Plymouth Hospitals NHS
NHS Trust

Information
For Patients Having a Gynaecological Laparoscopy

Date of surgery:	
Expected date of discharge	Most women go home on the same day as the surgery

Please bring this leaflet with you when you come into hospital

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Practical Things to Do Before Coming into Hospital

Set up your plans for going home before you come into hospital. The time you will be in hospital is not long.

You can:

- ✓ Arrange your transport for getting to and home from hospital
- ✓ Check you have support for when you get home
- ✓ Get some pain killers, such as paracetamol or non-steroidal anti-inflammatories (e.g. Ibuprofen). If you are allergic to or not sure which pain killers are suitable for you, discuss with your pharmacist.
- ✓ Buy some sanitary towels
- ✓ Prepare some meals to cover your first few days back at home
- ✓ Tell family and friends where you will be

Introduction

Who is this information for?

This information is for patients having a laparoscopy by a gynaecologist.

A laparoscopy is also referred to a ‘keyhole surgery,’ and allows your abdominal and pelvic organs (ovaries, womb, bladder, bowel, etc.) to be examined in detail. Many women have this procedure performed due to pelvic pain as a way

to help make a diagnosis for what is causing the pain. It is important to realise that scans cannot identify all conditions and a laparoscopy can still be considered even if you have a normal scan. Many women who have a diagnostic laparoscopy will be told that there is no abnormality found and no obvious cause for the pain which can reassure you that there is nothing wrong with your pelvic organs. Many operations can also now be performed using a laparoscopic technique in gynaecology. These include:

- Treatment of endometriosis (where the lining of your uterus (womb) grows outside the womb)
- Treatment of pelvic infection
- Treatment of damaged fallopian tubes
- Ectopic pregnancy (when a pregnancy grows outside the womb)
- Removing ovarian cysts or ovaries
- Removal of fibroids (overgrowths of the muscle layer of the womb)
- Sterilisation
- Hysterectomy

The advantages of laparoscopy, compared to open surgery include a faster recovery time, less pain after surgery, a shorter stay in hospital and smaller scars on your abdomen.

Some women can’t have their surgery completed with the first laparoscopy but this is only a minority of women.

Admission day

Before coming to hospital

Ensure that you are using appropriate contraception to prevent you from being pregnant when you come in. Your surgery will be cancelled if you are pregnant and a pregnancy test is performed on all women unless they have already had a hysterectomy or are post-menopausal.

On the morning of surgery

- Have a shower or bath before coming into hospital.
- **DO NOT** shave or wax around your operation site, as this can increase the risk of developing a post-operative surgical site infection. Where necessary, the clinical team will remove hair.
- Follow the instructions on your admissions letter regarding when to stop eating and drinking.
- You will be admitted to hospital via the admissions ward. Your appointment letter will confirm where and when to report on the day of your surgery.

Coming into Hospital

- Go to the **Admissions Unit / Ward** as advised on your admission letter. You will be checked in by a nurse and seen by members of the surgical and anaesthetic team before you are taken to theatre for your operation
- The staff will confirm your details and give you a wristband with your name, date of birth and hospital

number on it. If you have any allergies to medications, this will be a red wrist band.

- They will go through a pre-operative checklist with you (this will have been started at your pre-op appointment), and check your ‘observations’ – heart rate, blood pressure, temperature.
- You will be given some special stockings (if appropriate) to reduce the chance of blood clots and a hospital gown. They will advise you when to change into them
- You may have signed a consent form in clinic – this records a discussion explaining the procedure, the risks and benefits of the procedure, and any other unplanned procedures that may become necessary. If not, one of the gynaecologists will go through the form with you and ask you to sign it indicating your consent.
- The anaesthetist (a specially trained doctor who will perform your anaesthetic and look after you during your operation) will also talk to you about your medical history and any previous anaesthetic procedures that you have had in the past.

What happens during a laparoscopy?

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Once everything is ready, you will be escorted to the theatre suite by a member of staff, who will wait with you until you go into the anaesthetic room. The anaesthetist will insert a ‘drip,’ usually into the back of your hand, and apply some

monitoring pads. They will give you extra oxygen via a face mask and then give some medicine to help you go to sleep.

