

Laparoscopy

**Division of Adhesions | Dye Test | Treatment of
Endometriosis | Cystectomy | Oophorectomy,
Salpingectomy | Salpingostomy | Sterilisation**
Gynaecology Department

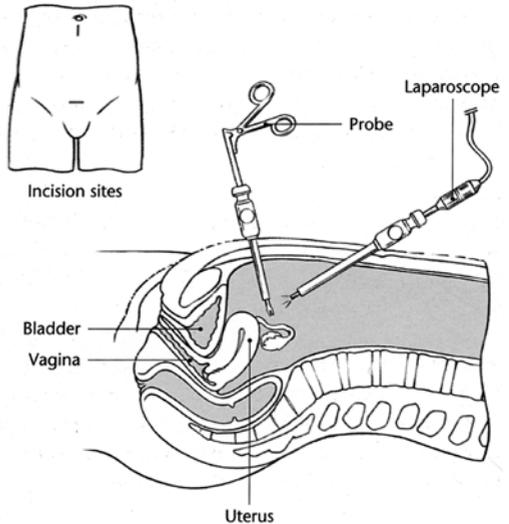


Patient information leaflet

What is a Laparoscopy?

A laparoscopy is minimally invasive or 'key-hole' surgery and is performed using a laparoscope (camera) under general anaesthetic. The surgeon is able to examine the abdomen to investigate pelvic pain, ectopic pregnancy and infertility.

Some common reasons for requiring a laparoscopy;



Divisions of adhesions

Sometimes, after abdominal surgery or endometriosis, scar tissue forms and may cause your pelvic organs to be "stuck" together. This can cause abdominal pain and affect fertility. During the operation these areas can be identified and separated.

Dye test (see Fertility Leaflet)

This is an investigation for infertility. It involves placing a tube through the cervix into the uterus (womb) and passing dye through the fallopian tubes. If the tubes are open, the dye will be seen spilling out of the ends.

Treatment of endometriosis (see Endometriosis leaflet)

This is a condition in which tissue from inside the uterus is found outside the uterus in other parts of (or on organs within) the pelvic cavity. This can cause cysts to form in an ovary. Endometriosis is diagnosed with a laparoscopy, and in some cases the cysts and other tissue can be cauterized or lasered. This will only be attempted on very small areas of endometriosis. If larger areas of endometriosis are found, your surgeon will discuss treatment options with you after your laparoscopy.

Cystectomy

An ovarian cyst is a cyst that develops inside an ovary. There are various types of ovarian cysts. Surgical removal of the cysts will depend upon the type, size and symptoms caused by the cyst. Cysts in the ovaries can be removed using laparoscopy, or the whole ovary can be removed.

Oophorectomy

Oophorectomy is the removal of one or both ovaries, which may be necessary because of ovarian cysts, pathological cysts or prophylactically if there is family history of ovarian cancer.

Salpingectomy

Salpingectomy is usually necessary because of previous Pelvic Inflammatory Disease (PID) or to remove an ectopic pregnancy, where the tube is damaged. It involves partial or total removal of a Fallopian tube. The uterus and ovaries are left intact.

Salpingostomy

A salpingostomy is used to treat infertility caused by blockage of the Fallopian tube. This blockage is usually the result of a previous pelvic infection. Incisions are made in the end of the tube to release any scar tissue, drain fluid and open the blocked tube. The ovary is not affected. You will be advised that there might be an increased risk of ectopic pregnancy following such procedure.

Sterilisation (see Sterilisation leaflet)

Clips are placed on the Fallopian tubes to cause an obstruction to prevent future pregnancies. The clips remain there permanently. After the procedure there is no effect upon the menstrual pattern.

Please do not have unprotected sex during the month before your surgery.

Are there any alternatives?

Problems with the pelvic organs can be identified on an ultrasound. You may have had this procedure already. However, a laparoscopy is the best method of identifying problems. It also has the added advantage of allowing the above treatments to be performed at the time of your laparoscopy.

What will happen during surgery?

The laparoscope is passed through a small incision in the abdomen (through the belly button). The abdomen is gently inflated with Carbon Dioxide (gas) to enable the pelvis to be seen more clearly. One or two further small incisions may be made to enable the surgeon to use the instruments to manipulate the organs.

What might I expect when I wake up?

You will be taken to the Recovery Room. The staff will monitor your wound sites, pain and nausea (sickness). You may have some vaginal bleeding so a sanitary towel is provided. When you are comfortable you will return to the ward where monitoring of your recovery will continue.

After your procedure

Bleeding/discharge

You may experience some vaginal bleeding. If your loss is persistent (ie longer than 2 weeks) or becomes heavy with clots, or if you notice an offensive smell, please contact your G.P as you may have an infection and require a course of antibiotics. It is also advised to use sanitary towels instead of tampons until after your next period; this is to reduce the risk of infection.

Will it hurt?

