

Having a Laparoscopy

What is a laparoscopy?

Laparoscopy is an operation in which a telescope (called a laparoscope) is passed into the abdominal cavity to inspect the internal organs. Carbon dioxide gas is put in to the abdominal cavity to keep the internal organs away from the telescope.

Why do a laparoscopy?

Using a laparoscope we are able to inspect the internal organs of the pelvis, giving us more detailed information than can be gained by performing any scans or routine physical examination. In your case this may be being performed to try and find a cause for pain or to see if the fallopian tubes are open in cases of subfertility.

Operative procedures to improve your symptoms can often be performed at the same time if a problem is identified during the procedure, e.g. dividing scar tissue (adhesions). We use laparoscopic (keyhole surgery) to perform many different operations and your doctor will explain if this method is suitable for you.

How is a laparoscopy done?

The operation is performed under general anaesthetic. There are a number of ways to insert the laparoscope which are accepted as safe. The commonest method, here in the gynaecology department, is to insert a special needle through your umbilicus (tummy button) to put carbon dioxide gas into your abdomen. The telescope is then passed into this 'bubble' of gas. It is necessary to have an empty bladder prior to your operation. We ask you to go to the toilet just beforehand or we can use a fine catheter once you are under anaesthetic to keep it from being damaged by the telescope.

In order to get a good view of all the pelvic organs it may be helpful to pass an instrument through the vagina into the neck of the uterus (womb) in order to move it into certain positions. In cases of subfertility a blue coloured dye may be passed through the womb and the woman's fallopian tubes to see if dye can pass through them.

You will usually have two or three small cuts (1-2 cms) in your abdominal wall through which the telescope and any additional instruments are passed. The operation is usually done with the telescope attached to a camera in order that the surgeon can visualise your internal organs. Pictures and videos may be taken as part of your medical records.

At the end of the operation the carbon dioxide is let out of your tummy and the cuts closed with a stitch. You may have some fluid left inside your abdomen to reduce adhesions (scar tissue) forming. This fluid may make you feel bloated, but will reabsorb through your tissues and be passed out through your kidneys.

What can be done during a laparoscopy?

As suitable instruments have developed, more operations can be performed through the laparoscope. The commonest minor operations done through the laparoscope would be dividing scar tissue (adhesions), destroying or removing endometriosis, draining or removing an ovarian cyst, putting clips on the fallopian tubes to perform a sterilisation and treatment of ectopic pregnancies. However, more complicated operations such as a hysterectomy can be performed under suitable circumstances.

How long will the operation take?

It depends on what is done during the operation. For a laparoscopy to look inside for abdominal pain will take between 20 and 30 minutes. If we were to perform any minor procedures this may extend the time taken by another 30-60 minutes.

How long will it take to recover?

It is usually necessary to stay in hospital for a few hours. For simple operations you can often go home after a minimum of 2 hours, so it may be performed as a day case. In this situation you must have someone to take you home and stay with you for 24 hours. For more complicated operations you may need to stay overnight.

Abdominal pain and discomfort is common during the first 48 hours, but after that you should feel better every day. The carbon dioxide used in the operation can sometimes irritate the nerves on the underneath of the diaphragm. These same nerves supply the shoulder so you may feel shoulder or neck pain. Simple pain killers are usually enough, but if it is severe and you need stronger pain killers you may need to stay in hospital longer.

You are advised to buy some simple pain killers such as Paracetamol and Ibuprofen to use once you get home as these will not be provided by the hospital. These tablets can be purchased for less than £1 when purchasing the chemist's own brand which are as effective as big brands such as Nurofen.

Normal activities can be resumed when you feel sufficiently comfortable. This will vary depending on what we have done. If the procedure has just been to look this will usually be about 48 hours. If we have performed some additional surgery this may be a bit longer (1-2 weeks). Unless we tell you otherwise, there are no restrictions on lifting or other activities after this time.

What about my stitches?

Your small cuts may have been closed using stitches that dissolve. Often your wounds will have healed (7-10 days) before the sutures have fully dissolved. If they become irritating, you can remove them or ask your practice nurse to do so. You will be given advice on general care and hygiene of your wounds.

