Wrightington, Wigan and Leigh Teaching Hospitals
NHS Foundation Trust

Laparoscopy

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Laparoscopy

Patient Information

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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.

What is a laparoscopy?

Laparoscopy is a type of surgical procedure in which a small cut is made through the navel (tummy button) through which a viewing tube (laparoscope) is inserted. The laparoscope has a small camera on the eyepiece which allows the doctor to examine the abdominal and pelvic organs on a video monitor. Other small cuts can be made to insert instruments to perform procedures (keyhole surgery).

Laparoscopy can be carried out to diagnose conditions or to perform certain types of operations.

Why is a laparoscopy performed?

It can be offered to try and find the cause of your pain or infertility. In some cases, treating other problems or potential problems is also done. This will be discussed with you in the clinic by your doctor.

Common procedures include:

- Removal of ovarian cysts
- Dye test (for infertility)

- Treatment of endometriosis
- Removal of ovary(s) / fallopian tubes
- Treating an ectopic pregnancy

Benefits

Because laparoscopy is so much less invasive than traditional abdominal surgery, patients can leave the hospital sooner. The main benefits are:

- less pain
- less scarring on the outside and inside
- faster recovery.

Alternatives

This is the only procedure to directly assess the organs in your pelvis other than opening the tummy through a bigger cut. If you feel that your symptoms are not causing you much trouble or that the risk is too much for you, you may choose not to have the procedure. You will need to discuss these issues with your doctor.

How can I prepare for Laparoscopy?

If you are still having periods (menses) it is advised that you continue to take precautions to prevent a pregnancy. If you think you may be pregnant you should inform the nurse or doctor. A negative pregnancy test on the day of the operation does not exclude an early pregnancy. You should not have anything to eat or drink after midnight the night before your procedure if the procedure is to be carried out in the morning or after 7am if the procedure is to be performed in the afternoon.

How is a laparoscopy performed?

On the day of the operation, you will be admitted to the day case (short stay) surgery unit and the anaesthetic doctor will administer general anaesthesia (put you to sleep). An internal examination will be carried out and an instrument may be introduced into the uterus (womb) through the cervix (neck of the womb) to help with the operation. This is removed at the end.

A small cut is made on your tummy button; carbon dioxide gas (a harmless gas) is introduced into your tummy. This gas lifts the tummy wall up to increase safety in introducing the telescope. The telescope is then inserted to look inside your pelvis and view its contents. Depending on the indication for laparoscopy, further small cuts may be made around your lower tummy to allow other instruments to be introduced into your pelvis to complete the operation.

After the operation is completed, the gas is let out of your tummy, and dissolvable stitches are placed on the cuts to hold them together. Small dressings are applied onto the cuts to cover them after the procedure.

You may experience tummy and sometimes shoulder pains, these usually ease after the first day. You will be prescribed pain killers to take home.

What are the complications?

Commonly some women experience shoulder tip pain, swollen tummy, wound bruising, wound gaping, or wound infection. Shoulder tip pain is caused by the gas that was pumped inside. It can irritate your diaphragm which has the same nerve supply as the shoulder tip and makes it feel as though your shoulder hurts. This soon wears off. However, as with any operation, there is a small risk of serious complications occurring in 2 out of every 1000 women that undergo a laparoscopy. Possible complications include hernia at the site of operation, injury to the womb (perforation), bladder injury, bowel injury or damage to major blood vessels.

Extra procedures that may be required to repair these complications include a laparotomy (an open operation through bigger cut on your tummy) and/or blood transfusion. If a laparotomy is performed, you will remain in hospital. The length of stay will depend on the type of complication and the amount of repair work done. Although very rare, 3-8 out of every 100,000 women undergoing laparoscopy die as a result of complication.

What happens after the operation?

When you have recovered from the effects of general anaesthesia, your doctor or nurse will discuss the findings of the operation with you. When you wake from the anaesthetic, your nurse will want to make sure that you are not in pain, that you have had something to eat and drink and that you have passed urine before you are discharged. This usually takes between three to four hours. Another clinic appointment may be arranged to check your recovery or to discuss further treatment if it is required.

On discharge from the hospital, you should make arrangement for someone to take you home and it is essential that a responsible adult stay with you for at least 24 hours.

