

Gynaecology - Laparoscopy



Information for day surgery patients

The doctor who you saw in the outpatient clinic today has recommended that you have a laparoscopy. This booklet gives you some detailed information about the operation, but it is only a guide.

You will be able to talk about the procedure further with a nurse at the pre-assessment clinic and when you come in for your operation.

Confirming your identity

Before you have a treatment or procedure, our staff will ask you your **name** and **date of birth** and check your **ID band**. If you don't have an ID band we will also ask you to confirm your address.

If we don't ask these questions, then please ask us to check.

Ensuring your safety is our primary concern.

Consent

We must by law obtain your written or verbal consent to any operation and procedure. Staff will explain the risks, benefits and any alternatives. You will then be asked to sign a consent form. If you are unsure about any aspect of the treatment proposed, please do not hesitate to speak to a member of staff.

What is a laparoscopy?

A laparoscopy is a minor operation that enables the doctor to examine your pelvic organs, such as your womb, (uterus), ovaries and fallopian tubes.

It involves inserting a fine needle through a small cut in your umbilicus (belly button).

Your abdomen (tummy) is then inflated with a small amount of carbon dioxide and a fine telescope-like instrument called a laparoscope is inserted into your abdominal cavity through the same small cut. If you are having the laparoscopy to treat a condition, you may also need one or two small cuts across your stomach just above your bikini line.

Why do I need a laparoscopy?

You have a laparoscopy either to diagnose or to treat a problem. When you have one to diagnose a problem, you may have been having symptoms such as pelvic pain.

A laparoscopy is used to treat:

1. Endometriosis – this is when the tissue (called the endometrium) that usually grows as the lining of your womb grows outside it. It is often found on the ovaries and the ligaments that support the womb. These patches of tissue respond to your hormones in the same way as the tissue inside your womb and will also bleed when



you have a period. This can cause scar tissue to form as well as pelvic pain. The doctor uses diathermy (an instrument that burns or cauterises tissue) or a laser attached to the laparoscope to destroy the patches of endometriosis that they can see.

2. Ovarian cysts – these are fluid-filled sacs that can grow on your ovaries and cause pelvic pain. If they are not very big the doctor can drain or remove them using the laparoscope.

3. Sterilisation – the laparoscope allows the doctor to locate your fallopian tubes and then either cut or clamp them using clips. Female sterilisation is irreversible; it can be attempted, but this procedure is not available through the NHS. The overall failure rate is about one in 200, depending on the method used. If it fails, you may become pregnant and this can happen soon after the operation or several years later. In addition, you have an increased risk of any pregnancy implanting in one of your fallopian tubes and causing an ectopic pregnancy (*see point 4 below*).

Before you are sterilised other methods of contraception should have been discussed with you, including the option of male sterilisation (vasectomy). This has a lower failure rate, is usually done under local anaesthetic and has fewer risks.

4. Ectopic pregnancy – this is when a pregnancy implants outside of your womb. The laparoscope allows the doctor to identify and remove some ectopic pregnancies without you needing to have a major operation.

5. Pelvic adhesions – these happen when two areas inside your pelvis that are usually separate become stuck together; for example, your womb and your bowel. This can cause pelvic pain. They can be separated during the laparoscopy.



What are the benefits of having a laparoscopy?

The main benefit of having a laparoscopy to diagnose a problem is that it allows the doctor to look directly at the outside of your womb, ovaries and fallopian tubes. This enables them to diagnose some conditions that they may not necessarily be able to identify using non-invasive investigations such as ultrasound scanning.

The main benefit of having a laparoscopy to treat a condition is that it is a minimal access operation which means you do not need open surgery. The advantages are a smaller cut, less pain and a quicker recovery.

What are the alternatives to having a laparoscopy?

There are several alternatives to having a laparoscopy. These are not suitable for all women, but if you are interested in them, please talk to your doctor. The main ones are:

Ultrasound scan

Some conditions, such as ovarian cysts and some cases of endometriosis, can be seen when performing an ultrasound scan.

Taking medication

Certain medicines help ease the symptoms of endometriosis. These work either by stopping your body from producing hormones or by stopping you from having periods. They are effective only for the time you take them.