You may experience some shoulder tip discomfort, which is due to trapped gas from the operation. This will gradually diminish but pain relief and peppermint water/sweets, along with gentle mobilisation

will be helpful. You may have some abdominal-discomfort (period type pain), you will be given pain relief to take home with you to keep you comfortable.

You may also get gripping wind pains caused by bowel and stomach gas but there are medicines that can help.

Washing

You may shower as normal, but avoid using perfumed bath products until your bleeding has stopped. We advise you not to have a hot bath until your bleeding has stopped following your operation, as it can induce bleeding. However it is absolutely fine for you to have a shower.

Wound care

If you have dissolvable stitches to the wounds in your tummy; these will dissolve in their own time and do not need to be removed.

Keep the area clean and dry to help prevent infection. Avoid using, perfumed products, lotions or antiseptic gel on the area until they have healed.

If you notice any problems with your wound such as redness or a discharge, then make an appointment with your G.P. as soon as possible as you may require a course of antibiotics.

Diet

As you will probably experience trapped gas after your operation and your bowel will be a bit sluggish (slow), you will be recommended to eat little and often rather than waiting several hours and then eating a large meal.

Eat a well balanced diet including fruit and vegetables and drink plenty of fluids to avoid constipation. By eating a healthy diet you will improve the healing process. You may find eating carbohydrates such as bread and pasta may make you feel more bloated to begin with, so may be best to avoided.

Bowels

Even if you have had your bowls open on the ward, you may find that you have problems with constipation when home. Make sure that you

have a supply of laxatives (Sodium Docusate or Senna which you can buy over the counter at your local pharmacy), just in case.

Urine

If you notice pain or burning when passing urine it may indicate an infection, which will require a course of antibiotics. You can contact your G.P and take a urine sample with you.

Sexual intercourse

Intercourse can be resumed when you feel comfortable and ready.

Driving

This will depend upon how extensive your surgery has been. You must not drive for 24 hours following your anaesthetic. After 24 hours you may drive when you feel comfortable to do so. Before you do, make sure you can reach the pedals comfortably and that you can manage an emergency stop.

Work/activity

It is advisable to take at least 3-5 days off work. You may return to work as soon as you feel able to do so; your doctor can advise you on discharge home. On discharge you should be given a certificate, to cover the length of time you to require off work. All patients recover at different rates. You may need to see your G.P to get your certificate extended if you take longer than anticipated to recover.

Exercise and lifting

Once your stitches have dissolved and your wounds have healed, exercise can be resumed as normal, as long as you feel comfortable. Avoid lifting and carrying heavy objects, this includes household cleaning, carrying shopping and lifting small children etc.

Follow-up appointment

It is not always necessary to have a hospital appointment following your surgery. We advise you to see your G.P in 6 weeks for a check-up. If you do require an Outpatient's Appointment, it will be sent to you.

Potential complications

There is a small risk of accidental injury to the bowel, the bladder or surrounding blood vessels during the procedure. If such complications occur, a larger cut may be required to do the necessary repair.

Resources

NHS Direct – Information on a range of women’s health topics, plus an online enquiry service. Tel: 0845 4647, www.nhsdirect.nhs.uk

www.prodigy.nhs.uk

Excellent patient information on a variety of common conditions and symptoms.

The National Endometriosis Society

50 Westminster Palace Garden, 1-7 Artillery Row, London SW1P 1RL.
Tel: 0207 222 2776

The Endometriosis Association www.womens-health.co.uk

References

Old leaflet revised – Laparoscopy, Dye Test, Division of Adhesions, Laser Uterine Nerve Ablation P&G 07062631 PIG No. 150707-43.

Diagram – Mardeno Patient Atlas Obstetrics & Gynaecology 2002-2004 1st edn. © 2002 Mardeno Medical Systems B.V.

Patient Pictures Gynaecology by Michael Stafford (1996).

Any comments?

If you have a concern or there is a problem, the best way to get resolved is usually to tell someone there and then. On the ward talk to the Sister in Charge or Senior Nurse on-duty. In Gynaecology Outpatient’s please talk to one of the nursing staff.

Similarly, if you would like to compliment the service provided or give praise about a particular member of staff, we would like to hear your comments, so that they can be forwarded onto the team.

Contact details

Day Surgery Unit

Telephone: 01483 571122 **ext** 6977 (Monday–Friday)

Surgical Short Stay Unit

Telephone: 01483 571122 **ext** 6828 (Monday–Friday)

Gynaecology Department

Telephone: 01483 571122 **ext** 4173 (Answer phone, Monday–Friday, 9am–5pm)

PALS and Advocacy contact details

Contact details of independent advocacy services can be provided by our Patient Advice and Liaison Service (PALS) who are located on the right hand side as you enter the main reception area. PALS are also your first point of contact for health related issues, questions or concerns surrounding RSCH patient services.

Telephone: 01483 402757

Email: rsc-tr.pals@nhs.net

Opening hours: 9.00am–3.00pm, Monday to Friday

If you would like information documents in large print, on tape or in another language or form please contact PALS.

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