Laparoscopy & Laparoscopic Surgery

Obstetrics & Gynaecology
Women & Children’s Services

This leaflet has been designed to give you important information about your condition / procedure, and to answer some common queries that you may have.
Information for patients and visitors

Introduction
This leaflet has been designed to give you important information about your laparoscopy or laparoscopic surgery, and to answer some common queries that you may have. Common risks, benefits and alternatives to laparoscopy are also explained along with information about what to expect before, during and after your surgery.

What is a Laparoscopy?
A laparoscopy is a surgical procedure which allows the doctor to visually examine the internal pelvic organs using a special instrument called a laparoscope.

Why do I need a Laparoscopy?
Laparoscopy is used for diagnostic and treatment purposes. A laparoscopy may be indicated for the following conditions:

- Suspected ectopic pregnancy
- Suspected endometriosis
- Suspected pelvic adhesions (scar tissue)
- Investigate causes of pelvic pain (including period pains and pain during intercourse)
- Suspected pelvic infection
- Suspected ovarian cysts
- Assessment for tubal repair surgery
- Infertility assessment (this involves the insertion of blue dye into the uterus via the cervix. If the fallopian tubes are healthy the dye will be seen flowing along the tubes)
- Sterilisation

What is laparoscopic surgery?
In addition simply to looking inside, a doctor can use fine instruments which are also passed into the abdomen through another small incision in the skin. These instruments are used to cut, trim, biopsy, grab, etc, inside the abdomen. This laparoscopic surgery is sometimes called 'key-hole surgery' or 'minimally invasive surgery'. Laparoscopic surgery can be used for various procedures.

Some commonly performed operations include:

- Female sterilisation
- Treating ectopic pregnancy
- Taking a biopsy (small sample) of various structures inside the abdomen which can be looked at under the microscope and/or tested in other ways

Treatment procedures can also be carried out at the same time such as:

- Burning or removal (excision) of endometriosis
- Cutting adhesions (scar tissue)
- Puncturing ovarian cysts / removing ovarian cysts or ovaries
- Treating polycystic ovaries
- Removing ovaries, fallopian tubes and ectopic pregnancies

How is a laparoscopy carried out?
Laparoscopic surgery is also known as keyhole surgery. The procedure is carried out under general anaesthetic, which means you will be asleep. A needle is passed into the abdomen and the cavity is inflated with gas (carbon dioxide).
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This separates the bowel from the wall of the abdomen which allows a better view of the internal organs. During a laparoscopy a small tube carrying a telescope (laparoscope) with a video camera is inserted through a small cut in the abdomen.

The end of the laparoscope contains a light and a special type of mirror which convey images to a TV monitor. This allows the doctor to make a thorough inspection of the uterus (womb), fallopian tubes, ovaries and pelvic wall.

Two to four cuts may be made on the abdomen depending on what is required for you and the doctor’s preference. One of these cuts will be made inside or just below the belly button.

Other instruments are then inserted through other small cuts in the abdomen or the vagina to help examine all of the pelvic organs such as the womb (uterus), fallopian tubes and ovaries and any other parts of the surrounding reproductive system.

Any problems or conditions can be diagnosed and the best form of treatment can be decided, which may be carried out at the same time. Once the laparoscope is removed the tiny cuts are closed with a small dissolvable stitch (suture).

What are the benefits of a laparoscopy?

Laparoscopy is an invaluable method for investigating gynaecological problems. It avoids the need for a much bigger operation which would mean a longer length of stay in hospital. Most patients can go home the day of their operation and have relatively small scars.

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

What are the risks and complications of laparoscopy?

One of the main disadvantages of laparoscopic surgery is that the actual operation may take longer than traditional surgery. As with any operation, laparoscopy carries a small risk of complications. It is very important that you are aware of the potential risks and complications before giving your consent to the procedure. The overall risk of serious complications from diagnostic laparoscopy is approximately two women in every 1 000. The most common complications are as follows:

Injury to the bladder, ureter or bowel

The bladder, ureter and bowel are positioned close to where the instruments are inserted into the abdomen. The risk of damage occurring to these organs in a woman without previous abdominal surgery is four in a thousand cases (0.04%). This risk is greater if you have had previous surgery on your abdomen or have adhesions (scar tissue). Damage to bowel, bladder, uterus or major blood vessels 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.

Internal bleeding

Internal bleeding can occur from accidental damage to a pelvic organ or blood vessel. The surgeon will decide whether the blood vessel or organ needs to be surgically
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repaid to stop the bleeding. The risk of internal bleeding in a woman without previous surgery is two in a thousand cases (0.2%).

