

Laparoscopy

Gynaecology

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.

Introduction

This leaflet has been designed for patients undergoing a Laparoscopy. Do not hesitate to speak to your Nursing or Medical team, should you have any questions.

What is a Laparoscopy?

It is a procedure used to investigate problems and sometimes to treat them. It is performed to examine the ovaries, tubes, outside of the womb and the other organs in the pelvis. Most often, two small incisions are made in the lower abdomen through which a telescope is passed. This is performed under a general anaesthetic (so you will be asleep).

This procedure usually takes about 20 - 30 minutes but may be longer depending on the complexity of the treatment. It is most often performed as a day case. Occasionally you may be advised to stay overnight. Therefore, as a precaution, it is advisable to bring an overnight bag containing night clothes, toiletries and sanitary towels.

Why may I require a Laparoscopy?

- Pelvic pain
- Endometriosis
- Pelvic infection
- Ovarian cysts
- Polycystic ovaries
- Ectopic pregnancy
- Adhesions (scar tissue)
- Infertility
- Abnormality noted on ultrasound scan
- Female sterilisation.

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.

What happens about consent?

We must seek your consent for any treatment or procedure 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 .

It is useful to bring your yellow copy of the consent form in with you when you are admitted for your procedure.

What are the benefits of surgery?

- Aids diagnosis so that appropriate treatment can be planned
- Is used to treat various conditions
- Avoids having a large cut in your abdomen (tummy)
- Compared to an operation with a large cut on your abdomen, you will have a shorter stay in hospital, less time off work and a quicker recovery

What are the risks of surgery?

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

- Haemorrhage (severe bleeding)
- Infection
- Perforation of uterus (puncture of womb)
- Unintentional damage to surrounding tissue, for example, bladder, ureter or bowel, which may not be recognised at the time of surgery
- Adhesions (bands of scar tissue)
- Port site hernia
- Deep vein thrombosis (DVT). This is a clot in the deep veins of the leg which can occasionally migrate to the lungs which can be very serious and in rare circumstances be fatal.

If any of these occur, 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.

You should also be aware that all operations carry a risk of death. Death caused by anaesthetics are very rare. There are approximately 5 deaths for every million anaesthetics given in the UK, (Royal College of Anaesthetics 2008). However, the risk 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 these will be discussed with your doctor.

Are there any alternative treatments?

Whilst scans and X-rays may help with diagnosis, there are currently few suitable alternatives to this procedure. If you do not wish to have this surgery, you need to speak with your consultant.

In some circumstances, when the problem is pain, it may be possible to offer medicine to suppress the menstrual cycle to see what effect this has. Whether it makes a difference or not to the pain can be informative. Your doctor will discuss this alternative with you if they feel it is suitable for your condition.

What are the consequences of not having surgery?

A diagnosis of your condition may not be obtained. Your condition could worsen and require emergency surgery.

What should I expect before the operation?

Before admission for surgery, you will be asked to attend a pre-admission clinic to ensure that 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 investigations will be organised, which might include a blood test, ECG 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 the legs.

What will happen on the day of my surgery?

On the day of your operation, you must have nothing to eat or drink for a specified time prior to your operation. You will be advised as to what time you need to stop eating and drinking either at the pre-admission clinic or on your admission letter.

A doctor will see you before your operation and confirm your written consent, which will have been taken in the Outpatient Clinic.

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

You will be escorted to theatre by a member of staff. If a premedication (pre-med) has not been given, you may have the option of walking to theatre. Otherwise a 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. A nurse will then escort you back to your bed on the ward.

What will happen after the surgery?

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

It is normal to experience some lower abdominal pain, pain under the ribs and in the shoulders and neck. This should clear up within 24-36 hours. However, if you experience any of the following in the seven days after your operation then you will need to seek medical advice or assistance either via your GP, the Emergency Department or The Gynaecology Assessment Unit (see contact details at the end of the leaflet).

- Increasing or persistent abdominal pain
- Abdominal distension or tenderness
- Continuing to take very strong painkillers
- Nausea, poor appetite
- Reluctance or inability to mobilise
- Rigors (shaking or feeling cold), fever or persistent temperature
- Fast pulse
- Poor urine output, despite good fluid intake
- Bowels not opened or passing wind
- Offensive smelling vaginal or wound discharge.

What will happen on discharge?

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

You may experience some vaginal bleeding following the procedure, as often an instrument is inserted in the vagina to help with the procedure.

With any bleeding within two weeks of your operation, DO NOT use a tampon, instead sanitary towels are recommended. Sexual intercourse should be avoided until you feel comfortable, and for the first two weeks.

Any plasters or dressings can be removed the day after surgery, after your bath or shower. If the area is dry with no signs of infection (redness, bleeding or pus) then there is no need to apply another dressing.

Most stitches are dissolvable and can take several days or weeks (up to 72 days) to dissolve. You will be advised by the nursing staff if the stitches need to be removed. You will also be advised where and when this should take place.

If there are any signs of inflammation (redness or swelling) around the stitches after 10 days, you should seek advice from your GP or practice nurse who may decide to remove the stitches.

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

- Ride a bike
- Drive a car
- Operate machinery
- Smoke, drink alcohol or use 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 a discharge checklist.

If you require any medication to take home, this will either be given to you prior to discharge, or if you are going home after pharmacy has closed, arrangements will be made for you to collect any medication the following day. Pain killers are not provided for you to take home from hospital; you are advised to obtain something such as paracetamol (taking into account any allergies you may have) ready for discharge.

If an outpatient appointment is required, this will be posted to you. Some consultants prefer to write to you personally with the results of your operation.

We generally recommend up to a week off work after this operation. However, this can vary depending on circumstances and you should discuss your personal situation with your nurse. A medical certificate can be issued by the doctor on the ward or your GP, or you can complete a Self Certification which you can obtain via your GP practice or download a copy from www.hmrc.gov.uk.

If you have any concerns regarding your operation once you have been discharged, please contact your GP or the The Gynaecology Assessment Unit (see contact details at the end of the leaflet).

Finally prior to your admission, if you have any questions or worries, you may contact your GP for advice or telephone The Gynaecology Assessment Unit (see contact details at the end of the leaflet).

Contact Details

The Gynaecology Assessment Unit

01902 694606

Monday to Friday, 8:00am to 4:30pm

The ward will be open 24 hours a day 7 days a week - please provide contact number for the ward.

For Further Information:

Should you have any problems or concerns, you may wish to contact PALS (Patient Advice Liaison Service) on 01902 695362. PALS can provide general advice and support and may be able to assist you.

Otherwise, useful supportive literature is available via these websites:

www.rcog.org.uk

www.gynaesurgeon.co.uk

www.nlm.nih.gov/medlinrplus

www.womenshealthlondon.org.uk

www.nice.org.uk

References

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Luesley, D and Watts, J (1997) Basic Gynaecology – A trainee's Companion. RCOG Press, London

Pake, W (1996) A Gynaecologists second Opinion. Penguin Books, London

Royal College of Anaesthetists (2008)

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。