

Division of Surgery

Laparoscopy and Laparoscopic Surgery

What is a laparoscopy?

Laparoscopy is a procedure to look inside your abdomen by using a laparoscope. A laparoscope is like a thin telescope (camera) with a light and can magnify the structures inside the abdomen (tummy). A laparoscope is passed into the abdomen through a small incision (cut) and port (tube) in the skin.

A laparoscopy may be done to find the cause of symptoms such as abdominal pain, pelvic pain, or swelling of the abdomen or pelvic region. It may also be done if a previous test such as an X-ray or scan has identified a problem within the abdomen or pelvis. A laparoscopy enables a doctor to see clearly inside your abdomen. Some common conditions which can be seen by laparoscopy include:

- Endometriosis
- Pelvic inflammatory disease
- Ectopic pregnancy
- Ovarian cyst
- Assessing fallopian tubes condition
- Appendicitis

What is laparoscopic surgery?

In addition to simply looking inside, a doctor can also use fine instruments which are passed into the abdomen through another small incision and port (tube) in the skin. The instruments are used to cut, trim, biopsy, grab tissues inside the abdomen. Laparoscopic surgery is sometimes called 'keyhole surgery' or 'minimal invasive surgery' and can be used for various procedures.



Patient Information

Some commonly performed key-hole operations include:

- Removal of the gallbladder. This is sometimes called a laparoscopic cholecystectomy or 'lap choly' for short. It is now the most common way for a gallbladder to be removed
- Hernia repairs
- Removal of the appendix
- Removal of parts of the intestines (bowel)
- Female sterilisation
- Treating ectopic pregnancy
- Removal of areas of endometriosis
- Division of scar tissues around ovaries and fallopian tubes
- Removal of fibroids
- Removal of the womb and ovaries
- Taking a biopsy (small sample) of various structures inside the abdomen which can be looked at under the microscope and/or tested in other ways

Generally laparoscopic surgery is better than traditional open surgery because there is:

- Less pain following the procedure.
- Less risk of complications such as hernia (weakness/bulging of the muscle wall).
- A shorter hospital stay and a quicker recovery.
- A much smaller scar.

How is it done?

Laparoscopy and laparoscopic surgery are usually done whilst you are asleep under general anaesthesia. The skin over the abdomen is cleaned. The surgeon or gynaecologist then makes a small incision (cut) about 1-2 cm long near to the navel (belly button). Some gas is injected through the cut to 'blow out' the abdominal wall slightly. This makes it easier to see the internal organs with the laparoscope which is gently pushed through the incision into the abdominal cavity. The surgeon or gynaecologist then looks down the laparoscope or looks at pictures on a TV monitor connected to the laparoscope.

Patient Information

If you have a surgical procedure, one or more separate small incisions are made in the abdominal skin. These allow thin instruments to be pushed into the abdominal cavity. The surgeon or gynaecologist can see the ends of these instruments with the laparoscope and so can perform the required procedure.

When the surgeon or gynaecologist is finished, the laparoscope and other instruments are removed. The incisions are stitched and dressings are applied.

What preparation do I need to do?

As you will usually be under a general anaesthetic, your hospital should give you instructions about fasting before the operation. Depending on the reason for your operation there may be more specific instructions. Your doctor will give you this information if necessary.

You need to empty your bladder before leaving the ward area and going to operative theatre.

If laparoscopy will be undertaken done for gynaecological and subfertility indications, please, read the following instructions:

It is most important that you are not pregnant at the time of the laparoscopy.

In addition; you should not be experiencing vaginal bleeding and menstrual period should not be occurring on the day of the laparoscopy operation. .

Please follow these instructions

For one month before undertaking the laparoscopy procedure, please avoid pregnancy. This can be achieved by ensuring that you and your partner are using a contraceptive method such as the condom for at least one month before the day of the laparoscopy operation. Alternatively you may avoid sexual intercourse from the first day of your period during the menstrual cycle in which laparoscopy will be undertaken and until laparoscopy will be performed.

