



# Having a diagnostic laparoscopy

---

**You have been advised to have a diagnostic laparoscopy to help find the cause of your symptoms and to help your gynaecologist make a diagnosis. This leaflet outlines the common reasons doctors recommend this operation, what will happen when you come into hospital, the potential benefits and risks, and what to expect when you go home.**

---

## What is a laparoscopy?

Laparoscopy is a procedure to look inside your abdomen (tummy) by using a laparoscope. A laparoscope is like a thin telescope with a light source, and it is used to light up and magnify the structures inside the abdomen. The laparoscope is passed into the abdomen through a small cut (incision) in the skin. This operation is performed to help find the cause of symptoms and helps your gynaecologist make a diagnosis.

Some common reasons why you may be advised to have a diagnostic laparoscopy include:

- **Fertility problems** – A laparoscopy can determine if there is any abnormal anatomy, endometriosis, blocked fallopian tubes, or some other reason for infertility. A dye may be injected through the neck of the womb via the vagina to see if the fallopian tubes are open. If the tubes are open, the dye will be seen spilling out of the ends.
- **Pelvic pain** – There are many possible causes of pelvic pain that can be diagnosed with laparoscopy. These include endometriosis, adhesions (scar tissue), ovarian cysts, ectopic pregnancy, pelvic inflammatory disease (PID), and abnormalities of the uterus. However, there are limitations – in 50% (5 out of every 10) women with a normal ultrasound but suffering pelvic pain, the laparoscopy may not be able to identify an obvious cause.

## Will any additional procedures be performed during my diagnostic laparoscopy?

Your doctor will discuss any additional procedures that may be performed when you have a diagnostic laparoscopy. These procedures may include:

- Taking small samples of tissue from inside the abdomen (known as biopsies).
- Performing a sterilisation to prevent further pregnancies. This is where a small clip is used to seal the fallopian tube.
- Treating an ectopic pregnancy.
- Treating endometriosis.
- Treating ovarian cysts (ovarian cystectomy, or oophorectomy).
- Treating adhesions in the abdomen (adhesiolysis).

## How is a diagnostic laparoscopy done?

It is usually done while you are asleep under general anaesthesia. The skin over the abdomen is cleaned. The gynaecologist then makes a small incision about 1-2 cm long near to the belly button (navel). Some gas is injected through the cut to 'blow out' the abdominal wall slightly. This makes it easier to see the internal organs and gives more room to work. A laparoscope is then gently pushed through the cut into the abdominal cavity. The gynaecologist then looks at pictures on a TV monitor connected to the laparoscope.

If you have a surgical procedure, one or more separate small incisions may be made in the abdominal skin. These allow thin instruments to be pushed into the abdominal cavity. The gynaecologist can see the ends of these instruments with the laparoscope and so can perform the required procedure.

When the gynaecologist has finished, the laparoscope and other instruments are removed, and the gas is let out of your abdomen. The incisions are stitched, and dressings are applied.

## How long does it take?

When laparoscopy is used to diagnose a condition, the procedure usually takes 30-60 minutes. It will take longer if the surgeon is treating a condition by carrying out an additional procedure. The length of surgery will depend on the type of surgery being carried out.

## What are the risks of the procedure?

Laparoscopy is a commonly performed procedure and serious complications are rare.

### Minor complications

Minor complications are estimated to occur in one or two out of every 100 cases following laparoscopy. They include:

- Infection – wound gaping.
- Minor bleeding and bruising around the incision.
- Shoulder-tip pain (caused by the gas used to inflate the abdomen).
- Feeling sick and vomiting.

### Serious complications

- The overall risk of a serious complication is about 2 women in every 1,000 (uncommon).
- Damage to bowel, bladder, uterus or major blood vessels which would require immediate repair by laparoscopy or laparotomy (uncommon). However, up to 15% (15 out of every 100) bowel injuries might not be diagnosed at the time of laparoscopy.
- Failure to gain entry to abdominal cavity and to complete intended procedure,
- Hernia at site of entry.
- Serious allergic reaction to a general anaesthetic.
- Complications arising from the use of carbon dioxide during the procedure, such as the gas bubbles entering your veins or arteries (rare). More commonly, trapped gas can cause significant shoulder tip pain and sometimes lower chest pain within the first 24-48 hours. This can be severe but taking regular pain killers to manage the pain as well as mobilising as best as possible will ensure the trapped gas resolves itself.

- A blood clot developing in a vein, usually in one of the legs (deep vein thrombosis or DVT), which can break off and block the blood flow in one of the blood vessels in the lungs (pulmonary embolism).

Further surgery is often required to treat many of these more serious complications.

- Death; 3-8 women in every 100,000 undergoing laparoscopy die as a result of complications (very rare).

## How should I prepare for my operation?

Please follow the instructions given to you during your pre-operative assessment appointment regarding eating and drinking and medications prior to your operation.

- **Unprotected sexual intercourse:** Please ensure you do **not** have unprotected sexual intercourse after your last menstrual period.
- **Pregnancy:** If you are, or think you may be pregnant, you should **not** have the procedure. Please contact the hospital number on the appointment letter before your appointment for further advice.

