

Women and Children's Care Group Patient Information

Laparoscopy



Gynaecology Ward

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GATU (Gynaecology Assessment and Treatment Unit)

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Introduction

Laparoscopy is a procedure that doctors use to look inside the abdomen. It can help them to identify and diagnose a range of conditions, including ectopic pregnancy and ovarian cysts.

A laparoscope is a thin, bendy microscope with a light on the end. It can be used to look at the abdominal organs, take tissue samples (biopsy) and even carry out small operations (known as keyhole surgery). The images picked up by the laparoscope are displayed on a television monitor so that the surgeon can see what is happening in real time. A small cut (incision) is made in the abdominal wall for the laparoscope to pass through.

You may need to have a laparoscopy to investigate symptoms such as abdominal pain, pelvic pain, or swelling in this area. Sometimes, a laparoscopy is carried out if a previous test, such as an x-ray, or scan, has identified a problem in your abdomen or pelvis.

When might you have laparoscopy?

If you have abdominal and pelvic symptoms, you will usually have a physical examination, followed by an x-ray or scan. If these tests are insufficient to make a diagnosis, a laparoscopy may be recommended to allow doctors to look directly at the organs within the abdomen and pelvis.

The most common conditions diagnosed through laparoscopy include:

- endometriosis - a condition where the tissue that normally is only found in the lining of the uterus (womb) appears in other parts of the body near to the uterus and cause pain
- pelvic inflammatory disease (PID)
- ectopic pregnancy – a pregnancy that starts to develop outside the uterus
- ovarian cysts
- ‘lap and dye’ for infertility, to check if your fallopian tubes are patent (open to allow the passage of an egg). A blue dye is put into the uterus via the cervix through a tube. The dye should then flow through the ends of the fallopian tubes. If this does not happen then the tubes could be damaged or blocked. You need to use contraception during the menstrual cycle before the test to ensure you are not pregnant at the time of the procedure.

Laparoscopy is also used to perform a number of operations including:

- taking a small sample (biopsy) from one of the organs in the abdomen for further testing
- laparoscopic sterilisation (‘lap steri’). This involves blocking the fallopian tubes by using clips, tight rings or diathermy (burning the cut ends). This prevents the egg being released down the tube and a pregnancy occurring. It is permanent and very difficult to reverse, so you must be certain that you do not want any more children. The success of a reversal of sterilisation varies greatly depending on age and type of sterilisation. Please note that a reversal procedure is not usually available on the NHS. Following your sterilisation you can resume sexual intercourse as soon as you wish but you should continue to use contraceptives until after your next period – see your GP for advice.

Female sterilisation is more than 99% effective. The risk of the operation failing and a future pregnancy is 0.5% or 1 in 200 women. Therefore if at any time after the operation if your period is more than 2 weeks late you should take a pregnancy test. If the test is positive you should seek medical help as ectopic pregnancies (outside the womb) are more common because of the damage to your tubes caused by the sterilisation.

How it laparoscopy performed?

A laparoscopy is usually a fairly short procedure. However, the length of the procedure will vary depending on why you are having it done - for example, whether it is to diagnose a condition or to perform an operation. It is normally carried out on the Gynaecology Ward or the Day Surgery Unit. In some cases, you may have to stay in hospital for a night or two depending on the exact nature of the procedure that is being carried out.

The laparoscopy procedure

A general anaesthetic is normally given for the procedure which means that you are unconscious throughout. While you are under the anaesthetic, a catheter (small flexible tube) is passed through the urethra (urine tube) into your bladder. This is used to keep your bladder empty during the operation so that it does not get in the way of the procedure.

During the laparoscopy, a small cut (incision) is made just above, or below, your belly button. A hollow needle is put into this cut, and carbon dioxide gas is pumped into your abdomen. The gas is harmless and is used to slightly inflate your abdominal wall and separate the organs, allowing the surgeon to see the area more easily.

A second cut is made in the abdomen and the laparoscope is gently pushed through it. Women having a gynaecological investigation will usually have the incision below their belly button. The images the laparoscope picks up are played on a television monitor in the operating theatre. Sometimes a third cut is necessary for a better image.

Small surgical instruments can be pushed through these cuts, and the surgeon guides them into the right place using the view from the laparoscope. Once in place, the instruments can be used to carry out minor surgery inside your abdomen.

After the procedure, the gas is let out of your abdomen and the small cuts are stitched up, and a dressing is applied.

Risks and benefits

Advantages

As laparoscopy is a form of keyhole surgery, it allows the surgeon to look inside the body in a way that is less invasive, and has fewer side effects than traditional surgery. As only small cuts are necessary, the scars following laparoscopy are smaller than in traditional surgery. There is also less pain following the procedure. For most people, this means a faster recovery time and most will be able to leave hospital on the same day as the procedure. However, you must also be aware that laparoscopy may not always identify the cause of your symptoms.



Complications

The overall risk of serious complications occurring during a diagnostic laparoscopy is uncommon (approximately 2 in 1000). However, if you are obese, have had previous surgery or have pre-existing medical conditions your risk of having complications will be greater than the figures quoted below.