If you experience irregular menstrual cycles, as with PCOS, please ensure that you and/or your partner are using a contraceptive method such as a condom for one month before undertaking the laparoscopy procedure. Alternatively you may avoid sexual intercourse during the four weeks prior to the laparoscopy day.

Patient Information

We cannot undertake laparoscopy if you are experiencing a menstruation (period) on the laparoscopy day.

Unfortunately a urine pregnancy test cannot rule out very early pregnancy, as it cannot detect pregnancy until the pregnancy is more than one month of age.

Please avoid using Clomid or any fertility drugs during the month and/or the menstrual cycle in which you will have the laparoscopy.

After a laparoscopy

You may feel a little sore around the incisions. You may have some pain in your shoulder tip. This is caused by the gas which had been pumped inside irritating the diaphragm which has the same nerve supply as the shoulder tip. This pain soon passes off. The length of time to recover can vary, depending on why the procedure was done and what operations were performed.

Before you leave hospital, you will be told how to keep your wounds clean and when to return for a follow-up appointment or to have your stitches removed (although dissolvable stitches are now often used).

It is recommended that you have someone stay with you for the first 24 hours after your surgery. This is in case you experience any problems, such as symptoms that may suggest you have a post-operative problem. Such symptoms could include:

- High temperature (fever) of 38°C (100.4°F) or above
- Chills, and rigours (shivers)
- Abdominal pain or abdominal distension
- Anorexia or reluctance to drink
- Nausea
- Vomiting
- Very fast heart rate
- Abdominal tenderness
- Poor urine output

Patient Information

If you experience any of these symptoms within 24 hours of surgery, in the first instance contact the hospital:

- If you have had a surgical procedure contact the Surgical Assessment Unit (SAU) at University Hospital on 024 7696 6186 / 024 7696 6187
- If you have had a gynaecological procedure contact the Emergency Gynaecology Unit (EGU) at University Hospital on 024 7696 7000

If you have had a laparoscopy, you will usually be able to resume your normal activities within five days. The recovery period following a therapeutic laparoscopy depends on the type of treatment.

After minor surgery, such as appendix removal, you may be able to resume normal activities within two weeks and can go back to work. Following major surgery, such as removal of your ovaries or kidney due to cancer, the recovery time may be as long as 12 weeks to return to more normal activities and go back to work.

Your surgical team can give you more information about when you will be able to resume normal activities.

Are there any possible complications from a laparoscopy?

Minor complications

Minor complications occur in an estimated 1 or 2 cases in every 100 following a laparoscopy. Possible complications include:

- Post-operative infection
- Minor bleeding and bruising around the site of the incision (cut)
- Nausea and vomiting.

Major complications

Major complications following a diagnostics laparoscopy are rare. They occur in an estimated rate of **1 in every 1,000** of diagnostic laparoscopy operations.

In advanced laparoscopic surgery the risk of developing major complications increases to about **1 in 300**. These complications include:

- Damage to an organ, such as your bowel or bladder, which could result in the loss of organ function;
- Damage to a major artery (blood vessel);

Patient Information

- Damage to the nerves in your pelvis, which could lead to erectile dysfunction in men
- Complications arising from the use of carbon dioxide during the procedure, such as the gas bubbles entering your veins or arteries;
- A serious allergic reaction to the anaesthetic.

Further surgery is usually required to treat these major complications.

Further Information

If you need any further information please contact the number on your appointment letter.

The Trust has access to interpreting and translation services. If you need this information in another language or format please contact the number on your appointment letter and we will do our best to meet your needs.

The Trust operates a smoke free policy

To give feedback on this leaflet please email feedback@uhcw.nhs.uk

Document History

Department:	Surgery
Contact:	26180
Updated:	April 2021
Review:	April 2024
Version:	6
Reference:	HIC/LFT/1213/11