

## Day Surgery Unit

# Laparoscopy Information for Gynaecology Patients

**Laparoscopy is the examination of the inside of the abdominal cavity and the pelvic organs, using a telescope or endoscope. It is sometimes used to carry out keyhole surgery.**

### What is a Laparoscope?

A laparoscope is a rigid fibreoptic telescope or endoscope. It is between 5 and 10mm in diameter and about 30-35cm long. It has a lens system and a fibre optic light transmission system. It has an eyepiece to which can be attached a TV camera. It is sterilised before use.

### Why is Laparoscopy necessary?

Laparoscopy may be advised by a gynaecologist to investigate or treat a problem. It is also performed to assess response to oncology treatment and suitability to major surgery. The following symptoms may require a laparoscopy for investigation:

- Pelvic Pain/Abdominal Pain
- Pelvic Infection
- Dysmenorrhoea (painful periods)
- Suspected Endometriosis
- Pain during intercourse (dyspareunia)
- Infertility (to assess the fallopian tubes)
- Suspected Ovarian Cyst
- Suspected pelvic mass or swelling



## Patient Information

### **The following internal structures can be seen with a laparoscope:**

- Uterus
- Ovaries
- Fallopian tubes
- Appendix
- Gall bladder
- Liver
- Lining of the Abdomen (peritoneum)
- Part of the bowel
- Part of the Ureter

There are now a number of conditions/treatments which can be carried out using a laparoscope by techniques known collectively as keyhole surgery.

- Sterilisation
- Tubal surgery
- Removal of Ovarian Cyst
- Removal of ovary (not cancerous ovary)
- Freeing adhesions (scar tissue)
- Ovarian drilling for polycystic ovaries
- Hysterectomy (partial)
- Fibroids (but not all)
- Endometriosis
- Ectopic pregnancy
- Operations for urinary incontinence
- Removal of fallopian tube

### **Keyhole surgery is not suitable for every patient**

### **What is involved in a Laparoscopy?**

The laparoscopic procedure involves the following steps:

- General anaesthetic;
- Your legs are placed in stirrups;
- Your abdomen is cleansed with spirit and your vagina and cervix is cleansed with Savlon;
- Small 1cm incision at umbilicus (lower margin);
- Carbon dioxide gas introduced into abdominal cavity through a small needle;
- Telescope passed through the umbilical incision;

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- A second incision about 1cm in diameter at the top of the pubic hair line for a second instrument to manipulate tissues so they can be seen clearly;
- Inspection of the pelvic organs carried out;
- Gas is expelled and one dissolving stitch placed in each incision.

Laparoscopy is often combined with an examination of the womb (hysteroscopy) or dilation and curettage.

If a more extensive procedure is performed (keyhole surgery) there may be up to 2 further 1cm incisions to allow the surgery to be carried out.

### **Is an Anaesthetic necessary?**

Almost always yes. It is possible in very few circumstances to perform laparoscopy under local anaesthetic but the view obtained is not good enough to allow a thorough examination.

### **What are the risks of Laparoscopy?**

Laparoscopy is a very common procedure. Each year at this hospital over 1000 laparoscopies will be performed. The vast majority of these patients have no problems.

There are however well known risks with laparoscopy and they are as follows:

- Anaesthetic problems 0.2%;
- Puncture of a blood vessel in the abdominal wall (may require an additional stitch) 1.0%;
- Puncture or damage to the bowel (requires a larger operation to remedy) 0.1%;
- Puncture of major internal blood vessel (requires major surgery to remedy) 0.05%;
- Damage to bladder (requires a larger operation to remedy) 0.1%;
- Damage to pelvic organs or perforation of the uterus (may require a larger operation) 0.5%.

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Although some of these complications are potentially very serious, as can be seen from the figures they are also very uncommon.

Certain circumstances will increase the potential for complications and the main one is previous abdominal surgery involving the bowel. Laparoscopy is also more difficult in very obese women. A more extensive procedure such as removal of an ectopic pregnancy or treatment of endometriosis will also increase the likelihood of complications although the incidence of major complications is still less than 1%

### **How long does the laparoscopy take and how long will I be in hospital?**

The laparoscopy takes between 10 and 20 minutes. If a procedure such as removal of a Fallopian tube or treatment of endometriosis is undertaken the procedure may take considerably longer. Normally a laparoscopy is carried out as a day case procedure which means you will only be in hospital a few hours. If a more complex procedure is carried out you may be kept in hospital overnight or sometimes two nights.

### **Will there be any pain after laparoscopy?**

It is common to have some abdominal discomfort for up to 48 hours after the laparoscopy. There may be some more persistent discomfort in region of the incisions or in the middle just below the umbilicus (belly button). Discomfort should normally respond to simple pain relief such as Paracetamol and Ibuprofen. It is also common to have some pain across the shoulders this is due to any remaining gas irritating the diaphragm.

### **Key Point**

**If the discomfort does not start to improve within 24 hours you should seek medical advice.**

### **What is the recovery time?**

If the laparoscopy was carried out for investigations, then recovery should be rapid. There are no dos or don'ts. You should be able to return to work within a week.

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If a laparoscopy involves a special procedure such as a removal of an ectopic pregnancy or treatment of endometriosis then recovery may be more gradual and two weeks off work would be advisable. There are still no special restrictions or limitation on activity and speed of recovery will vary between patients.

### **Will the laparoscopy affect my periods?**

No, unless you are advised differently.

**If you have any problems immediately following discharge from hospital after a laparoscopy please contact Ward 23 on:**

**024 7696 7007/6587 or contact your GP.**

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#### **Document History**

Department:	Day surgery unit
Contact:	26868
Updated:	December 2023
Review:	December 2024
Version:	5.1
Reference:	HIC/LFT/1214/11