches?

You will have 2 cuts (possibly 3) on your tummy and the stitches will usually dissolve and fall out, this can take up to a week and sometimes longer. If you find the stitches irritating, they can be taken out.

You need to keep the wounds clean and dry.

How Long Will It Take Me To Recover?

You will probably need 2-3 days to recover from the procedure and the anaesthetic. Most people will need a week off work, but you can return to work as soon as you feel able.



Will I Be Able To Drive?

You should not drive for the first 48 hours and until you can move about freely. Therefore, please arrange to be collected from hospital when you are ready to be discharged from hospital. Please check with your insurance company regarding driving following the procedure.

When Can I Resume Intercourse?

This depends very much on what occurs and the findings during surgery. This can be discussed before your discharge home.

- Burning and stinging when you pass urine or pass urine frequently: This may be due to a urine infection. Treatment is with a course of antibiotics.
- Red and painful skin around your scars: This may be due to a wound infection. Treatment is with a course of antibiotics.
- Increasing abdominal pain: If you also have a temperature (fever), have lost your appetite and are vomiting, this may be due to damage to your bowel or bladder, in which case you will need to contact us to be admitted to hospital.
- A painful, red, swollen, hot leg or difficulty bearing weight on your legs: This may be due to a deep vein thrombosis (DVT). If you have shortness of breath or chest pain or cough up blood, it could be a sign that a blood clot has travelled to the lungs (pulmonary embolism).

If you have these symptoms, you should seek medical help immediately.

You should expect a gradual improvement in your symptoms over time. If this is not the case, you should seek medical advice.



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