Serious risks include:

- Accidental damage - can occur to your bowel, bladder, uterus or major blood vessels. If this happens, you may need emergency treatment to correct it. However, up to 15% of bowel injuries might not be diagnosed at the time of the laparoscopy.
- The surgeon may be unable to get access to the abdominal cavity and may have to convert to a mini-laparotomy which involves making a larger incision in the abdomen. This can happen if the operation cannot be carried out safely using the laparoscope, and the surgeon needs a better view, and more direct access to your organs. This only happens in about 3 – 5% of operations.
- If surgery is carried out with the laparoscopy, the risk of complications may increase, depending on what procedure is being performed. A blood transfusion may be required in an emergency.
- A hernia could form at the entry site
- Very rarely (3-8 in every 100,000) women undergoing laparoscopy die as a result of complications

As with any operation, there is a small risk of complications with anaesthesia, such as an allergic reaction or slow recovery time. Deep vein thrombosis and pulmonary embolism are also a known risk.

After a laparoscopy, you may have some minor bleeding or bruising around the cuts in the skin of your abdomen. Each scar will be between 0.5 cm and 1 cm long; a cut can heal and leave an unsightly scar although this is extremely rare. Occasionally, the incision becomes infected and you may then need a course of antibiotics.

Recovery

After a laparoscopy, it is normal to feel some pain and discomfort around the cuts in your abdomen and there may be bruising. However, this will improve after a couple of days. Following the operation a dressing will cover each cut. This can be taken off about 24 hours later and you can have a wash or shower. Make sure you pat the scars dry with clean disposable tissues or let them dry in the air. Keeping scars clean and dry helps with healing.

You may also feel some pain in your shoulders. This is because the nerves that supply your shoulders also supply the diaphragm - the breathing muscle in your chest. Sometimes the diaphragm can be disturbed, or become stretched, during surgery which is why you feel pain in your shoulders. Your specialist will be able to advise you about what painkillers to take should you need them.

Your abdomen may also feel uncomfortable for a day or two after the laparoscopy, which can happen if there is any carbon dioxide gas remaining. The gas is gradually absorbed

by your abdominal tissues. You may also feel the need to pass urine more frequently because the gas may put increased pressure on your bladder. You may also experience some vaginal bleeding for 24 to 48 hours.

Before you go home from the hospital, you will be advised on how to keep your wounds clean. Your small wounds will usually have dissolvable stitches. However, if they don't dissolve within 2 weeks please see your Practice Nurse in your GP surgery who will remove them for you. In some cases, you may have stitches which need to be removed about 5-7 days after your operation by your Practice Nurse or on the Gynaecology Ward. Sometimes the wounds may gape; if this is the case, the nurse can apply steri-strips to keep the wound closed until it heals. If you have any concerns please see your GP immediately.

You will normally be able to go home on the same day as the procedure. It's a good idea to have somebody with you for the first 24 hours just in case you experience any problems. It usually takes approximately 2 weeks to fully recover from your surgery.

Recovery can take longer if:

- you have a long term medical condition such as diabetes as healing may be slower and you may be prone to infection
- you smoke – you may be at increased risk of getting a chest or wound infection
- you are overweight – you can be at higher risk of complications such as thrombosis or infection
- there were any complications during the procedure

The nursing team will be able to provide you with advice about taking physical activity, rest, and returning to work. You will be given a 'not fit to work' certificate for 2 weeks when you are discharged. You will need to see your GP to complete a further 'not fit to work' or a 'fitness to work' certificate to give to your employer.

When should I seek medical advice?

Most women recover well following a laparoscopy but complications can occur. Please seek medical advice from your GP or the Gynaecology Ward if you experience the following:

- Burning and stinging sensation when you pass urine or you need to pass urine more frequently: this may be due to a urine infection and you may need antibiotics
- Red and painful skin around the scars: this could be a wound infection and you may need antibiotics
- Abdominal pain that gets worse: if you are feverish, vomiting or don't want to eat, this may be caused by damage to your bowel or bladder. You will need to be admitted to hospital.
- Painful, red, hot, swollen leg: this could be caused by a deep vein thrombosis (DVT). If you have chest pain, shortness of breath or cough up blood, this could mean that the clot has travelled to your lungs. You need emergency medical help.

Further information is available at:
www.rcog.org.uk/information-for-you-after-a-laparoscopy

Other sources of information

NHS Choices

The UK's biggest health website, certified as a reliable source of health information:

www.nhs.uk

Patient UK

Evidence based information on a wide range of medical and health topics.

www.patient.co.uk

Patient Advise and Liaison Service (PALS)

PALS will act on your behalf when handling patient and family concerns, they can also help you get support from other local or national agencies. PALS, is a confidential service.

Princess Royal Hospital, Tel: 01952 282888

Royal Shrewsbury Hospital, Tel: 0800 783 0057 or 01743 261691

Website: www.sath.nhs.uk

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http://www.sath.nhs.uk/patients-and-visitors/Data_Protection/Data_Protection.aspx

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