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. If you drink any alcohol after you leave hospital during this time, it will affect you more than normal. You should have an adult with you during this time and should not drive or make any important decisions.

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 usually be between 0.5 cm and 1 cm long

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 usually be provided with painkillers for the pain you are experiencing.

Washing and showering

You should be able to have a shower or bath and remove any dressings 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.

What can help me recover?

It takes time for your body to heal and for you to get fit and well again after a laparoscopy. There are several positive steps you can take at this time. The following will help you recover:

- **Establish a daily routine and keep it up**: try to get up at your usual time, have a wash and get dressed, move about and so on. Sleeping in and staying in bed can make you feel depressed. Try to complete your routine and rest later if you need to.

- **Eat a healthy balanced diet**: ensure your body has all the nutrients it needs by eating a healthy balanced diet. A healthy diet is a high fibre diet (fruit, vegetables, wholegrain bread, and cereal) with up to two litres a day of fluid intake, mainly water. Remember to eat at least five portions of fruit and vegetables each day.

- **Stop smoking**: stopping smoking will benefit your health in all sorts of ways such as lessening the risk of a wound infection or chest problems after your anaesthetic. By not smoking – even if it is just while you are recovering – you will bring immediate benefits to your health. If you are unable to stop smoking before your operation, you may need to bring nicotine replacements for use during your hospital stay. You will not

be able to smoke in hospital. If you would like information about a smoking cessation clinic in your area speak with the nurse in your GP surgery.

When should I seek medical advice after a laparoscopy?

While most women recover well after a laparoscopy, complications can occur – as with any operation. You should seek medical advice from your GP, or the telephone contact numbers provided at the end of this leaflet, if you experience:

- 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 caused by 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 caused by 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 caused by a deep vein thrombosis (DVT). If you have shortness of breath, chest pain or cough up blood, it could be a sign that a blood clot has travelled to the lungs (pulmonary embolus). If you have these symptoms, you should seek medical help immediately.

Getting back to normal:

Around the house

While it is important to take enough rest, you should start some of your normal daily activities as soon as you feel able. You will find you are able to do more as the days pass. If you feel pain, you should try doing a little less for another few days.

Exercise

The day after your operation you should be able to go for a short 10 to15 minute walk in the morning and the afternoon, having a rest afterwards if you need to. You should be able to increase your activity levels quite rapidly over the first week. There is no evidence that normal physical activity levels are in any way harmful, and a regular and gradual build-up of activity will assist your recovery. Most women should be able to walk slowly and steadily for 30 to 60 minutes by the middle of the first week and will be back to their previous activity levels by the second week.

Driving

You should not drive for 24 hours after a general anaesthetic. Each insurance company will have its own conditions for when you are insured to start driving again. Check your policy.

Before you drive you should be:

- Free from the sedative effects of any painkillers
- Able to sit in the car comfortably and work the controls
- Able to wear the seatbelt comfortably
- Able to make an emergency stop
- Able to comfortably look over your shoulder to manoeuvre.

It is a good idea to practise without the keys in the ignition. See if you can do the movements you would need to 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.

Having sex

For many people, being able to have sex again is an important milestone in their recovery. It is safe to have sex when you feel ready. If your vagina feels dry, especially if you have had both ovaries removed, try using a lubricant. You can buy this from your local pharmacy.

Returning to work

Most women feel able to return to work one to three weeks after a laparoscopy.

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 to three 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.

When you go back to work will depend on the type of job you do. If you do heavy manual work or are on your feet all day, you may need longer than someone who can sit down at work. You do not need to avoid lifting or standing after this type of operation, but you may feel more tired if you have a physically demanding job.

You might also wish to see your GP or your occupational health department before you go back and do certain jobs – discuss this with them before your operation. You should not feel pressurised by family, friends, or your employer to return to work before you feel ready.

You do not need your GP’s permission to go back to work. The decision is yours.

Contact telephone numbers

If you are worried or unsure about any part of your treatment, please do not hesitate to talk to one of the healthcare team.

Ward 2, Leigh Infirmary, Monday to Friday 9:00am to 5:00pm

Telephone: 01942 264256

Outside these hours telephone:

Swinley Ward, Royal Albert Edward Infirmary:

Telephone: 01942 822568 or 01942 822569



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