## Aftercare

Nurses will check your vital signs (blood pressure, pulse, temperature and rate of breathing) after the operation. If there are no complications, you may leave the hospital within four to six hours of a diagnostic procedure. If you have had any additional procedures, you may need to stay in hospital for one night. When you go home, make sure that you are not alone and that someone can stay with you overnight.

## Results and follow-up

If any samples are sent to the laboratory for testing you can expect to receive the results within 6-8 weeks. Your doctor may either write to you and your GP with results or invite you back to clinic to discuss things in person.

## After effects of general anaesthesia

Most modern anaesthetics are short lasting. You should not have, or suffer from, any after effects for more than a day after your operation. During the first 24 hours you may feel more sleepy than usual, and your judgement may be impaired.

## Scars

You will have between one and four small scars on different parts of your abdomen – one scar will usually be in your navel. Each scar will be between 0.5cm and 1cm long.

## Stitches and dressings

Your incisions will be closed by stitches. Some stitches dissolve by themselves. Other stitches may need to be removed. This is usually done by the practice nurse at your GP surgery about 10 days after your operation. You will be given information about this. Your incisions will initially

be covered with a dressing. You should be able to take this off about 24 hours after your operation and have a wash or shower (see section on washing and showering).

## **Vaginal bleeding**

You may get a small amount of vaginal bleeding for 24 to 48 hours.

## **Pain and discomfort**

You can expect some pain and discomfort in your lower abdomen for the first few days after your operation. You may also have some pain in your shoulder. This is a common side effect of the operation. When leaving hospital, you will be advised to take regular over-the-counter painkillers for the pain you are experiencing. Occasionally the hospital will provide painkillers. Sometimes painkillers that contain codeine or Dihydrocodeine can make you sleepy, slightly sick and constipated. If you do need to take these medications, try to eat extra fruit and fibre to reduce the chances of becoming constipated.

## **Starting to eat and drink**

If you have had a short general anaesthetic, once you are awake, you will be offered a drink of water or cup of tea and something light to eat before you go home.

## **Washing and showering**

You should be able to have a shower or bath and remove any dressing 24 hours after your operation. When you first take a shower or bath, it is a good idea for someone to be at home with you to help you if you feel faint or dizzy. Do not worry about getting your scars wet – just ensure that you pat them dry with clean disposable tissues or let them dry in the air. Keeping scars clean and dry helps healing.

## **Driving**

You should not drive for 48 hours after a general anaesthetic. Each motor insurance company will have their own conditions for when you may start driving again so check your policy. See whether you can do the movements you would need for an emergency stop and a three point turn without causing yourself any discomfort or pain. When you are ready to start driving again, build up gradually, starting with a short journey.

## **Returning to work**

If you have had a diagnostic laparoscopy or a simple procedure such as a sterilisation, you can expect to feel able to go back to work within one week. Although you will not be harmed by doing light work just after surgery, it would be unwise to try to do much within the first 48 hours. If you have a procedure as part of an operative laparoscopy, such as removal of an ovarian cyst, you can expect to return two weeks after your operation. If you feel well, you will not be harmed by doing light work on reduced hours after a week or so.

Many patients return to work within a week of surgery, and most are back to work within two weeks.

## **When should I seek medical advice after a laparoscopy?**

If you have burning and stinging when you pass urine, or a desire to pass urine frequently in the first three days after surgery, you should see your GP as this may be due to a urine infection. Treatment is with a course of antibiotics.

- If you have red and painful skin around your incisions for more than a week after surgery, you should see your GP as this may be due to a wound infection. Treatment is with a course of antibiotics.
- If you have increasing abdominal pain, a temperature (fever), have lost your appetite and are vomiting, this may be due to damage to your bowel or bladder. You should seek medical help urgently and you may need to be admitted to hospital.
- If you have a painful, red, swollen, hot leg or difficulty bearing weight on your legs, this may be due to a deep vein thrombosis (DVT). If you have shortness of breath or chest pain or cough up blood, it could be a sign that a blood clot has travelled to the lungs (pulmonary embolism). If you have these symptoms, you should seek medical help urgently.

## **How to contact us and where to find more information**

If you have any questions relating to this leaflet or other aspects of your care please feel free to ask your doctor or members of the nursing team.

You can also call Sonning Ward for further information on **0118 322 8204**.

The following websites also contain useful information on laparoscopy;

- NHS website [www.nhs.uk/Conditions/Laparoscopy/Pages/Introduction.aspx](http://www.nhs.uk/Conditions/Laparoscopy/Pages/Introduction.aspx)
- Royal College of Obstetricians & Gynaecologists [www.rcog.org.uk/en/patients/patient-leaflets/laparoscopy/](http://www.rcog.org.uk/en/patients/patient-leaflets/laparoscopy/)

To find out more about our Trust visit [www.royalberkshire.nhs.uk](http://www.royalberkshire.nhs.uk)

**Please ask if you need this information in another language or format.**

RBFT Gynaecology / S Philip, Consultant O&G & Medical Lead, December 2016

Reviewed: June 2025, amended August 2025

Next review due: June 2027