

Laparoscopy

Gynaecology Department Patient Information Leaflet

Introduction

This leaflet is for people who are having a procedure called a laparoscopy. It explains what the operation involves, why it is used and the risks.

What is a laparoscopy?

A laparoscopy is an operation that allows a doctor to look inside your abdomen (tummy) and pelvis without having to make large incisions (cuts) in your skin.

It is also known as keyhole surgery. The reason only small cuts are needed is because the surgeon uses an instrument called a laparoscope. This is a fine tube that has a tiny light and camera on it and helps the surgeon to see structures like the fallopian tubes clearly.

Why is it used?

A laparoscopy is used to help diagnose conditions and investigate certain symptoms. It is commonly used in gynaecology (the study and treatment of conditions that affect the female reproductive system). It can also be used to carry out some surgical procedures such as removing fibroids and taking biopsies.

What are the benefits of laparoscopic surgery?

This type of surgery (keyhole surgery) has the advantage of being quicker to perform, smaller incisions, a better cosmetic result, reduced pain after the operation and being able to return to your normal activities much quicker.

What are the risks of laparoscopic surgery?

As with all surgery, this operation carries some risks and complications. It is important that we tell you about these risks so that you have the information you need to make a decision about the operation.

General anaesthetic

A general anaesthetic can cause serious problems such as an allergic reaction but these are very rare. If you have any worries about this, you can discuss them at your meeting before your operation (pre-assessment) or with the anaesthetist before your operation.

Blood clot

A deep vein thrombosis (DVT) is a blood clot in a vein that usually causes symptoms of red, painful and swollen legs. The risks of a DVT are greater after any surgery. Although not a problem themselves, a DVT can move through the bloodstream and travel to the lungs. This is known as a pulmonary embolism (PE) and is a very serious condition that affects your breathing.

Walking and moving about is one of the best ways to stop blood clots from forming.

Bleeding

As with all operations, there is a small risk of heavy bleeding. This may need to be treated with iron tablets or a blood transfusion. A blood transfusion, in rare cases, can cause transfusion reactions or infection.

Infection

There is always a risk that an infection will develop after an operation. These are not usually serious and can be treated with antibiotics.

Other complications

Damage can occur to surrounding organs such as the bowel, bladder and blood vessels, particularly if you have had previous operations or pelvic inflammation or infection. These types of injuries are rare. Any damage will need to be repaired at the time of the operation and will mean a longer stay in hospital.

What are the alternatives?

Often it is possible to diagnose a condition using non-invasive methods such as an ultrasound scan, a computerised tomography (CT) scan or magnetic resonance imaging (MRI). However, sometimes the only way to confirm a diagnosis is to look at the affected part of the body using a laparoscope.

What does the operation involve?

The operation is performed under a general anaesthetic, usually as a day case procedure, where you only have to be in hospital for the day.

For the operation, the surgeon makes an incision in your abdomen just below your belly button, through which the laparoscope is inserted.

Carbon dioxide gas is then pumped into your abdomen to puff it out and separate the tissues inside. This allows the surgeon to get a better view.

The gas is allowed to escape before the wounds are closed. Sometimes stitches are used to close the wounds and, if so, these will usually be dissolvable.

What happens before the operation?

You will be asked to come for a health assessment with a nurse, usually about one to two weeks before your operation. This will determine whether there are any reasons why you should not have surgery.

During this health assessment we will:

- Check your suitability for anaesthetic.
- Provide you with information about the surgery and recovery process.
- Give you the opportunity to ask any questions you may have.
- Carry out investigations to ensure that you are fit and well to have the surgery.

A range of investigations will be carried out such as:

- A blood test and a urine test.
- You may have an ECG – a heart trace test. This is nothing to be alarmed about, just a routine test to check your heart.
- Your blood pressure, pulse and weight will be recorded.
- You will be screened for MRSA – a nasal and groin swab will be taken to see if you have any evidence of infection.

Can I eat and drink before the operation?

You **should not eat for at least six hours before your operation** as it is safer for you to have an empty stomach during surgery. You can usually drink water up until a couple of hours before your operation. The nurse will give you information about this during your health assessment.

What happens after the operation?

You will usually be given pain-relieving drugs before you leave the operating theatre. There may still be some gas in your abdomen causing 'wind type' pains which may also be felt in your chest, neck and shoulder areas. This is normal. If this happens, take some pain-relieving drugs such as paracetamol (always read the label; do not exceed the recommended dose).

If in the days after your surgery the pain gets worse rather than better, please contact your GP.

Leave the dressings over your wounds on for 48 hours and keep them dry. After you have taken off the dressings, you can bath and shower as normal. Before you go home from hospital, the nurse will let you know whether you have stitches in your wounds and whether they need to be removed or are dissolvable.

You can return to work after your stitches have been removed or when you feel well enough. Usually, this may take up to a week.

Laparoscopy and dye test

If you are having this, it is best for this operation **not** to be performed while you are having a period.

If your period is due on, or near, the date given to you for your operation, ring the Gynaecology Outpatient Team on 01384 244584 for advice (8.30am to 5pm, Monday to Friday), as we may need to arrange your operation for another date.

Can I find out more?

You can find out more from the following web link:

NHS Choices

<http://www.nhs.uk/conditions/laparoscopy/pages/introduction.aspx>