Unintended laparotomy
A laparotomy will sometimes have to be carried out if the laparoscopy has to be abandoned due to a patient’s obesity or previous abdominal surgery. A laparotomy may also be carried out to surgically repair damage to blood vessels, bladder, bowel or any other pelvic organ. This involves a larger cut on the abdomen and will require in a longer length of stay in hospital to recover.

Infection
Infection following laparoscopy is rare but may occur in the urinary tract, uterus, tubes, pelvic organs or the incision wound(s).

Failure to perform the procedure
Sometimes difficulties can arise during the insertion of the gas or instruments which mean the procedure has to be abandoned or is performed through a bigger cut on the abdomen (laparotomy).

Thrombosis
There is a small risk of thrombosis (blood clot in the leg or the lungs). The risk of thrombosis is minimised by giving you a daily injection while in hospital which thins the blood slightly, without increasing the risks of bleeding. You may be given a pair of anti-embolic stockings to wear whilst you are in hospital and you may need to wear these for a certain amount of time when you go home. Leg exercises (gentle movements) are also advised whilst lying in bed. Early mobilisation is essential.

Anaesthetic risks
In general anaesthetics are safe although the use of anaesthesia carries a small risk. People who are very ill or who have certain medical problems have a higher risk of complications from anaesthesia than those who are fit and well. Please note that every effort is made to reduce the risk of any complications occurring. If you or your family have any concerns about the above complications, you should ask for advice at the Pre-Assessment Clinic or on admission.

Your visit to the Pre-Assessment Clinic
- You may be given an appointment to attend the Pre-Assessment Clinic. At the clinic the nurse will confirm your admission date and time, after checking that you are medically fit for the operation. The nurse will also arrange any tests that are necessary, for example, blood tests, an ECG, or x-rays. The nurse may also arrange for you to see an anaesthetist
- The nurse will begin the documentation for admission and explain the admission and ward procedures to you. You will be able to ask the nurse any questions and, if necessary, she will contact a doctor to speak to you. Please note that if there are any problems as a result of this, your operation may be delayed
- Failure to attend this clinic could result in your operation being cancelled
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Your admission day

On the day of your admission please report to:

Diana Princess of Wales Hospital – Day Surgery Unit or Laurel Ward – Tel: 01472 874111

Scunthorpe General Hospital – Ward 27 or Ward 19 – Tel: 01724 290108

Goole District Hospital – Ward 7 – Tel: 01724 290040

Please bring your medicines with you on the day of admission.

- On arrival to the ward you will be shown to a bed. You may stay in your own clothes or put on a nightdress, whichever you prefer. If you have come in fasting (not eating or drinking) for theatre you will be asked to put on a theatre gown

- A nurse will carry out some routine checks, such as your temperature, blood pressure and pulse rate and will then arrange for you to see the doctor. The doctor will explain the operation to you, and then ask you to sign the consent form after you have read it carefully

- If you are a smoker, you will have been advised to stop 24 hours before your surgery date. The Trust has a non-smoking policy within its grounds

- If you come in the day before theatre, you will be able to eat and drink as normal. The nurse will tell you when you have to start fasting. If you come in on the day of theatre, then you will have been told when to fast from. You need to fast because if you have food and drink in your stomach when you have an anaesthetic, then you may be sick while you are unconscious

- The anaesthetist will see you on the day of your operation

- On the day of surgery the nurse will check all the information with you and then you walk to theatre escorted by a nurse. If you are unable to mobilise you will go to the theatre on a trolley, escorted by a nurse

On arrival in theatre

- You will be taken into the anaesthetic room and the doctor will insert a cannula (needle) into your hand in order to give you some drugs to make you feel sleepy and start the anaesthetic procedure. In some cases you may be asked to hold a mask to your face. This will give you a flow of oxygen to breathe

- You will then be taken into the theatre for the operation. The operation is usually carried out under a general anaesthetic so you will be asleep at this point

- The surgeon will clean your skin using an antiseptic which may leave the area discoloured temporarily.

- During the operation a catheter will be passed up the urethra into the bladder to drain off the urine but this will usually be removed when you are still asleep

- You will usually wake up in the recovery area near the operating theatre. A specially trained member of staff will look after you. When you wake up you will be breathing through an oxygen mask and this is usually left in place until your nurse has assessed that it is safe to be removed or depending on the instructions of the anaesthetist.

- Once the recovery room staff are satisfied with your condition, you will be
What will happen after the procedure?

