

What is a Laparoscopy?

An information guide



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Laparoscopy is a type of surgical procedure that allows the surgeon to access the inside of the abdomen (tummy) and pelvis through a small cut in the belly button without having to make large cuts in the skin. It is also known as keyhole surgery or minimally invasive surgery.

Additional small incisions/cuts may be made on the abdomen to allow for the use of instruments in order to move structures within the abdomen, thereby allowing for a thorough inspection and possible treatment if necessary.

When is it performed?

Laparoscopic surgery can be used in different medical specialties like:

- Gynaecology (women's health)
- General Surgery
- Urology

In Gynaecology laparoscopy is used to view the outside of the uterus (womb), tubes, ovaries, bowel, and liver. With this technique, a wide range of female health problems can be diagnosed and treated. These include:

- Pelvic pain
- Infertility
- Sterilisation
- Endometriosis
- Tubal (ectopic) pregnancies
- Pelvic inflammatory disease
- Vaginal hysterectomy
- Removal or drainage of ovarian cysts
- Other abnormalities of the womb (e.g. fibroids)

This information is for you if you are having a diagnostic laparoscopy and /or and operative laparoscopy where simple or intermediate procedures are performed.

Your operation will depend on your personal circumstances and will be discussed with you by your Gynaecologist before your operation.

How is it performed?

Laparoscopy is carried out under a general anaesthetic, so you will be asleep during the procedure. The anaesthetist will discuss about this in detail prior to your procedure.

The surgeon makes a small 1 cm cut into the belly button and pumps air into the abdomen. This makes it easier for the surgeon to see inside the abdomen and perform the operation.

The surgeon then puts a laparoscope (camera) device into the abdomen to view the inside. Depending on the type of surgery performed, the surgeon may then add another 2 to 3 cuts (1cm in length) on the abdomen to insert other instruments needed for the operation.

After the procedure, the gas is let out of the abdomen and all the cuts are closed with dissolvable stitches.

In most cases, you will be able to go home on the same day. Once assessed as medically fit you will be discharged. You need someone to drive you home and to have a responsible adult with you for 24 hours afterwards.

If a more extensive operation was performed you may need to stay in hospital overnight or longer depending on the procedure and your recovery.

What are the benefits of laparoscopy compared to open surgery?

The main advantages of keyhole surgery are:

- Shorter stay in hospital
- Quicker recovery
- Less pain
- Less bleeding
- Less scarring

Is it a safe procedure?

Laparoscopy is a very commonly performed operation and major complications are rare. However, you should be aware that despite the best efforts of the doctor, and despite his/her skills, complications could occur during any surgical procedure.

Before deciding to go ahead with surgery you should take into account that there is always a balance between the potential benefits of having a surgical procedure performed and the potential chance of complications that might occur from that procedure.

Risks

Minor complications happen in one or two out of every 100 cases following laparoscopy. They include:

- Wound infection - this can be treated with antibiotics.
- Minor bleeding and bruising around the cuts.
- Feeling sick and vomiting.
- Feeling of abdominal discomfort and some shoulder tip pain after the operation.
- Hernia at site of surgery.

Serious complications can happen in one out of every 1,000 cases. They include:

- Damage to an organ, like your bowel, bladder, or ureter which could result in the loss of organ function. Up to 15% of bowel injuries might not be diagnosed at the time of laparoscopy.
- Damage to a major blood vessel and bleeding.
- Allergic reaction to the general anaesthetic.
- Blood clots developing in a vein in the legs or lungs.

If a major complication should happen, it may be necessary to change from keyhole surgery to open surgery in order to deal with the problem

What happens before the operation?

Your operation will be discussed with you and written consent obtained. Before signing the consent form it is important that you fully understand why you need the operation, and the potential complications.

To check your general health and ensure you are medically fit to receive an anaesthetic and undergo the operation you will be asked to attend a Pre-operative clinic one to three weeks before your operation.

Any necessary tests will be ordered, for example blood tests. Your temperature, pulse, blood pressure, height and weight will be recorded and your urine tested.