Not having an operation or taking medication

You may decide that you do not want to have an operation or take medication. Your doctor will discuss with you the risks and benefits of doing so and give you information about how to manage your symptoms, such as pain.



Rarely it may be possible to have an injection to treat an ectopic pregnancy but this should be discussed further with your doctor.

What are the risks of having a laparoscopy?

Possible complications during your operation

As with all surgery there are always some risks. These may appear unpleasant, but they are very rare. Some can occur during the operation but others may not happen until after you have gone home.

Reaction to general anaesthetic

There is a small risk of a serious reaction or complication associated with having a general anaesthetic, whatever procedure you are having.

Bleeding

There is a risk of bleeding (haemorrhage) which may mean you would need a blood transfusion.

Damage to your bladder

If this happens we will repair it immediately while you are still anaesthetised. You would then need to have a temporary catheter (a small plastic tube) inserted into your bladder to drain the urine away. You would need this for about seven – 10 days.

Damage to your bowel

If this happens we will repair it immediately while you are still anaesthetised. You may then have a plastic bag attached to your lower abdomen to collect your bowel movements (colostomy) while your bowel heals. This is usually a temporary colostomy and would probably only be necessary for a few months. You would also wake up from the anaesthetic with a fine tube going down your nose into your stomach. This would have a drainage bag attached which would stay in place for a few days. You would not be able to eat and drink for a longer time than usual after the operation.



Arranging the date for your operation

In the outpatient clinic the doctor will fill in an admissions notice and may ask you to take this directly to the Day Surgery Centre. A date for your pre operative assessment and admission will be posted to you.

What happens at the pre-assessment clinic?

A nurse will explain the operation to you, the type of anaesthetic you will receive (usually a general anaesthetic), what to expect after surgery and at home and answer any questions you may have. She/he will assess your suitability for day case surgery. You will also be screened for MRSA which is routinely done for all elective patients. The pre assessment nurse will explain the screening procedure and follow up in detail during your assessment.

Please bring with you any medication you are currently taking and tell us if you are allergic to any medicines or material such as plasters or latex.

The pre assessment nurse will be giving you an information booklet for patients and carers which will explain to you what to expect during your stay in day surgery.

What happens during the operation?

Once you are asleep you will be positioned on the operating table with your feet in stirrups. One doctor sits between your legs and inserts an instrument into the uterus so that the uterus can be moved around during the procedure to get a good view from inside your abdomen. Another doctor inserts an instrument, usually through the belly button, to blow the abdomen up with gas (Carbon Dioxide) so that all the organs can be seen. A telescope is then inserted through the same cut and then other cuts lower on the abdomen are usually needed for the operating instruments to pass through.



What happens after the operation?

When you wake up from your operation you will be in the recovery room and you will stay there for approximately 10-20 minutes before you are taken back to the ward by one of our nurses. At first you may feel drowsy and sick, but this is normal and will soon pass. Depending on how you feel, you will be offered a drink and something to eat after about an hour, then encouraged to get up and dressed ready to go home.

Your nurse will check your blood pressure, pulse and temperature regularly. You will bleed slightly from your vagina after the procedure and your nurse will monitor this. You may also have some pain in your abdomen, neck and shoulders. This is caused by the carbon dioxide used to inflate your abdomen, which can collect beneath your diaphragm. This gas is absorbed by your body over the next few hours but please ask your nurse for some painkillers if you need them.

Once you have had something to eat and drink, passed urine and walked around the ward without any problems, your doctor will discharge you. They will also explain how your operation went and tell you whether you need any further treatment.

If you are due to have a check-up in the gynaecology outpatient department, this appointment will usually be sent to you in the post.

Please refer to our main Day Surgery Centre booklet for advice about travelling home after surgery and the support of a carer in the first 24 hours after surgery.

When should I seek medical advice?