After the operation, you will wake up in the recovery room, near the theatre, where a trained nurse or operating department practitioner will look after you. You may find you are wearing an oxygen mask, which may be left in place for 2-4 hours depending on the anaesthetist’s instructions.

Once the recovery staff are satisfied with your condition, you will be taken back to the ward.

Once you are back on the ward, the nurse will settle you into a reclining chair or a bed. Initially you will feel drowsy and it is advisable to rest for 2-3 hours.

Your abdomen may feel bloated and sore, but this should wear off within a few days. You may also have pain or discomfort in your shoulders and the back of your neck. The gas inserted during the operation causes this because it irritates the diaphragm which has the same nerve supply as the shoulder. You will have been given some painkilling drugs in theatre (which may be a suppository i.e. medicine inserted into the back passage) so you can expect to wake up without severe pain. Please speak to the nurse if you begin to experience any pain before going home.

You may have nausea and sickness after the anaesthetic. The nurse can give you an injection to settle this. Once you feel well enough, you will be offered something to drink, then if there are no problems you will be allowed to eat. You can have a wash and go to the toilet whenever you feel ready.

The doctor / Consultant will visit you on the ward and explain the result of the laparoscopy to you.

You may be able to come into hospital, have your operation and go home on the same day. Other patients may need to stay in hospital overnight. This will depend upon how you recover from the general anaesthetic, if any treatment was given during the laparoscopy, or if a laparotomy was carried out.

Discharge Advice

You may be given an outpatient appointment to obtain the results or the Consultant / doctor will write to you or your GP. If this appointment is inconvenient for you please change it at the earliest opportunity.

If you go home the same day it is essential that someone comes to collect you and stays with you overnight. Once at home, it is important to rest for the remainder of the day to recover from the anaesthetic.

Furthermore you should avoid the following activities for at least 24 hours after the procedure:

- going to work
- driving
- operating machinery
- drinking alcohol
- take sleeping tablets
- signing any legally binding documents
- carrying out any activities involving heights
- caring for young children (sole responsibility)
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Stitches / wound advice
Remove any dressing after 24 hours. A bath or shower can be taken as soon as desired. The stitches will usually dissolve within two to three weeks of your surgery. Sometimes non-dissolving stitches are used. These need removal after 4-5 days by your GP’s practice nurse.

A little bruising may also appear around the wounds that will gradually disappear. If the wounds become red or any of the stitches become tight or irritating or have not dissolved within 3 weeks, you should contact your Practice Nurse at your GP’s surgery.

Stitches can be quite uncomfortable for 2-3 weeks until they dissolve. It can be soothing to have frequent baths but avoid perfumed soaps and bubble baths for the first 2 weeks. It is not necessary to have salt baths.

Pain
Over the counter painkillers such as Paracetamol or Ibuprofen should relieve minor stomach or shoulder pain. It is essential that you follow the dosage instructions on the packets. Advice about pain relief can also be obtained from your pharmacist. If you have persistent or severe pain, temperature, vomiting or severe swelling of abdomen contact your hospital or GP for advice (See below)

Vaginal discharge
On leaving hospital you may experience occasional light bleeding or brown discharge for up to 7 days after your operation. Do not worry as this is quite normal. The loss will become paler and / or the brown colour will eventually stop.

Do not use tampons, only sanitary towels. If the bleeding is very heavy, i.e. you have to change a sanitary pad every 2 hours, and then you need to contact the ward or a GP. Also if within 1-2 weeks of your laparoscopy you notice a smelly discharge, please consult your GP as you may require antibiotics.

Convalescence
Take it easy for 2 - 7 days, but remember you need to be mobilising, so you do not need to stay in bed. It is quite common to experience general fatigue after an operation. You should gradually be able to begin resuming a normal lifestyle at a pace your body will dictate.

Most people need at least 2-3 days off work. If you have children it is best to arrange help for 24 hours with a relative or friend.

Lifting / Exercise / Sport / Housework
Avoid strenuous exercise or heavy lifting for at least 7 days. The speed of your recovery depends on several factors; type of operation, body size, lifestyle and employment. By 7 days after your operation, you should usually be able to return to normal activities.

Diet
You may eat and drink as normal following your operation.

Sexual intercourse
It is advisable to avoid sexual intercourse until any bleeding or discharge has ceased. If you have been sterilised you need to continue with contraception until your next period.

Driving
This should be avoided until you feel confident to handle a car. Sometimes after an operation your concentration powers are reduced. Your insurance company will give you more advice. The usual rule is that
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Driving should be avoided for at least 24 hours due to you having an anaesthetic.

