

Laparoscopy

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Reasons for the procedure

A laparoscopy is used to examine your pelvis; which includes the:

- Womb
- Fallopian tubes
- Ovaries
- Pelvic wall

It can help the doctor to diagnose the cause of abdominal pain and decide on the best form of treatment.

The procedure can also be used for treatment of conditions such as:

- Endometriosis
- Separation of pelvic adhesions
- Removal or drainage of ovarian cysts
- Removal of tubes if blocked
- Ectopic pregnancy

Nature of the procedure

A laparoscopy is a procedure in which an instrument called a laparoscope is passed into the abdominal cavity to enable the doctor to look inside. It is performed under a general anaesthetic. Usually two or more small cuts are made in the abdominal wall about 1 cm long. One is made in the abdomen just below the belly button, and others may be in the bikini-line or on either side. A special needle (Verres) is inserted through the abdominal cut to distend the abdominal cavity with carbon dioxide. This separates the abdominal wall from the internal organs so that the laparoscope can be inserted safely. The laparoscope has a powerful light attached which allows the doctor to look inside the abdominal cavity and examine the pelvic organs. The areas that are seen are the womb, tubes and ovaries. The appendix and any scars may also be seen. The whole procedure usually takes about **15-30 minutes**. You can usually go home the same day, or you may be asked to stay in hospital overnight.

Benefits of the procedure

A diagnosis can usually be made straight away and there is the possibility to take pictures which can be stored confidentially in your case notes. A laparoscopy avoids the need for major surgery such as opening the abdominal cavity (laparotomy).

Risks of the procedure

As with all operations there are always possible risks; these occur rarely. Some will occur during the operation and others may occur when you have been discharged.

- A small number of women (2 out of every 1000) have some internal bleeding which may or may not require further treatment.
- There is a small risk of the bowel or bladder being punctured when the Verres needle or laparoscope are inserted. In these circumstances an immediate operation may be necessary to repair the damage (1 in every 1000). This will involve a larger opening to the abdominal cavity and you will have to stay in hospital longer. You must be aware that your recovery period will take longer

than the key hole procedure and you will need to seek your General Practitioners advice about how long you will need to stay off work.

- Your movement and strength must be able to cope with an emergency stop before you return to driving. You should feel comfortable behind the wheel with the seat belt over your abdomen. Recommended guidelines suggest 4-6 weeks and you should always check with your insurance company.
- There is a small chance of bowel injury occurring and not being apparent until you are discharged from hospital. Therefore, if you develop increasing pain, abdominal distension, fever or worsening nausea and vomiting during the week after the operation, it could mean that there is a problem following the laparoscopy. If this happens you should come back to the hospital for review.
- It is also possible that an infection can develop in your abdominal wounds, so any inflammation or discharge at the wound site should be reported to your GP.

Discomforts of the procedure

You may have some pain similar to period cramps after the operation. This should settle with painkillers. Your abdomen may be distended and feel 'blown up' after the operation due to any gas remaining which will eventually go away. However, you may find it more comfortable to wear loose fitting clothes when discharged. You may have shoulder tip pain a few hours after the procedure due to any remaining gas. This is because some gas sits under the diaphragm and the discomfort is felt in the shoulder. This will go away and may require painkillers, although you are encouraged to gently move around.

You will probably need **2-3 days** to recover from the procedure. Most people will need **a few days off work** but you can return to work as soon as you feel able.

You should not drive for the first 24 hours, until you can move about freely. As long as you feel comfortable you should have no problems driving. With regards to intercourse it will depend very much on the findings and what occurs during surgery. You will be advised on this but feel free to discuss with a member of the ward staff before your discharge home.

The alternatives to the procedure

This depends on the reason for having the laparoscopy. Other possible investigations are a pelvic ultrasound scan or open surgery. The doctor will have explained the reason for the laparoscopy and why this is necessary in your particular case.

As part of the discussion for the management of your problem, "watchful waiting" may be advised or a pelvic ultrasound scan, CT scan or MRI of the pelvis may be arranged. In some conditions these investigations are very helpful but in some suspected diagnoses they may well be negative (no problem is found).

The consequences of not having the procedure

The doctors treating you may not be able to get to the bottom of your problem and treatment will be to manage your symptoms rather than a definite pathology.

For further advice please telephone: Ward 3E – 0151 430 1522 (24 hours)



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