When they are happy you are asleep, the operating team will clean your abdomen with a special solution to reduce infection. A catheter may be inserted into the bladder if necessary. A vaginal examination is generally performed and a small instrument is often inserted into your uterus (womb) through the cervix (neck of the womb) which is useful to move your womb during the operation to get a good view of the whole pelvic area.

A small cut – between 0.5-1cm is made, normally in your belly button but in some cases elsewhere on your abdomen and some carbon dioxide gas is put into your abdomen. A small plastic tube is put into the initial incision and the camera is inserted, allowing a detailed view of your internal organs.

Once the camera is inserted, further incisions are made in your abdomen, depending on the surgery you are having. Again, they are often no larger than 0.5-1cm in size, unless your gynaecologist warns you that they may be bigger (if you are having a large ovarian cyst removed for example).

A systematic inspection of your pelvic organs is then carried out, and if problems are found such as endometriosis or ovarian cysts, then they can often be treated at the same time. It may be that you are having a planned operative laparoscopy (to remove ovarian cysts, ovaries, fallopian tibes or a hysterectomy) which can then be done through the keyhole. Your gynaecologist will advise you on this and the procedures may be covered in separate leaflets.

At the end of the operation, the gas is expelled from your abdomen and the instruments are removed. Stitches (or glue) are placed into the incisions and these are often dissolvable.

Once the operation is finished, the anaesthetist will turn off the anaesthetic and wake you up, and then take you to the recovery area where you will be looked after by a team of specialist nurses. After an hour or so, you will then be taken to the discharge ward or an inpatient ward if your surgery or anaesthetic has been a bit more complicated. The findings of the operation will be explained to you and discharge arrangements including whether any follow up is needed.

What are the risks of a laparoscopy?

Any surgical procedure carries a degree of risk, and this includes laparoscopy. Complications however, are rare and your gynaecologist will discuss the specific risks with you. Some complications may occur after surgery when you have gone home, so if you are unsure then please telephone the ward for advice.

Infection

With laparoscopic surgery, incisions are made in the skin. The skin is a natural barrier to infection, and therefore infection is a risk of surgery. The most common surgical infection is around the skin incisions; however there is a risk of infection deeper in your abdomen or pelvis. For some operations, we would give some antibiotics as part of the procedure to reduce the risk.

Bleeding

Another important risk is bleeding. There can be bleeding around the skin incisions which may leave a bruise, however major blood vessels can be damaged during surgery. If an operative laparoscopy is performed (such as removing ovaries) then the arteries supplying blood to the organs being removed are divided. This can also result in bleeding. If there is a lot of bleeding, you may require a blood transfusion or open surgery (done under the same anaesthetic) to stop the bleeding. In general, the risk of converting a laparoscopic procedure to open surgery is approximately 1 in 1000; however this risk may change depending on the nature of your surgery.

Damage to other structures in the abdomen

Gynaecologists treat pelvic organs – such as the womb, ovaries and fallopian tubes. However, there are other structures in the pelvis, including the bowel, bladder and ureters (tubes that carry urine from the kidney to the bladder). During laparoscopy, these organs may become damaged, especially in the presence of scar tissue or severe endometriosis. The risk of such damage is low, about 1 in 200 procedures, but they may require conversion to open surgery as above, or even further surgery in the future.

Clots in the legs and lungs

Part of the natural healing process after surgery involves your body making you blood clot more easily. This helps with recovery, but can result in a deep vein thrombosis (DVT) or pulmonary embolism (PE). We take steps to reduce the risk by using compression stockings and in some

cases medicine to thin your blood. Mobilising early, wearing your stockings at home and staying well hydrated can reduce the risk of these.

Hernia

Your gynaecologist tries to reduce the risk of hernia formation by using small holes in the skin

Uterine (womb) perforation

Often this does not need any additional treatment but your gynaecologist may decide to keep you in the hospital for observation or give you a course of antibiotics.