**Employment**

The length of time you take off work depends on exactly what surgery has been performed and any other personal factors. You need to discuss this with your consultant before going home. Most people feel well enough to return to work after 2-7 days. You should be able to self-certificate for 7 days. If you need any longer you should discuss this with your own GP.

**When Should I seek Medical Advice**

Whilst most women recover well after laparoscopic surgery – complications can occur as with any operation.

You should seek medical advice if you experience any of the following:

- **Burning or stinging when you pass urine, or passing urine frequently** – this may be due to a urine infection and you may require / be given a course of antibiotics

- **Red and painful skin around your scar(s)** – this may be caused by an infection and you may require / be given 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. You may need to be admitted to hospital for further investigation (tests)

- **A painful, red swollen leg or difficulty bearing weight on your leg(s)** – 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 - commonly called a PE). If you have any of these symptoms – you must seek medical help immediately.

**Outpatient appointment**

If you are given an outpatient appointment, please try to keep it. If there is a problem let the Hospital Appointments Office know as soon as possible so that it can be rearranged. The contact number will be on your appointment letter. If you require transport, it is best to inform the ward staff before leaving hospital, so that it can be arranged.

**Social Services**

If you need to be seen by a social worker, this will have been discussed on admission, or at the Assessment Clinic. A social worker will visit you whilst you are in hospital and any necessary arrangements will be set in motion.

**Do you need any further information?**

If you have any further questions, please ask the nurse or the doctor who is looking after you.

If you have any problems or worries once you have been discharged please ring the ward of your admission between 8am and 4pm, or contact your GP.

**Contact Numbers:**

Surgical Day Unit – Diana, Princess of Wales Hospital direct dial 01472 875300

Laurel Ward, Diana, Princess of Wales Hospital 01472 875303

For more information about our Trust and the services we provide please visit our website: www.nlng.nhs.uk
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Day Unit (Ward 27), Scunthorpe General Hospital, situated on D floor, direct dial 01724 290195

Ward 19, Scunthorpe General Hospital, direct dial 01724 203438

Contact your GP or phone NHS Direct.

References


Concerns and Queries
If you have any concerns / queries about any of the services offered by the Trust, in the first instance, please speak to the person providing your care.

For Diana, Princess of Wales Hospital
Alternatively you can contact the Patient Advice and Liaison Service (PALS) on (01472) 875403 or at the PALS office which is situated near the main entrance.

For Scunthorpe General Hospital
Alternatively you can contact the Patient Advice and Liaison Service (PALS) on (01724) 290132 or at the PALS office which is situated on C Floor.

Alternatively you can email: nlg-tr.PALS@nhs.net

Confidentiality
Information on NHS patients is collected in a variety of ways and for a variety of reasons (e.g. providing care and treatment, managing and planning the NHS, training and educating staff, research etc.).

Everyone working for the NHS has a legal duty to keep information about you confidential. Information will only ever be shared with people who have a genuine need for it (e.g. your GP or other professionals from whom you have been receiving care) or if the law requires it, for example, to notify a birth.

Please be assured however that anyone who receives information from us is also under a legal duty to keep it confidential.
**Zero Tolerance - Violent, Threatening and Abusive Behaviour**

The Trust and its staff are committed to providing high quality care to patients within the department. However, we wish to advise all patients / visitors that the following inappropriate behaviour will not be tolerated:

- Swearing
- Threatening / abusive behaviour
- Verbal / physical abuse

The Trust reserves the right to withdraw from treating patients whom are threatening / abusive / violent and ensuring the removal of those persons from the premises.

All acts of criminal violence and aggression will be notified to the Police immediately.

**Risk Management Strategy**

The Trust welcomes comments and suggestions from patients and visitors that could help to reduce risk.

Perhaps you have experienced something whilst in hospital, whilst attending as an outpatient or as a visitor and you felt at risk.

Please tell a member of staff on the ward or in the department you are attending / visiting.

**Moving & Handling**

The Trust operates a Minimal Lifting Policy, which in essence means patients are only ever lifted by nursing staff in an emergency situation.

Patients are always encouraged to help themselves as much as possible when mobilising, and if unable to do so, equipment may be used to assist in their safe transfer.

If you have any questions regarding moving and handling of patients within the Trust, please speak to a member of staff in the ward or department you are visiting.

**Northern Lincolnshire and Goole NHS Foundation Trust**

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Grimsby
01472 874111

Scunthorpe General Hospital
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