

Staging Laparoscopy

Information for patients with oesophagogastric cancer



What is a staging laparoscopy?

A staging laparoscopy is a key-hole operation which is performed under general anaesthetic (you will be asleep). It involves looking inside your abdomen through three small cuts, using a special camera called a laparoscope.

The surgeon will be able to look at the size of the cancer and whether it has spread to other organs and lymph nodes. This is called 'staging'. This information is not always visible on X-ray scans.

An endoscopy may be performed at the same time, using a very small camera to look at the inside of your oesophagus and stomach. Sometimes, additional biopsies are taken at the time of the laparoscopy. The result of these biopsies will not be available on the same day but will be discussed with you at a later date.

This operation is usually carried out as a **day-case** procedure which means that you shouldn't have to stay overnight in hospital.

Risks

As with all operations, there are risks attached to surgery. Some of the risks of this operation are:

- Infection and bleeding Rare.
- A small hole (perforation) being made in the bowel **Extremely rare**.
- Deep vein thrombosis (blood clot) this risk can be reduced by keeping mobile and moving about after surgery.

The surgeon will discuss with you whether there is a risk of other complications occurring which are specific to you.

Why do I need to have this done?

This procedure is one of several investigations necessary to fully stage oesophageal and stomach cancer.

Recovery after the operation

Most people recover well after this operation and can go home the same day. If you do not feel well enough or there are complications, then you may need to stay in hospital.

You may have some abdominal discomfort after the operation and for a few days afterwards. We will give you oral painkillers (to take by mouth) to help with any mild discomfort from the wound. Some people might feel pain in their shoulder, which is usually not serious. You may experience a feeling of bloating after the operation. This usually settles after a couple of days.

The cuts in the abdomen usually heal quickly. There may be a slight leakage of fluid at first from the wounds when they start to heal. There are no stitches to remove from the wounds but they may be covered with a "steri-strip" to hold the cut closed, or a padded dressing. These may be removed after a few days. If you need advice about your wounds and healing, please contact your Specialist Nurse practitioner on the number at the end of this leaflet.

Please call your GP if you experience any of the following symptoms:

- Any severe discomfort or pain in your abdomen.
- Any large amount of fluid or smelly discharge from the wound/s.
- Any pain or swelling in one or both legs.
- If you generally feel very unwell after the operation.

If you are unable to speak with your GP, your surgeon, or a specialist nurse, please go to your nearest emergency department.

Follow-up

All the results from the investigations will be discussed at the weekly Multi-Disciplinary Team (MDT) meeting. This meeting is attended by specialist surgeons; oncology doctors (who prescribe radiotherapy and chemotherapy); radiologists (X-ray doctors); pathologists (doctors who examine body tissue specimens); specialist nurses and the MDT co-ordinator.

We will then discuss the possible options of treatment with you in detail, so that you can make an informed decision about your treatment or what you want to happen next.

Further information and how to contact us

If you have any further questions please contact the specialist nurses.

Telephone: 01865 235 058

Please leave a message on the answer phone and we will call you back as soon as possible.

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.

Authors: Anne Margrethe-Phillips, Upper Gastrointestinal Senior Specialist Nurse Approved by: Mr Richard Gillies, Consultant Oesophagogastric Surgeon Oxford Upper Gastrointestinal Centre November 2023 Review: November 2026 Oxford University Hospitals NHS Foundation Trust www.ouh.nbs.uk/information



Hospita Charity

Making a difference across our hospitals

charity@ouh.nhs.uk | 01865 743 444 | hospitalcharity.co.uk OXFORD HOSPITALS CHARITY (REGISTERED CHARITY NUMBER 1175809)