

# Laparoscopy and Tubal Patency Surgery

Gynaecology

## Introduction

This booklet has been designed to give you some information about Laparoscopy and Tubal Patency surgery.

Do not hesitate to speak to your nursing or medical team should you have any questions.

Please inform us if you are going to be on a period on the day of your operation as it is not always possible to perform a tubal patency test when you are on your period and we may need to reschedule your surgery.

## What is a Laparoscopy and Tubal Patency test?

It is a diagnostic or therapeutic procedure performed to examine the ovaries, outside of the womb and other organs in the pelvis. It is also to check that the fallopian tubes are open (not blocked). Small cuts are made in the tummy through which a telescope is passed. This is performed under a general anaesthetic (you will be asleep).

This procedure usually takes about 30 minutes and is most often performed as a day case. However, occasionally you may be advised to stay overnight.

## Why may I require a Laparoscopy and Tubal Patency test?

- To check that your fallopian tubes are not blocked
- To check your pelvic organs
- To find out why you are having problems getting pregnant

The choice about which treatment is best for you will be made together with your doctor. This will be based on the risks and benefits of the treatment and individual circumstances.

## Consent

We must seek your consent for any procedure or treatment beforehand. Your doctor will explain the risks, benefits and alternatives where relevant before they ask for your consent. If you are unsure about any aspect of the procedure or treatment proposed please do not hesitate to ask for more information.

**The prevention of infection is a major priority in all healthcare and everyone has a part to play.**

- Please decontaminate your hands frequently for 20 seconds using soap and water or alcohol gel if available
- If you have symptoms of diarrhoea and/or vomiting, cough or other respiratory symptoms, a temperature or any loss of taste or smell please do not visit the hospital or any other care facility and seek advice from 111
- Keep the environment clean and tidy
- Let's work together to keep infections out of our hospitals and care homes.

## What are the benefits of surgery?

Brief outlines of the benefits of surgery are:

- To aid diagnosis
- To plan future treatment or management

## What are the risks of surgery?

Although it is unlikely that complications will occur, we would like to inform you of the possibilities of:

- Bruising
- Shoulder tip pain
- Wound gaping
- Wound infection

These are frequent risks of laparoscopy.

The overall risk of serious complications from laparoscopy is uncommon (approximately 2 women in every 1000) these include:

- Damage to bowel, bladder, uterus or major blood vessels which 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
- Peritonitis is an extremely rare complication. This is an infection of the inside of the abdomen. It may not be immediately obvious and can be life-threatening. In some cases, a colostomy (where the bowel empties into a bag) is created. Once again, this is an extremely unlikely complication but women undergoing laparoscopy should be aware of this
- Failure to gain entry to the abdominal cavity and to complete intended procedure
- Hernia at site of entry
- Death: three to eight women in every 100,000 undergoing laparoscopy die as a result of complications (very rare)

Other risks of the surgery include problems such as blood clots (for example, in the legs or occasionally in the lungs) or problems with the wound becoming keloid. This is a surgical scar that becomes inflamed, raised and itchy. Keloid can be annoying, but is not a threat to your health.

If any of the above occurs, you may be required to have corrective treatment such as:

- Blood transfusion
- Course of antibiotics
- Further surgery to correct or examine any unintentional damage caused which would result in a bigger operation and, therefore, a longer stay in hospital

The risk of complications does increase depending on your general health and medical conditions. Each specific procedure carries an individual risk depending on many factors such as your age, size and current health, and can be discussed with your doctor.

## Alternative Treatments

Hysterosalpingogram (HSG) – This involves inserting a tube (catheter) into the womb through the cervix. Dye (contrast) is injected through the tube into the womb to identify the womb and fallopian tubes on X-ray.

## What are the consequences of not having surgery?

If you choose not to have surgery, then a diagnosis of your condition may not be obtained and you may not have a reason for being unable to conceive (become pregnant).

## What should I expect before my operation?

Before admission for surgery, you will be asked to attend a pre-admission clinic to ensure you are fit and well for your surgery. A nurse practitioner or a doctor will ask about your general health, past medical history and any medication that you are taking. Any necessary investigation will be organised, such as blood test, ECG (heart trace) and chest X-rays.

You will receive information about your admission, hospital stay, operation and pre and post operative care. You will also be given the opportunity to ask any further questions that you may have. You are advised that you should not go on a long haul flight (more than 4 hours) in the six weeks prior to your surgery due to increased risk of blood clots in your legs.

## What will happen on the day of my operation?

On the day of your operation, you must have nothing to eat for a minimum of six hours prior to your operation. You are allowed to drink small amounts of water up to two hours prior to your operation. You will be advised as to the time this will start.

A doctor will see you before your operation and your written consent will be required before your procedure can take place (this may have already been obtained at your out patient clinic appointment).

You are requested to have a bath or shower before you come into hospital prior to your surgery and you will be asked to put on a theatre gown. You will be asked to remove all items of clothing including underwear, all jewellery (except wedding rings) including all piercings, nail varnish, false nails, make up, contact lenses, hearing aids, dentures, wigs and false limbs (if applicable).

You will be escorted to theatre. If a pre-med has not been given, you may have the option of walking to theatre. Otherwise, a theatre trolley will be arranged to collect you from the ward.

You will be taken into the anaesthetic room where you will be given a general anaesthetic. This is started by an injection into a vein usually on the back of your hand. Once you are asleep, you will be taken into the operating theatre.

You will wake up in the recovery area once your operation is finished. You will then be escorted back to your bed on the ward.

## What will happen after my operation?

Once you have been back on the ward for a while and have had something to eat and drink and have passed urine, you should be ready for discharge.

