



Gynaecology Department

Laparoscopy

This leaflet gives you information about the laparoscopy (keyhole surgery) operation you have been added to the waiting list to have. It explains the common reasons for having the procedure, what to expect when you come to the hospital, what to expect after the procedure and answers common questions.

This leaflet provides general information and it is not a substitute for the discussion you will have, or have had, with your doctor as every woman's circumstance is different and everyone has different needs.

What is laparoscopy?

Laparoscopy is a procedure that allows your doctor to look directly inside your abdomen (your tummy) using a camera in a thin telescope called a laparoscope, attached to a light source. It is done without having to make a large cut in your skin.

Compared to regular open surgery, laparoscopy has the advantage of less pain after the operation, a shorter hospital stay and a quicker recovery.

Why has laparoscopy been suggested for me?

It may be done to help your doctor find a cause of your symptoms (such as pelvic pain or fertility problems) by looking directly inside your abdomen and pelvis and making a diagnosis; this is called diagnostic laparoscopy. Laparoscopies to investigate pelvic pain will only find a cause in five out of 10 women; in the other five, no cause will be identified. The other reason is to perform treatment; this is called operative laparoscopy and involves many procedures such as:

- Sterilisation
- Treatment of ectopic pregnancy
- Treatment of endometriosis
- Removal of ovarian cysts, one or both ovaries and or tubes
- Removal of scar tissue
- Removal of fibroids
- Removal of the uterus (the womb). If you are having this operation please refer to patient information leaflet Total Laparoscopic Hysterectomy.

How will my laparoscopy operation be carried out?

It is done under general anaesthesia so you will not feel any pain during the procedure. A catheter might be put into your bladder when you are asleep to drain urine and reduce the risk of bladder injury during the operation. The surgeon will make a 1-1.5cm cut just under your belly button. A very thin tube will be passed through this cut into your tummy to pump a gas and inflate your tummy. This will help your doctor to get a clearer view of your organs and it will help to create more room to operate. The laparoscope will then be inserted. It is attached to a television monitor where images are relayed to enable your doctor to clearly see the whole area.

One or more 0.5 - 1.5cm incisions will be made to allow your doctor to pass small surgical instruments to help him/her to look around thoroughly, move structures within your tummy and perform possible treatments agreed in advance with you.

The operation will take about 30 minutes if it is done to look for a cause of your symptoms. It will take longer if it is done for treatment and this will depend on the type of treatment you will be having.

After the operation, the gas will be let out of your tummy, the small skin cuts will be closed using stitches or glue and dressings may be applied.

How can I prepare for the operation?

As you will have a general anaesthetic, you will be asked to do a health assessment either over the phone or at the hospital. This will happen well before the operation date to check your suitability for the operation and to prepare you for the admission and the procedure. A nurse will take your medical history and any medications you are taking. You may also need to have some investigations as well. They will give you instructions on when you will need to stop eating and drinking, which medications you will need to stop and when, and which medications you will need to continue taking. Please follow the instructions carefully.

If you are on the oral contraceptive pill, you do not need to stop it as the operation is a day surgery procedure. Please avoid unprotected sexual intercourse in the month before your operation if you are not on any contraceptives. If there is any chance you might be pregnant, your operation will be cancelled.

If you are a smoker, it is recommended you stop smoking well in advance of your surgery date as smoking delays healing and delays your recovery.

If you are taking blood thinning medications, please make sure you let the nurse know for specific instructions.

You should bath or shower before coming to hospital.

What are the possible risks with laparoscopy?

It is a commonly performed operation and the serious risks are uncommon. The frequent risks are usually mild and self-limiting; these include bruising, shoulder tip pain, infection and wound gaping.

The serious risks happen in two in 1000 women and they include:

- **Injury to the bowel, bladder, ureters, uterus or major blood vessels;** these would require immediate repair by open surgery. Up to 15% of bowel injuries may not be diagnosed at the time of the operation
- **Failure to gain entry to your tummy** to complete the operation
- **Hernia** at site of entry (less than 1 in 100 women)
- **Blood clot (thrombosis/embolism)** complications (rare)
- **Death** (very rare) as a result of complications.

Are there any extra procedures which may become necessary during my procedure?

If it is difficult to perform your treatment by the laparoscopy, we may need to complete it by proceeding to a procedure with a bigger skin cut called laparotomy.

If there is any damage to your organs, we will repair them and that may include switching to an open surgery.

If you bleed heavily, we may need to give you a blood transfusion.

What can I expect after laparoscopy?

Length of hospital stay

When you wake from the anaesthetic, you may experience abdominal pain and nausea. The recovery nurse may give you an injection or tablets for pain relief and nausea. They will also make sure that it is safe for you to go home before you are discharged. This may take four to six hours after the operation.

If your procedure is diagnostic laparoscopy, you will be able to go home on the same day if you feel well and are able to eat and drink and pass urine. If it is done for treatment, you may need to stay in the hospital overnight.

If you go home the same day of the operation, you need to make sure that there will be a responsible adult to take you home and stay with you for 24 hours after the operation.