Failed operation

Very occasionally your gynaecologist will not be able to perform the operation; the most common reason for this is due to obesity or having lots of adhesions where the tissues all get stuck together.

First few days at home

After-effects of general anaesthesia

Most modern anaesthetics are short-lasting. You should not have, or suffer from, any after-effects for more than a day after your operation. During the first 24 hours you may feel more sleepy than usual and your judgement may be impaired. You are likely to be in hospital during the first 24 hours but, if not, you should have an adult with you during this time and should not drive or make any important decisions.

Scars

You will have between two and four small scars on different parts of your abdomen. Each scar will be between 0.5cm and 1cm long.

Stitches and dressings

Your cuts from the keyhole surgery may be closed by stitches, staples, clips or glue. Glue and some stitches dissolve by themselves. Other stitches, clips or staples need to be removed. This is usually done by the practice nurse at your GP surgery about 5 to 7 days after your operation. You will be given information about this. Initially, your cuts will be covered with a dressing. You should be able to take this off about 24 hours after your operation and have a wash or shower (see section on **Washing and showering**).

Vaginal bleeding

There may be a small amount of bleeding from the vagina after a laparoscopy if your surgeon needs to place an instrument in the uterus. This is generally light and stops quickly.

Pain and discomfort

You can expect pain and discomfort in your lower abdomen for at least the first few days after your operation. You should make sure you have painkillers at home (paracetamol or non – steroidal anti-inflammatories). If you are prescribed extra painkillers which contain codeine or dihydrocodeine, these can make you sleepy, slightly sick and constipated. If you do need to take these medications, try to eat extra fruit and fibre to reduce the chances of becoming constipated.

Washing and Showering

You should be able to have a shower or bath and remove any dressing 24 hours after your operation. When you first take a shower or bath, it is a good idea for someone to be at home with you to help you if you feel faint or dizzy. Don’t

worry about getting your scars wet - just ensure that you pat them dry with clean disposable tissues or let them dry in the air. Keeping scars clean and dry helps healing.

Having sex

It is safe to have sex when you feel ready. If your vagina feels dry, especially if you have had both ovaries removed, try using a lubricant. You can buy this from your local pharmacy.

Return to work

If you have had a diagnostic laparoscopy or a simple procedure such as a sterilisation, you can expect to feel able to go back to work within one week. Although you will not be harmed by doing light work just after surgery, it would be unwise to try to do much within the first 48 hours. If you have a procedure as part of an operative laparoscopy, such as removal of an ovarian cyst, you can expect to return two to three weeks after your operation. If you feel well, you will not be harmed by doing light work on reduced hours after a week or so.

Driving

You should not drive for 24 hours after a general anaesthetic. Each insurance company will have its own conditions for when you are insured to start driving again. Check your policy. Before you drive you should be:

- free from the sedative effects of any painkillers
- able to sit in the car comfortably and work the controls
- able to wear the seatbelt comfortably
- able to make an emergency stop
- able to comfortably look over your shoulder to manoeuvre.

When should I seek medical advice after the operation?

While most women recover well after a laparoscopy, complications can occur – as with any operation. You should seek medical advice if you experience:

- Burning and stinging when you pass urine or pass urine frequently**:** this may be due to a urine infection. Treatment is with a course of antibiotics.

- Red and painful skin around your scars if you have had keyhole surgery: this may be caused by a wound infection. Treatment is with a course of antibiotics.

- Increasing abdominal pain: if you also have a temperature (fever), have lost your appetite and are vomiting, this may be because of damage to your bowel or bladder, in which case you will need to be admitted to hospital.

- A painful, red, swollen, hot leg or difficulty bearing weight on your legs: 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). If you have these symptoms, you should seek medical help immediately.

Who to Contact:

Within the first 72 hours of discharge from hospital
Contact the Ocean Suite (Gynaecology ward) on 01752 439877
After 72 hours: contact you own GP or 111
In an emergency: dial 999

This leaflet is available in large print and other formats and languages.
Contact: Patient Services
Tel: 01752 437035