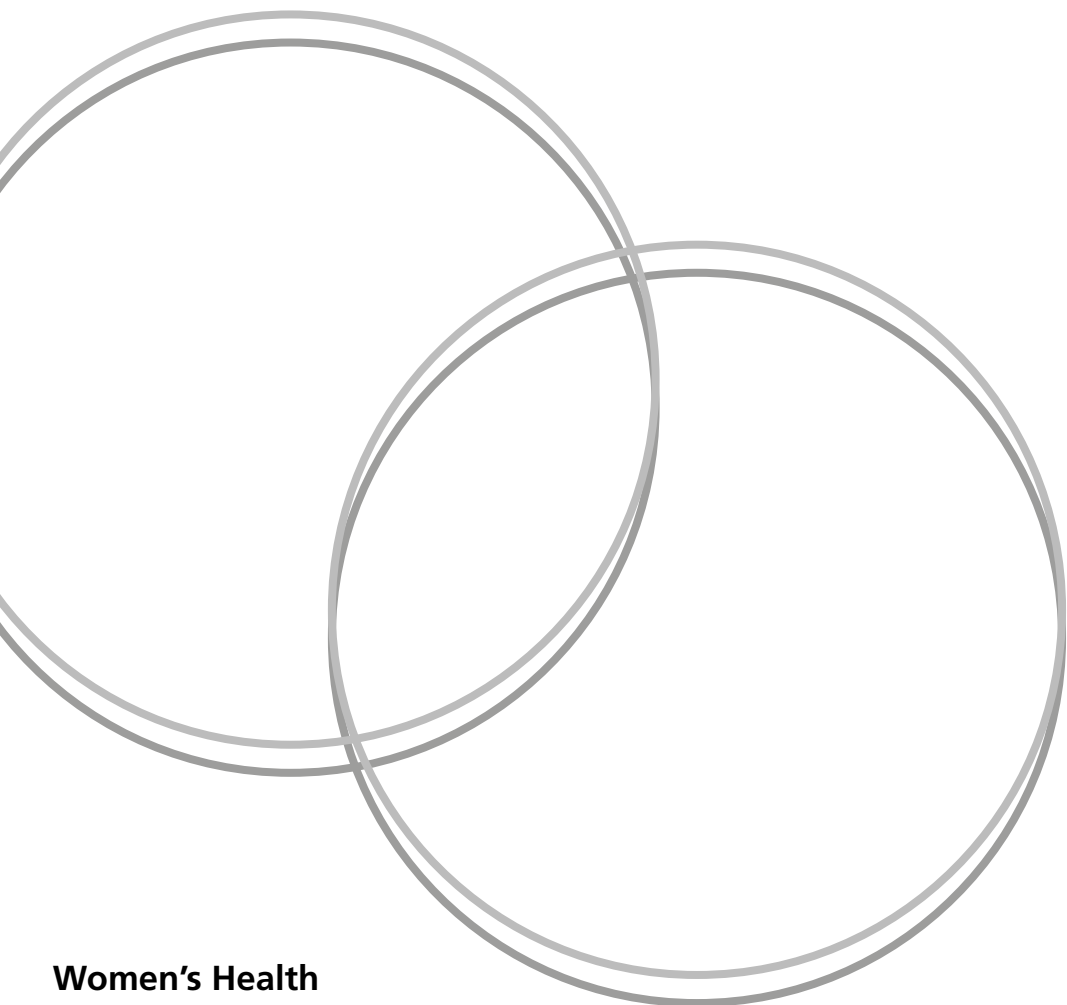




Oxford University Hospitals
NHS Foundation Trust

Laparoscopy

Information for patients



Women's Health

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.

Diagnostic procedure

As a diagnostic procedure, a laparoscopy is done to find out the cause of pelvic pain, fertility problems, or gynaecological symptoms that cannot be confirmed by a physical examination or ultrasound. For example, a laparoscopic examination can identify ovarian cysts, endometriosis, adhesions (scarring), ectopic pregnancy or blocked fallopian tubes. (See pages 3-4 for an explanation of these conditions.) It is carried out as a day-case procedure.

Laparoscopy can also be used to examine the appendix, bowel, gallbladder, or liver.

Operative procedure

As an operative procedure, laparoscopy is used for female sterilisation, treating an ectopic pregnancy, treating endometriosis and/or adhesions, removal of ovarian cysts and abnormal ovaries. Some fibroids in the uterus can be removed by laparoscopy. Laparoscopy can also be used to perform a hysterectomy.

While many of these procedures can be carried out using regular open surgery, laparoscopy usually involves:

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

Because laparoscopy is so much less invasive than traditional abdominal surgery, patients can leave the hospital sooner, often after one night.

Some common reasons for having a diagnostic laparoscopy

Infertility.

A laparoscopy can determine if there is any abnormal anatomy, endometriosis, blocked fallopian tubes, or some other reason for infertility. A dye may be injected through the neck of the womb via the vagina to see if the fallopian tubes are open. If the tubes are open, the dye will be seen spilling out of the ends.