When you are discharged home from hospital your nurse will give



you a separate information sheet that explains what to do if you have any of the following symptoms:

- If your leg is painful, red, swollen or hot, or you find it difficult to bear weight on it, you may have a deep vein thrombosis (DVT). If you have shortness of breath, chest pain or cough up blood, this may be a sign that a blood clot has travelled to your lungs. In either event, you should attend the Emergency Department (ED) immediately
- Although the amount of surgical pain and cramping you have depends on how extensive your surgery was, if you have severe pain or any fever, or if you lose your appetite and are vomiting, follow the instruction on the information sheet
- It is normal to feel tired but if you feel faint or dizzy, phone Day Surgery
- If you have a discharge from your wound sites or they appear very red and feel tender, please contact your GP because you may have a wound infection. You should expect to have light bleeding from your vagina
- If it burns or stings when you pass urine (pee) it may be a sign you have a urine infection and need a course of antibiotics from your GP. But if you are unable to pass urine, even though you feel you need to, you should call Day Surgery.

Getting back to normal

You may feel more tired than usual because your body is using a lot of energy to heal itself. Try to get up at your usual time, have a wash and get dressed, although you may find you need to take a nap later on for the first few days.



You should be able to have a shower or bath and remove any dressings 24 hours after your operation. Do not worry about getting your wounds wet; simply ensure you pat them dry with clean disposable tissues or let them dry in the air. Keeping scars clean and dry helps them to heal. The stitches are generally the type that dissolve so you do not usually need to return to hospital to have them removed.

You may find that you are constipated. This is caused by a combination of the anaesthetic, lack of moving your body, lack of food and the effects of painkillers. Eat a healthy diet with at least five portions of fruit and vegetables each day and drink plenty of fluids, mainly water.

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 comfortable and after any vaginal bleeding has stopped.

Most women feel able to return to work one –three weeks after their laparoscopy. 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 off than someone who can sit down while they work.

Does a laparoscopy have any adverse long-term effects?

As long as you do not have any complications during your operation, you should have no adverse long-term effects. In fact, if you have had a laparoscopy to treat a condition, your symptoms should have improved or gone altogether.



Who can I contact with queries and concerns?

If you have any further problems following your operation, please contact us:

Day Surgery Centre on **020 3299 3483** or **020 3299 3674** between 7.30am and 7pm (Monday to Friday).

Urgent enquiries or emergencies

For urgent enquiries only, please call **08448 222888** and ask for pager no **813086**, leave a message and the on call nurse will return your call as soon as possible.

If your call is not returned after 30 minutes, or you are unable to get through to the paging service, contact your nearest Accident and Emergency Department or your own GP.

PALS

The Patient Advice and Liaison Service (PALS) is a service that offers support, information and assistance to patients, relatives and visitors. They can also provide help and advice if you have a concern or complaint that staff have not been able to resolve for you.

PALS at King's College Hospital, Denmark Hill, London SE5 9RS:

Tel: **020 3299 3601**

Email: **kch-tr.pals@nhs.net**

You can also contact us by using our online form at

www.kch.nhs.uk/contact/pals

PALS at Princess Royal University Hospital, Farnborough Common, Orpington, Kent BR6 8ND

Tel: **01689 863252**

Email: **kch-tr.palskent@nhs.net**



If you would like this leaflet in a different format or language please contact PALS on 020 3299 3601.

Useful contacts:

Women's Health Concern

4-6 Eton Place, Marlow SL7 2QA

www.womens-health-concern.org

(Please note, charges for advice by email)

Endometriosis UK

Suites 1&2, 48 Manchester Street, London W1U 7LS

Tel: 020 7222 2781 Helpline: 0808 808 2227

www.endometriosis-uk.org

Family Planning Association (FPA)

50 Featherstone Street, London EC1Y 8QU

Tel: 020 7608 5240 Helpline: 0845 122 8687

www.fpa.org.uk

Quit – National Stop Smoking Helpline

63 St Marys Axe, London EC3A 8AA

Tel: 020 7469 0400 Helpline: 0800 00 22 00

www.quit.org.uk

NHS Direct

Helpline: 0845 4647

www.nhsdirect.nhs.uk

Health Information Resources

www.library.nhs.uk

Other websites

www.netdoctor.co.uk www.patient.co.uk