Will I have any vaginal bleeding?

Often you will have some light vaginal bleeding or discharge. Please use panty liners rather than tampons because of the risk of introducing infection. If a blue dye has been used, you will have a blue stained discharge for a short while. Your urine may also be blue/green.

When can I start having sex again?

You can start having sexual intercourse as soon as you feel comfortable to do so when bleeding has stopped.

What happens if I have a problem when I go home?

You will need to contact your GP if:

- You start to have heavy vaginal bleeding.
- You have severe pain, uncontrolled by pain killers.
- You develop an offensive vaginal discharge.
- You have fever or feel unwell.
- The area around your stitches becomes sore, red, swollen or is discharging pus, fluid or blood.

What can go wrong?

Most laparoscopies are very straightforward with no problems.

Minor problems include:

- The skin wounds may become infected or gape slightly and if you are worried it may be advisable to see your GP's surgery, and sometimes you may need antibiotics. Bruising may occur around the skin wounds, this will generally settle on its own but may mean that you take a little longer to fully recover.
- Cystitis (discomfort when passing urine) is quite common for a short while after the operation since the bladder has been emptied (catheterised). If it is severe, persists or you start feeling shivery it may be advisable to see your GP's surgery for a urine test, and possibly antibiotics.

- General tiredness is common after even minor operations and the reason why some people notice this more than others is uncertain, there are no specific remedies other than building up your normal activities once you are feeling more comfortable.
- Occasionally it proves not possible to get gas into the abdominal cavity and the operation has to be abandoned. The surgeon then will then discuss the options on how to proceed with you later (either on the ward or in the clinic).
- Occasionally a small hernia (lump) can form under the skin incision once it has healed. This is caused by a small piece of fat or bowel bulging through the deep cut in the tummy wall. This may require an additional procedure to repair it.

The serious risks at laparoscopy include:

- Damage to internal organs (bowel, bladder, blood vessels or uterus). This may be recognised at the time of the operation, in which case it may be necessary to proceed immediately to repair the damage. This may still be performed laparoscopically but sometimes an open operation is required. Occasionally the damage is not recognised at the time and only suspected if the woman becomes unwell afterwards.
- Accidental escape of gas into the bloodstream or body tissues.
- Complications from the general anaesthetic or other drugs used.
- The overall risk of serious complications from diagnostic laparoscopy is uncommon (approximately 2 women in every 1,000). They are unfortunately increased when the woman is overweight, in poor general health, or has had previous abdominal surgery and with more complicated procedures.
- Serious complications, including death, are a risk with any surgical operation or anaesthetic – including routine ones performed with

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

The risks of a general anaesthetic

The usual advice after having a general anaesthetic is not to drive for 24 hours. However, depending on the anaesthetic drugs used during your procedure, you may be advised not to drive for 4 days following your procedure. You will be advised appropriately on discharge.

General anaesthetics have some risks, which may be increased if you have chronic medical conditions, but in general they are as follows:

- **Common temporary side effects** (risk of 1 in 10 to 1 in 100) include bruising or pain in the area of injections, blurred vision and sickness, these can usually be treated and pass off quickly.
- **Infrequent complications** (risk of 1 in 100 to 1 in 10,000) include temporary breathing difficulties, muscle pains, headaches, damage to teeth, lip or tongue, sore throat and temporary problems with speaking.
- **Extremely rare and serious complications** (risk of less than 1 in 10,000). These include severe allergic reactions and death, brain damage, kidney and liver failure, lung damage, permanent nerve or blood vessel damage, eye injury, and damage to the voice box. These are very rare and may depend on whether you have other serious medical conditions.

As already stated, laparoscopies are very straightforward. They enable your surgeon to perform minor procedures, which may well alleviate or diagnose problems that have been interrupting your life.

We hope this information leaflet has been useful to you.

If you have any questions, please contact:

- Wynard Ward 01392 406512
- Gynaecology Day Case 01392 406550

The Trust cannot accept any responsibility for the accuracy of the information given if the leaflet is not used by RD&E staff undertaking procedures at the RD&E hospitals.

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