Pelvic pain.

There are many possible causes of pelvic pain that can be diagnosed with laparoscopy. These include endometriosis, adhesions (scar tissue), ovarian cysts, ectopic pregnancy, pelvic inflammatory disease (PID), and abnormalities of the uterus.

Some common operative procedures

- **Sterilisation.** In this operation the fallopian tubes are sealed with a clip or removed to reduce the risk of pregnancy.
- **Ectopic pregnancy.** If a fertilized egg becomes embedded outside the uterus, usually in the fallopian tube, an operation can be performed to remove the developing pregnancy. This is preferably done with laparoscopy. Usually the affected tube is removed, though sometimes an attempt can be made to remove the pregnancy whilst leaving the tube in place. The advantages and disadvantages of each method should be discussed with you before surgery.
- **Endometriosis.** This is a condition in which tissue similar to that found inside the uterus is found outside the uterus in other parts of (or on organs within) the pelvic cavity. This can cause cysts to form in an ovary. Endometriosis is diagnosed with ultrasound, MRI and laparoscopy, and in some cases the cysts and other tissue can be removed during the procedure.
- **Ovarian cysts.** Cysts in the ovaries can be removed using laparoscopy, or the whole ovary can be removed.
- **Adhesiolysis.** Adhesions (scarring) between organs within the abdomen or pelvis can be associated with pain and/or infertility. The adhesions may result from previous surgery, infections, or endometriosis. Cutting these adhesions, known as adhesiolysis, may improve symptoms.
- **Fibroids.** Fibroids in the uterus up to around 8cm in size can be removed using laparoscopy. The fibroid is 'shelled-out' from the lining of the uterus and then a special instrument is used to cut the fibroid into pieces for removal. The defect in the uterine wall is then stitched using laparoscopy.
- **Hysterectomy.** This procedure to remove the uterus can, in some cases, be performed using laparoscopy. The uterus is cut away with the aid of the laparoscopic instruments and then the uterus is removed through the vagina or using a special cutting device.

Risks

Laparoscopy is a relatively safe procedure. However, it does carry a slight risk, as does any abdominal operation, of serious complications. Open surgery may be required to correct any problems that do occur.

Serious complications include:

- damage to the bowel, bladder, ureters (tubes which drain the kidneys), or major blood vessels. (3:1000).
- Failure to enter abdomen
- Hernia (<1:1000)
- Blood clots (<1:1000)
- Death (<1:12,500)

Frequent Risks

- Pain
- Bleeding
- Infection
- Wound gaping

Extra Procedure

- Laparotomy
- Repair of damage to the bladder, bowel, ureter, stoma, blood vessels
- Blood transfusion

The overall risk of serious complications is approximately 2 in 1000.

What happens during a laparoscopy?

Laparoscopy is a surgical procedure performed in the hospital under general anaesthesia. Before starting the procedure the bladder is emptied with a small catheter and the skin of the abdomen cleaned.

After you are anaesthetised a hollow needle is inserted into the abdomen through a small cut through the navel (tummy button), and carbon dioxide gas pumped through the needle to expand the abdomen. This allows the surgeon a better view of the internal organs. The laparoscope is then inserted through this cut to look at the internal organs on the video monitor.

Usually one or two additional small cuts are made along the 'bikini line' to insert other instruments which are used to lift the tubes and ovaries for examination or to perform surgical procedures.

Preparation for the procedure

You should not eat or drink after midnight on the night before the procedure if the procedure is to be carried out in the morning, or after 7:00 am if the procedure is in the afternoon.

Aftercare

Nurses will check your vital signs (blood pressure, pulse, temperature and rate of breathing) after the operation. If there are no complications, you may leave the hospital within four to six hours of a diagnostic procedure. If you have had a laparoscopic operation you may need to stay in hospital for one night or so. (Traditional abdominal surgery requires a hospital stay of four days or more.)

There may be some slight pain or throbbing in the first day or two after the procedure at the sites where the cuts were made. The gas that is used to expand the abdomen may cause discomfort under the ribs or in the shoulders for a few days.

Depending on the reason for the laparoscopy in operative procedures, some women may experience some vaginal bleeding.

Many patients can return to work within a week of surgery and most are back to work within two weeks.

Questions or concerns

If you have any questions or concerns, please telephone:

Gynaecology Ward, John Radcliffe Hospital

Tel: **(01865) 222001** or **222002**

Horton Women's Day Surgery Unit

Tel: **(01295) 229088**

Horton Pre Operative Assessment

Tel: **(01295) 229375**

and ask to speak to a member of the nursing staff.

Further information

<http://www.nhs.uk/conditions>

Further information

If you would like an interpreter, please speak to the department where you are being seen.

Please also tell them if you would like this information in another format, such as:

- Easy Read
- large print
- braille
- audio
- electronic
- another language.

We have tried to make the information in this leaflet meet your needs. If it does not meet your individual needs or situation, please speak to your healthcare team. They are happy to help.

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Oxford University Hospitals NHS Foundation Trust
www.ouh.nhs.uk/information



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