General anaesthetic after-effects

Current general anaesthetics are short lasting. You may feel sleepier than normal and your judgement may be impaired in the first 24 hours. We advise you not to drink any alcohol as it will affect you more than normal. You should not stay alone, drive or make any important decisions during this period.

Starting to eat and drink

If you have a short anaesthetic, you will be offered a drink and light food to eat before you go home.

Pain

In the first few days you may experience some pain in your lower abdomen. You may also have shoulder pain which is a common side effect of the operation. On discharge from the hospital, you will be given or advised to take painkillers to help you.

Prevention of blood clot formation

There is a small risk of formation of blood clots in the legs or the lungs after any surgical operation. You can reduce this risk by:

- Being mobile as early as you can after the operation
- Exercising your legs when resting by moving your ankles circularly, pumping the leg up and down and bending and straightening one leg at a time, three times on each leg
- If you have a specific health problem that puts you at a higher risk, you may be advised to use a certain type of stocking or boots, or have injections that thin your blood prescribed to you after the operation.

Stitches and dressing

Most stitches that are used are dissolvable. If non-dissolvable stitches are used, the discharging nurse will arrange their removal for you. You will be able to take the dressing(s) off after 24 hours.

Vaginal bleeding

You may experience a small amount of vaginal bleeding for 24 to 48 hours.

Washing and showering

You should be able to have a shower or bath and remove any dressings 24 hours after your operation. Make sure a responsible adult is at home in case you feel dizzy. You do not need to worry about the scars getting wet; just make sure you pat them dry with a clean disposable tissue afterwards.

Tiredness

You may feel much more tired than usual after your operation as your body is using a lot of energy to heal itself.

What can I do to help me recover after laparoscopy?

There are several positive steps you can take to help you recover. They include:

- Establishing a **daily routine** and keeping to it; staying in bed most of the time may make you feel low
- **Eating a healthy** balanced diet and keep well hydrated
- **Stopping smoking**, as smoking will increase your risk of developing wound infection and will delay healing. If you need information about smoking cessation, please contact your GP
- Using the recovery time to adopt **healthy lifestyle measures** such as regular exercise.

What can slow down my recovery after laparoscopy?

It may take longer to recover if:

- You had a health problem before the operation. For example, women with diabetes heal slower and they are more prone to infection
- You smoke
- You are overweight. Obesity can increase the risk of infection, blood clots and anaesthetic and operative complications
- You have any complications during surgery.

When should I seek medical advice after a laparoscopy?

You should seek medical help by speaking to your GP or the gynaecology ward in the hospital if you have any of the following:

- **Burning and stinging** when you pass urine as you may have a urine infection
- **Red and painful skin** around your scars as you may have a wound infection
- **Increasing abdominal pain with temperature and/or vomiting** may be due to damage in bladder or bowel. You may need to be readmitted to the hospital
- **Painful, red, swollen, hot legs** or difficulty bearing weight on your legs may indicate blood clots in the leg
- **No improvement to your symptoms** over time.

What can I do while getting back to normal?

- **Daily household activities**

You can start some of your normal daily activities as soon as you feel able. Remember to take enough rest as well.

- **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, having a rest afterwards if you need to. You can build up your exercise over the first week and can go back to your previous exercises by the second week.

- **Driving**

You should not drive for 24 hours after a general anaesthetic. Check your policy as each insurance company will have their own conditions for when you are insured to start driving again.

Before you drive, you should be free from the sedative effects of any painkillers, able to sit in the car comfortably and work the controls, able to wear the seatbelt comfortably, able to make an emergency stop and able to comfortably look over your shoulder to manoeuvre. It is advised that you practice first in the car without the ignition on and make sure you can do all the manoeuvres comfortably. It's a good idea to start with short drives and build up slowly.

- **Having sex**

It is safe to have sex when you feel ready.

- **Travel plans**

Please speak to your GP to discuss any travel that you are planning during the period of your recovery.

When will I be able to go back to work?

It depends on the type of operation you are having and if you will have any treatment done. Most women will be able to go back to work two to three weeks following the operation. If you are having a diagnostic laparoscopy and a simple procedure like sterilisation, you will be able to go back to work after one week. It is advised to start doing light work in the first 48 hours after returning to work.

If you have a treatment laparoscopy, you will be able to return to work after two to three weeks.

When you go back to work will depend on the type of job you do. If you do heavy manual work, or are on your feet all day, you may need longer than someone who can sit down at work. You may also need to speak to your GP or occupational health before you go back to certain jobs.

Useful Websites:

<https://www.nhs.uk/conditions/laparoscopy/>

<https://www.rcog.org.uk/en/patients/patient-leaflets/laparoscopy/>

<https://www.rcog.org.uk/en/guidelines-research-services/guidelines/gtg49/>

<https://www.rcog.org.uk/guidelines-research-services/guidelines/consent-advice-2/>

<https://www.rcog.org.uk/globalassets/documents/guidelines/consent-advice/diagnostic-laparoscopy-consent-advice-2.pdf>

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If you have feedback regarding the accuracy of the information contained in this leaflet, or if you would like a list of references used to develop this leaflet, please email pals@dchft.nhs.uk



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