

General Surgery, Urology, Gynaecology

Laparoscopy and Laparoscopic surgery

What is a laparoscopy?

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

Reasons for a laparoscopy?

A laparoscopy may be done to find the cause of symptoms such as abdominal pain, pelvic pain, 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 allows a doctor to see clearly inside your abdomen.

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 in the skin. The instruments are used to cut, trim, biopsy, grab tissues inside the



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abdomen. Laparoscopic surgery is sometimes called 'keyhole surgery' or 'minimal invasive surgery' and can be used for various procedures.

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 (a small tissue sample) of various structures inside the abdomen which can be looked at under the microscope and/or tested in other ways

Laparoscopic surgery is better than traditional open surgery because there is:

- Less pain following the procedure.
- Less risk of complications such as hernia (a bulge or weakness in 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 while 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). Through this cut, a small amount of gas is injected to 'blow out' the abdominal wall. This makes it easier to see the internal organs. Laparoscope is gently pushed through the incision into the

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abdominal cavity. The surgeon or gynaecologist views the inside of your abdomen either through the laparoscope or on a TV monitor connected to it.

If you have a surgical procedure, one or more separate small cuts 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 through the laparoscope and use them to perform the required procedure.

When the surgeon or gynaecologist has finished, they will remove the laparoscope and other instruments. The small cuts are then stitched up and dressings are applied.

What preparation do you need to do?

As you will usually be under a general anaesthetic, your hospital will give you specific instructions about fasting before the operation. You need to empty your bladder before leaving the ward area and going to the operating theatre. If there are any additional instructions based on the reason for your surgery, your doctor will provide those details.

If laparoscopy is being done for gynaecological reasons or to investigate subfertility, please follow these instructions:

- It is very important that you are not pregnant at the time of the laparoscopy.
- You should not be experiencing vaginal bleeding and your 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. You can do this by using a contraceptive method, such as condoms, with your partner for at least 1 month before the day of the laparoscopy operation. Alternatively, you can 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 have irregular menstrual cycles, as with PCOS, please ensure that you and/or your partner are using a contraceptive method such as a condom for

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one month before undertaking the laparoscopy procedure. Alternatively, you can avoid sexual intercourse for 4 weeks before the laparoscopy day.

We cannot perform laparoscopy if you are menstruating (period) on the day of the procedure.

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.

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 cuts (incisions). You may also have some pain in your shoulder tip. This is caused by the gas used during the procedure, which can irritate the diaphragm (the muscle that separates your chest from your abdomen) and is linked to the shoulder nerves. This pain usually goes away on its own and moving around can help reduce this pain. 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 given instructions on how to keep your wounds clean. You will also be informed when to return for a follow-up appointment or to have your stitches removed, although many stitches used now are dissolvable stitches and do not need to be removed.

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 or symptoms that may suggest you have a post-operative issue. Such symptoms could include:

- A high temperature (fever) of 38°C (100.4°F) or above
- Chills or rigours (shivers)
- Abdominal pain or abdominal swelling
- Lack of appetite or difficulty drinking fluids
- Nausea (feeling sick)

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- Vomiting (being sick)
- Very fast heart rate
- Abdominal tenderness
- Poor urine output

If you experience any of these symptoms within 24 hours of surgery, Contact the hospital immediately:

- For a surgical procedure, contact the Surgical Assessment Unit (SAU) at University Hospital on 024 7696 **5762**.
- For a gynaecological procedure, call the Emergency Gynaecology Unit (EGU) at University Hospital on 024 7696 7000.

After a laparoscopy, you will usually be able to return your normal activities within 5 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 2 weeks and can go back to work.
- After major surgery, such as removal of your ovaries or kidney due to cancer, recovery could take up to 12 weeks before you can return to normal activities and return to work.

Your surgical team will provide specific information about your recovery and when you will be able to resume normal activities.

Are there any complications from a laparoscopy?

Minor complications

There are possible complications from a laparoscopy. Minor complications occur in about 1 or 2 cases out of 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.

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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).
- 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.

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