Having a laparoscopy

Introduction

This leaflet is for women who have been advised to have a laparoscopy. It 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. You will meet a nurse in a pre-assessment clinic before the operation. Please keep a list of any questions you may have.

What is a laparoscopy?

Laparoscopy is a procedure to look inside your tummy (abdomen) by using a laparoscope. A laparoscope is like a thin telescope with a light source. It is used to light up and magnify the structures inside the abdomen. A laparoscope is passed into the abdomen through a small cut (incision) in the skin. A laparoscopy enables a doctor to see clearly inside your abdomen.

A laparoscopy may be performed to find the cause of symptoms such as abdominal pain, pelvic pain or swelling of the abdomen or pelvic region, this is known as a diagnostic laparoscopy. It helps your gynaecologist make a diagnosis. Some common conditions which may be diagnosed by 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% of women with a normal ultrasound but suffering pelvic pain, the laparoscopy may not be able to identify an obvious cause.

Operative laparoscopy

A laparoscopy may be done if a previous test such as a scan or X-ray has identified a problem within the abdomen or pelvis and the plan is to correct or treat the problem. This is called an operative laparoscopy. A doctor can use fine instruments which are also passed into the tummy (abdomen) through small cuts (incision) in the skin. These instruments are used to cut or trim tissues, perform sample-taking (biopsies), grasp organs, etc, inside the abdomen. This

laparoscopic surgery is sometimes called 'keyhole surgery' or 'minimally invasive surgery'. Laparoscopic surgery can be used for various procedures including:

- Sterilization. In this operation the fallopian tubes are sealed with a clip to reduce the risk of pregnancy.
- Ectopic pregnancy. If a fertilized egg becomes embedded outside the uterus, usually in the fallopian tube, an operation can be performed to remove the developing embryo. This is preferably done with laparoscopy. Usually the affected tube is removed, though sometimes an attempt can be made to remove the pregnancy whilst leaving the tube in place. The advantages and disadvantages of each method should be discussed with you before surgery.
- Endometriosis. This is a condition in which tissue from inside the uterus is found outside the uterus in other parts of (or on organs within) the pelvic cavity. This can cause cysts to form in an ovary. Endometriosis is diagnosed with laparoscopy, and in some cases the cysts and other tissue can be removed during the procedure.
- Ovarian cysts. Cysts in the ovaries can be removed using laparoscopy, or the whole ovary can be removed.
- Adhesiolysis. Adhesions (scarring) between organs within the abdomen or pelvis can be associated with pain and/or infertility. The adhesions may result from previous surgery, infections, or endometriosis. Cutting these adhesions, known as adhesiolysis, may improve symptoms.
- Biopsy. This is taking a biopsy (sample) of various structures inside the abdomen, which can be looked at under the microscope and/or tested in other ways.
- Fibroids. Fibroids in the uterus up to around 8cm in size can be removed using laparoscopy. The fibroid is ‘shelled-out’ from the lining of the uterus and then a special instrument is used to cut the fibroid into pieces for removal. The incision in the uterine wall is then stitched using the keyhole approach.
- Hysterectomy. This procedure to remove the uterus can, in some cases, be performed using laparoscopy. The uterus is cut away with the aid of the laparoscopic instruments and then uterus is removed through the vagina.

How is a laparoscopy or laparoscopic surgery done?

It is usually done while you are asleep under general anaesthesia. The skin over the tummy (abdomen) is cleaned. The gynaecologist then makes a small cut (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 surgeon or 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, depending 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 two 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% of 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;
- 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; three to eight women in every 100,000 undergoing laparoscopy die as a result of complications (very rare).

Benefits of laparoscopic (keyhole) surgery

In general, compared with traditional surgery, with laparoscopic surgery there is usually:

- less pain following the procedure;
- less risk of complications;
- a shorter hospital stay and a quicker recovery;
- a much smaller scar.

Preparing for a laparoscopy

Depending on the type of laparoscopic procedure being performed, you'll usually be asked not to eat or drink anything for 6-12 hours beforehand.

If you're taking blood-thinning medication (anticoagulants), such as aspirin or warfarin, you may be asked to stop taking it a few days beforehand. This is to prevent excessive bleeding during the operation.

If you smoke, you may be advised to stop during the lead-up to the operation. This is because smoking can delay healing after surgery and increase the risk of complications such as infection.

Most people can leave hospital either on the day of the procedure or the following day. Before the procedure, you'll need to arrange for someone to drive you home because you must not drive for at least 24 hours afterwards.

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 a laparoscopic operation you may need to stay in hospital for one night. (Traditional abdominal surgery requires a hospital stay of four days or more.) When you go home, make sure that you are not alone and that someone can stay with you overnight.

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 tummy button. Each scar will be between 0.5cm and 1cm long.

Stitches and dressings

Your cuts 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 cuts 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. Don’t 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.

Formation of blood clots – how to reduce the risk

There is a small risk of blood clots forming in the veins in your legs and pelvis (deep vein thrombosis) after any operation. These clots can travel to the lungs (pulmonary embolism), which could be serious. You can reduce the risk of clots by:

- being as mobile as you can as early as you can after your operation;
- doing exercises when you are resting, for example:
  - pump each foot up and down briskly for 30 seconds by moving your ankle
  - move each foot in a circular motion or 30 seconds
  - bend and straighten your legs, one leg at a time, three times for each leg.

You may also be given other measures to reduce the risk of a clot developing, particularly if you are overweight or have other health issues. These may include:

- daily heparin injections (a blood-thinning agent) you may need to continue having these injections daily when you go home; your doctor will advise you how long you should continue these injections.;
- graduated compression stockings, which should be worn day and night until your movement has improved and your mobility is no longer significantly reduced.

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 can 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?

- burning and stinging when you pass urine or pass urine frequently: This may be due to a urine infection. Treatment is with a course of antibiotics;
- red and painful skin around your scars: This may be due to a wound infection. Treatment is with a course of antibiotics;
- increasing abdominal pain: If you also have a temperature (fever), have lost your appetite and are vomiting, this may be due to damage to your bowel or bladder, in which case you will need to be admitted to hospital;
- 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 immediately.

Further 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 staff.

You can also call Sonning Ward for further information on: 0118 322 7181/8204.

Websites containing useful information

- NHS Choices website www.nhs.uk/Conditions/Laparoscopy/Pages/Introduction.aspx
- www.rcog.org.uk/en/patients/patient-leaflets/laparoscopy/
- For more information about the Trust, visit our website at www.royalberkshire.nhs.uk

This document can be made available in other languages and formats upon request.

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