You may experience some lower abdominal (tummy) pain and some people may suffer from wind type pain under the ribs, in the shoulders and neck. This is nothing to worry about and will usually settle after 24-36 hours. You may also expect some vaginal bleeding which should be light and may last for a few days.

However, if you experience any of the following symptoms in the next seven days after your operation, then you will need to seek medical advice, assistance either from your GP, Emergency Department (A&E), or the Gynaecology Ward on 01902 694034:

- Increasing or persistent abdominal pain
- Abdominal swelling or tenderness
- The need to continue to take very strong pain relief
- Nausea, sickness or poor appetite
- Difficulty or inability to mobilise
- Rigors (shaking or feeling cold), fever or persistent high temperature
- Fast pulse
- Bowels not opened or not passing flatus (wind)
- Offensive smelling vaginal or wound discharge

- Red or inflamed wound sites
- Passing only small amounts of urine despite drinking good amounts of fluids

## What will happen on discharge?

It is advisable that you are escorted home by a responsible adult in a car or taxi and that a responsible adult stays with you overnight. If there is nobody to collect you or to stay with you overnight, then you will be advised to stay in hospital.

With any bleeding within two weeks of your operation do NOT use a tampon, sanitary towels are recommended.

Sexual intercourse should be avoided until vaginal bleeding or discharge has stopped and you feel comfortable. Any plasters or dressings can be removed the day after your operation.

You will be advised about any stitches you may have. If they need removing you will be told where and when this should take place. However, most stitches are dissolvable although they can take several weeks (up to 72 days) to be fully absorbed.

It is recommended that for 24 hours following a general anaesthetic you do not:

- Ride a bicycle
- Drive a car or motorbike
- Operate machinery
- Smoke, drink alcohol or use any recreational drugs
- Sign legally binding documents

A discharge letter will be sent to your GP. You will be given a copy of this to keep for yourself. You will also be given a copy of your discharge check sheet. If an out-patient appointment is required, this will be posted to you.

If you require any medication to take home, this will either be given to you prior to your discharge or if you are going home after the Pharmacy has closed, arrangements will be made for you to collect it from the ward the following day.

Pain relief is not provided for you to take home from hospital; you are advised to get some over-the-counter pain relief ready for discharge.

Generally, the recommended time off work following this operation is up to a week. However, this can vary depending on circumstances and you should discuss your personal situation with your nurse or medical team. If you require time off work, you may need a medical certificate which can be issued from the ward or your GP, or you can complete a self certification for up to 7 days which can be obtained from your GP practice or you can download a copy from:  
[www.hmrc.gov.uk](http://www.hmrc.gov.uk)

If you have any questions or worries prior to or after your operation, please contact your GP or ring the ward on  
 01902 694034.

## Additional information:

Other useful supportive literature is available:

- PALS (Patient Advice and Liaison Service) 01902 695362
- [www.rcog.org.uk](http://www.rcog.org.uk)
- [www.bupa.co.uk](http://www.bupa.co.uk)
- [www.nice.org.uk](http://www.nice.org.uk)
- [www.nlm.nih.gov/medlineplus](http://www.nlm.nih.gov/medlineplus)
- [www.womenshealthlondon.org.uk](http://www.womenshealthlondon.org.uk)

## References

Luesley D , Watts J (1997) A Practical Guide to Basic Gynaecology – A Trainees' Companion RCOG Press, London

Impey L, Child T (2008) Obstetrics and Gynaecology 3rd Edition Wiley-Blackwell, London

Monga A, Dobbs S (2011) Gynaecology by Ten Teachers 19th Edition Hodder Arnold, London

Royal College of Anaesthetists (2008)

[www.rcoa.ac.uk](http://www.rcoa.ac.uk)

## English

If you need information in another way like easy read or a different language please let us know.

If you need an interpreter or assistance please let us know.

## Lithuanian

Jeigu norėtumėte, kad informacija jums būtų pateikta kitu būdu, pavyzdžiui, supaprastinta forma ar kita kalba, prašome mums apie tai pranešti.

Jeigu jums reikia vertėjo ar kitos pagalbos, prašome mums apie tai pranešti.

## Polish

Jeżeli chcieliby Państwo otrzymać te informacje w innej postaci, na przykład w wersji łatwej do czytania lub w innym języku, prosimy powiedzieć nam o tym.

Prosimy poinformować nas również, jeżeli potrzebowaliby Państwo usługi tłumaczenia ustnego lub innej pomocy.

## Punjabi

ਜੇ ਤੁਹਾਨੂੰ ਇਹ ਜਾਣਕਾਰੀ ਕਿਸੇ ਹੋਰ ਰੂਪ ਵਿਚ, ਜਿਵੇਂ ਪੜ੍ਹਨ ਵਿਚ ਆਸਾਨ ਰੂਪ ਜਾਂ ਕਿਸੇ ਦੂਜੀ ਭਾਸ਼ਾ ਵਿਚ, ਚਾਹੀਦੀ ਹੈ ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਸਾਨੂੰ ਦੱਸੋ।

ਜੇ ਤੁਹਾਨੂੰ ਦੁਭਾਸ਼ੀਏ ਦੀ ਜਾਂ ਸਹਾਇਤਾ ਦੀ ਲੋੜ ਹੈ ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਸਾਨੂੰ ਦੱਸੋ।

## Romanian

Dacă aveți nevoie de informații în alt format, ca de exemplu caractere ușor de citit sau altă limbă, vă rugăm să ne informați.

Dacă aveți nevoie de un interpret sau de asistență, vă rugăm să ne informați.

## Traditional Chinese

如果您需要以其他方式了解信息，如易读或其他语种，请告诉我们。

如果您需要口译人员或帮助，请告诉我们。