



Oxford University Hospitals
NHS Foundation Trust

Gynae Oncology Surgery – Diagnostic Laparoscopy

Information for Patients



This leaflet is for women who have been advised to have a diagnostic laparoscopy. It outlines the common reasons doctors recommend this procedure, what happens 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 naval (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 is carried out under general anaesthetic (asleep with medication).

Diagnostic procedures

Laparoscopy can be carried out to diagnose conditions, to assess the abdominal cavity and organs and where necessary take biopsies from inside the abdomen. Certain operations can also be performed using the laparoscopic approach.

Diagnostic laparoscopy is often one of the procedures used to help diagnose cancer. It is carried out as a day case procedure.

What happens during laparoscopy?

Laparoscopy is a surgical procedure performed in the hospital under general anaesthesia.

Before starting the procedure the bladder is emptied using a small catheter and the skin of the abdomen is cleaned.

A hollow needle is inserted into the abdomen through a small cut in the naval (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 in the abdomen to insert other instruments which are used to allow the doctor to examine the organs or take biopsies.

Consent, possible risks and complications

Your surgeon will go through a consent form with you prior to your procedure. The consent process starts when you are seen in the clinic by the Surgeon. The surgeon will outline any specific risks or complications which relate to you. Risks and complications are subject to a number of individual factors and your surgeon will discuss these with you and will highlight any individually heightened risks or complications which are in excess of the normal accepted levels. You will be given a copy of the consent form once you have signed that you understand the type of procedure, risks and complications which you are consenting for.

Possible risks

Laparoscopy is a relatively safe procedure. Every care is taken to ensure that you are as safe as possible, and the majority of patients do not experience any problems. However, any procedure/operation involving general anaesthetic has some risks.

**Common risks are usually mild and self-limiting.
10% or more patients may have one of the following:**

Bruising – This should start to fade over a few days

Shoulder-tip pain – Being mobile and drinking warm peppermint water can help to disperse the gas which causes this type of pain which can occur after a laparoscopic procedure. This usually settles after the first 24 hours.

Wound Healing – If you are concerned that your wound site/s are not healing see your GP or practice nurse.

Infection – If you are concerned you may have an infection either of your wound, or you have an offensive vaginal discharge or a more general infection such as a urinary tract infection please seek attention from your GP or out of hours service such as the 111 service.

You could also call your Clinical Nurse Specialist (CNS/Keyworker) if you have been assigned one at this stage of your pathway during office hours for advice.

Less common risks – as with any abdominal operation there is a risk of serious complications which is approximately 2 in 1,000 women (uncommon). These risks will be discussed and written on your consent form.

This includes damage to the bowel, bladder, ureters, uterus or major blood vessels which would require immediate repair by laparoscopy or laparotomy (open surgery is uncommon).

However, up to 15% of bowel injuries might not be diagnosed at the time of the laparoscopy.

Increased abdominal pain, high temperature (fever), loss of appetite and or vomiting can be signs of damage to your bowel or bladder, in which case you will need to be admitted to hospital either via your GP, 111 service or emergency department.

Failure to gain entry to the abdominal cavity and to complete the intended procedure.

Hernia at the site of entry (less than 1 in 100; uncommon)

Thromboembolic complications (rare or very rare)

Death; 3-8 in 100,000 women (very rare) undergoing laparoscopy may die as a result of complications.

Preparation for your laparoscopy

Pre-op assessment

The pre-op assessment is usually carried out a week or so before your procedure/surgery date. You will be seen by a nurse and may also be asked to have an appointment with an anaesthetist to assess your fitness for the procedure/surgery.

You will have various tests carried out such as your blood pressure, weight, height, bloods taken and will be asked about your past medical history, allergies and any medications you are taking.

You may be asked to complete a Health Screening Questionnaire prior to this appointment which you should bring with you.

Other tests may also be requested by the nurse or anaesthetist at your pre-op assessment.

The pre-op assessment nurse will give you information about the following:

- When to starve in preparation for your surgery/procedure
- When to stop any medications prior to surgery
- The Day Surgery Unit
- What to bring into hospital with you

Pre-op assessment generally ask you to call Theatre Direct Admissions the day before your procedure to find out what time you need to come in to hospital for your procedure. You will be given this information when you attend your pre-op assessment.

Aftercare

After your laparoscopy you will be taken to the Recovery Department where you will have your vital signs (blood pressure, pulse, temperature and rate of breathing) checked.

You will then be taken to the Day Surgery Unit to recover. The nurse will continue to monitor your vital signs. You will need to be able to pass urine, eat and drink, mobilise and feel comfortable prior to being discharged from the Day Surgery Unit on the same day. The nurse caring for you will give you discharge advice regarding your recovery after the procedure.

After a laparoscopy you may also have 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.

Ready to be discharged

You will be given a copy of your discharge letter which will also be sent electronically to your GP.

This will have the relevant information about the procedure carried out today.

You may be discharged with analgesia (pain relief medication).

Next steps

The doctor will generally see you after the procedure in the Day Surgery Unit.

You will be given information about the plan or follow up appointment to discuss the outcome of your procedure. If you are unsure of the plan please call the Clinical Nurse Specialist (CNS) or administration team.

Returning to work

Many patients can return to work within a few days but this is dependent on the reason for the procedure. If you require a sick certificate please let the nurse or doctor know when you are admitted to the Day Surgery Unit.

Contact details

The Churchill Day Surgery Unit

Tel **01865 225 280**

Gynae oncology Clinical Nurse Specialists (CNS)/Key worker

Email: **gynaeoncologyCNS@ouh.nhs.uk**

(For non-urgent enquires only)

Tel: **01865 235 355**

Weekdays only 9.00 - 16.00

Gynae oncology administration team

Tel: **01865 235 662**

Weekdays only 8.00 - 16.00

Email: **Gynae.Oncology@oxnet.nhs.uk**

Further Information

If you need an interpreter or would like this information leaflet in another format, such as Easy Read, large print, Braille, audio, electronically or another language, please speak to the department where you are being seen. You will find their contact details on your appointment letter.

Author: Gynae Oncology Clinical Nurse Specialist Team

November 2020

Review: November 2023

Oxford University Hospitals NHS Foundation Trust

www.ouh.nhs.uk/information



Making a difference across our hospitals

charity@ouh.nhs.uk | 01865 743 444 | hospitalcharity.co.uk

OXFORD HOSPITALS CHARITY (REGISTERED CHARITY NUMBER 1175809)

