

Laparoscopic Surgery

Laparoscopy can detect gynaecological conditions such as ovarian cysts, endometriosis, fibroids and adhesions (scar tissue). It is also possible to operate using the laparoscope, called laparoscopic surgery, minimal access or keyhole surgery. Laparoscopic surgery is either performed in the main theatre as an inpatient or as a day case in the day procedure unit.

Before the operation

Most patients are admitted on the day of the surgery. It is important to ensure that your bowel is empty before laparoscopic surgery for endometriosis, to reduce the risk of serious bowel complications. You may be asked to follow a special diet and be given enemas to make sure the bowel is clean and empty. Before the anaesthetic you must have nothing to eat or drink for 6 hours.

What happens during the operation?

Laparoscopic surgery is performed while you are asleep under a general anaesthetic. A small incision is made at the umbilicus (navel) and a slim telescope is inserted into the abdomen so that the uterus (womb), ovaries and fallopian tubes can be clearly visualised. To create space inside, carbon dioxide gas is introduced to lift the wall of the abdomen away from the internal organs. To enable the operative instruments to be passed into the abdomen two or three other small incisions may also be placed low on the abdomen in either the middle near the bikini line and/or on the right and left sides. Being able to manipulate the womb from side to side also enhances the view of the pelvic organs. This is achieved by placing a probe into the cavity of the womb. The probe is then attached to the cervix (neck of the womb) and manipulated from below.

If minor degrees of endometriosis are seen at laparoscopy, and it has been agreed before hand, it is sometimes possible to destroy it there and then by cauterizing (*diathermy*). It is sometimes possible to remove (excise) deposits of endometriosis. Research has shown that this treatment can improve the chance of pregnancy and reduce pain. The site and severity of the endometriosis will influence whether diathermy can be used.

If there are adhesions (scar tissue) these can be divided by tiny scissors.

If there is an ovarian cyst it is sometimes possible for this to be removed laparoscopically through one of the skin cuts. If the cyst is large it may be necessary to make the cut larger to remove the cyst. If there is bleeding from the ovary this can be cauterized with diathermy or stitched. Sometimes, if the cyst has destroyed the normal ovary, looks suspicious or there is excessive bleeding, it is necessary to remove the whole ovary. This is only carried out if essential and usually your surgeon will have discussed this possibility with you.

Complications

Occasionally there may be difficulties or complications.

The overall risk of serious complications from laparoscopy is uncommon (approximately 2 women in every 1000). These include:

- Damage to bowel, bladder, uterus or major blood vessels which would require immediate repair by laparoscopy or laparotomy (uncommon). However up to 15% of bowel injuries might not be diagnosed at the time of laparoscopy.
- Failure to gain entry to abdominal cavity and to complete intended procedure.
- The risk of death as a result of complications in women undergoing laparoscopy is very rare (3-8 women in every 100 000).
- Hernia at site of entry (less than 1 in 100; uncommon).
- Thromboembolic complications (rare or very rare).

Frequent risks include

- Bruising.
- Shoulder-tip pain.
- Wound gaping.
- Wound infection.

Finally, if there is any possibility that you might be pregnant please mention this to the doctor or nurse.

Stitches

The skin incision will be closed by a dissolving stitch, which does not need to be removed. You may bath or shower as usual following the operation and can remove any dressings in a couple of days. Occasionally a small tube (drain) is left from one of the cuts if there is risk of internal bleeding. This is normally removed the following day.

After the operation

At the end of the operation, most of the gas is removed, but it may cause a feeling of bloating and discomfort in the ribs and shoulders. The discomfort can be relieved by painkillers and the gas will slowly be absorbed over the next day or two.

Some patients feel well enough to go home the same day, but this will also depend on the extent of the surgery. Patients may be advised to stay overnight.

After the operation you will feel sore around the incisions and sometimes a period like pain in the pelvis. There may be some swelling or bruising around the wounds. At home you can take painkillers such as paracetamol if needed.

Slight bleeding from the vagina is normal and there may be a blue stain on your sanitary towel if dye was used to check your tubes. This is nothing to worry about. We advise the use of sanitary towels rather than tampons. You should not have intercourse for one week.

If however you experience any of the following problems during the first week, you should seek medical advice.

- Increased abdominal pain, redness, swelling or discharge of the wound(s).
- Persistent bleeding from the wound(s).
- Difficulty in passing urine.
- High temperature.
- Nausea or vomiting.

If any of these occur or you need advice please contact as follows

- 1) If operated in the main theatre, contact Cley Gynaecology ward on **01603287242**.
- 2) If operated in the Day Procedure Unit, contact the Day Procedure Unit on **01603 286008** during daytime till 7 PM or the Cley Gynaecology ward on **01603 287242** after 7 PM.

Alternatively you may be able to see your General Practitioner.

Activity

You are advised not to drive for 48 hours. As soon as the discomfort settles you can return to normal activity. You may feel tired for a few days as a result of the anaesthetic, but can return to work after a few days. Most patients take 5-7 days off work afterwards.

Follow-up

This varies and you will be advised of any follow-up arrangements before you leave the hospital.

Videos about coming into hospital that are available on Youtube - <https://www.youtube.com/watch?v=2nW8khhB8gA>



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