What happens on admission?

The nursing staff will show you around the ward and discuss the plan of your care with you.

You will need to go without food for 6 hours before the operation (instructions about food and drink should be given to you before you are admitted). Your nurse may request a urine sample to perform a pregnancy test to confirm you are not pregnant before procedure is carried out.

You will be given a theatre gown to wear and be asked to remove all jewellery, nail varnish, make-up, contact lenses and body piercings. Please inform the nursing staff of any jewellery or piercings you are unable to remove.

You must advise nursing staff and your anaesthetist if you are wearing dentures.

To reduce the risk of blood clots, you may be given compression stockings and /or prescribed blood thinning injections. You are advised to be as mobile as you can as early as you can after your operation and do exercises whilst resting.

What can I expect after the operation?

You will feel drowsy after the anaesthetic. Some women also feel sickly. It is very common to experience some pain after the procedure and shoulder pain may occur as a result of distending the abdomen with gas.

If you do have pain or sickness, inform the nurse who will give you medication as required.

As the gas absorbs into the blood stream and is exhaled through the lungs, the pain will gradually disappear, usually over 24 or 48 hours.

The puncture incisions are usually closed with dissolvable stitches but may be removed in five to seven days if the stitches are non-absorbable. If required, we will ask you to make an appointment with the practice nurse at your GP surgery.

The dressings placed over the wound should be removed after 24 hours and air allowed to reach the skin. You are advised to take showers for the first 48 hours. The wound(s) should be patted dry and left open. If the wound(s) becomes a little reddened or moist a dry gauze dressing can be applied.

You may expect some vaginal bleeding from time to time for anything up to two weeks after your operation. This is usually due to manipulation of the cervix at the time of the operation. If you do have any bleeding, to reduce risk of infection use sanitary towels and avoid tampons.

You may have some difficulty in passing urine after the operation. This is because it is usual practice to empty the bladder by passing a catheter during the procedure.

If you experience symptoms of cystitis, that is, passing urine frequently with burning discomfort try drinking large amounts of fluid to “flush” through the urine.

When can I go home?

You can go home once assessed as medically fit for discharge. You can usually go home the same day, however your length of stay in hospital depends on the extent of the procedure and your recovery.

If you are discharged the same day, you must be able to walk around unaided, pass urine and eat a light diet. You must have a responsible adult to escort you home and stay with you for 24 hours.

It is normal to feel tired for a few days after the operation. When you will be fit to return to work will depend on your recovery and

on the procedure performed. You should discuss this with your doctor before discharge. A medical certificate can be provided if required.

Advice following anaesthetic

After a general anaesthetic there is a period of time when your judgement and reaction times may be impaired therefore:

- It is important to remain in the company of a responsible adult for the next 24 to 36 hours. During this time, you should not drink alcohol, make any important decisions, or sign any important documents.
- Do not drive, operate machines, cookers or ride a bicycle for 48 hours, this may be longer depending upon the type of operation.

When to seek medical advice?

You must contact your GP or seek urgent medical advice (depending on severity of symptoms) if:

- You continue to vomit after 24 hours.
- Have severe stomach pain which is not or relieved by painkillers or is not resolving.
- You develop a high temperature.
- You have difficulty passing urine.
- Your wound(s) bleed excessively.
- Your wound(s) discharges pus or becomes red and tender

Contact Telephone Numbers

The Royal Oldham Hospital

Gynaecology Assessment Unit (GAU): 0161 627 8855

Rochdale Infirmary

Day Surgery Unit: 01706 557133

North Manchester General Hospital

Day Surgery Unit: 0161 720 2240

More information

Royal College of Obstetricians & Gynaecologists (<https://www.rcog.org.uk/globalassets/documents/patients/patientinformation-leaflets/recovering-well/laparoscopy-recoveringwell.pdf>)

NHS Choices: <http://www.nhs.uk/conditions/laparoscopy/Pages/Introduction.aspx>

Notes:

If English is not your first language and you need help, please contact the Interpretation and Translation Service

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