

Information about Operative Laparoscopy

These notes are to give you a guide to your operation. They will give you an idea about what is involved and if you want to know more please ask any of the staff.

What is the procedure?

Your gynaecologist has recommended that you undergo operative laparoscopic surgery. The nature of the surgery will vary from person to person depending on the underlying problem. Common reasons will include endometriosis, ovarian cysts or adhesions in the pelvis.

Operative laparoscopy is a form of 'key hole' surgery where a telescope is put through the belly button to view the pelvis under a general anaesthetic. Up to three other 5mm cuts are then made around the lower abdomen to introduce small instruments to carry out any treatment necessary. This may use a variety of techniques including stitching, diathermy (electricity) and laser. In order to see clearly behind the womb a small instrument is put through the neck of the womb to allow us to move it around. Once we have completed treatment the instruments are removed and the cuts closed with stitches.

What happens after the operation?

When you wake up from the operation it is normal to feel some pain in your tummy and this may also be felt in the tips of your shoulders. You may also feel a little sick after the anaesthetic. This is nothing to be frightened of and the nurses who stay with you whilst you are waking up will give you drugs to control the pain and sickness. You may require a catheter to drain the bladder after the operation but this is unusual. However, you will always have a drip in your arm to give you fluids until you are able to eat and drink properly. Over the next couple of hours you will gradually feel stronger and more awake so that most people are able to go home later the same day or the next morning. It is important that you arrange for somebody to come and collect you as you are unlikely to be fit enough to make your own way home or use public transport. You will need to rest at home for the next 48 hours and should take regular painkillers during this time. Your subsequent recovery will depend upon both you and the extent of any surgery carried out. As a guide, you will need at least a week off work afterwards and should arrange for help with childcare/school runs over that time as well. Some women actually need two weeks to recover fully, but after this time there will be no restrictions on activities such as driving, lifting or having sex unless there have been complications.

Are there any alternatives?

By the time you are given this leaflet it is likely you will have already tried any drug alternatives to surgery and found them to be unhelpful. You should discuss with your gynaecologist if you are unclear why surgery has been recommended.

What are the risks and complications of surgery?

All operations can have complications and these vary in how serious they are and how often they occur. You need to be aware that complications are more common in women who are seriously overweight or who have pre-existing medical problems.

In addition, surgery will be more difficult in those women who have had previous abdominal surgery or who have serious underlying problems in the pelvis (e.g. large fibroids, endometriosis, bowel adhesions, pelvic abscess or cancer).

Frequent Risks

These are minor problems, which commonly occur after laparoscopic surgery and should not be a cause for concern.

- **Wound Problems**

Although the cuts made are small it is still possible for bleeding to occur from them. This may lead to bruising of the tummy wall which will take a couple of weeks to settle but will not require any additional treatment.

However, if the bleeding is heavier or more persistent it is occasionally necessary to put an extra stitch in using some local anaesthetic.

As with any cut on the body there is a risk of the wound becoming infected. This can happen when you are at home many days after the initial operation. If your wound appears red and inflamed, is tender or discharges then you should see your GP for some antibiotics.

All scars heal slightly differently and the end appearance is difficult to predict. There will always be some altered sensation around scars on the abdomen but this often improves over a couple of months as the nerve endings repair. Unfortunately, in a minority of cases there can be ongoing pain, which will require further intervention.

- **Urinary problems**

Some women find it difficult to pass urine immediately after surgery and they will be required to stay overnight and have a catheter. They are allowed home when this difficulty settles.

Serious Risks

These complications are unusual with only 2 women in every 100 undergoing surgery being affected. Although the problems listed below are often recognised at the time of the operation they sometimes only become apparent after you have left hospital and are at home. This means that if you think something is 'not right' you should not be afraid to consult your GP for reassurance. As a general rule you should feel a little better each day and 'feeling worse' or having increasing pain should make you seek medical advice.

The absolute risk of complications will depend upon your own health and underlying problems as well as the type of surgery carried out. Your gynaecologist will discuss with you if they believe you to be at high risk of particular problems.

- **Failed entry**

Occasionally, it can be very difficult to get the telescope into the tummy in order to see properly. If it proves impossible you may need an open operation to complete the planned surgery.

- **Uterine perforation**

When the instrument is put into the womb through the cervix to move it around there is a chance that it will pass straight through the womb wall. This is called a perforation and if it were to bleed heavily then an open operation may be needed to stitch it up.

- **Injury to the bladder**

If the bladder is injured at this time of surgery and the hole closed over then it simply means keeping the catheter in for a few days longer than normal.

- **Injury to the ureter**

This is the tube running between the kidney and bladder. It runs very close to the blood vessels which supply the womb and ovary. If it is accidentally damaged during the operation then no urine passes down to the bladder and the kidney swells up on that side giving pain in the loin. If this is recognised at the time of surgery it can be repaired quite easily. If it is not, then another operation may be needed several weeks later in order to correct the problem.

- **Injury to the bowel**

Bowel injury is particularly likely in women who have adhesions from previous surgery or endometriosis. In such cases you may be given medicine before the surgery to empty the bowel completely. If a hole was then made in the bowel it would be easier to close and heal better. However, like the other types of damage to surrounding organs already discussed, a small hole in the bowel may not be seen at the initial operation. In that situation a problem may only become apparent due to worsening abdominal pain 1-3 weeks later. If this happens then further surgery is required and in the worst cases a temporary colostomy may be required for up to three months. This is a very rare complication but we have to make you aware of it because it is serious.

- **Blood Transfusion**

If you bleed heavily during or after the surgery then you may be given a blood transfusion. If you have any personal or religious objections to this then please let the consultant know before you come into hospital.

- **Deep vein thrombosis**

This refers to the blood clots that can develop in the legs and the pelvis after surgery. With key hole surgery the risks are small and early mobilisation will further reduce the risk.

- **Return to theatre for additional stitches**

This can be necessary if the surgeon suspects there may be internal bleeding in the few hours after surgery. A further general anaesthetic would be needed and then a laparotomy (open operation) performed to stop the bleeding.

- **Risk of death**

All operations carry a risk of dying as does any other activity in life (e.g. car journeys, sporting activities, smoking). Overall the risk for laparoscopy is small at around 1 in 10,000. As with the other serious complications it is more common in those with obesity or medical problems and less common in younger, fitter people.

Will any extra procedures be necessary?

If complications arise during the surgery then further measures will be taken as necessary to save life or prevent serious harm to future health. Most often this will involve proceeding to an open operation (laparotomy) to repair damage which has occurred to bladder, bowel, ureters or major blood vessels.

What will happen to any tissue that is removed?

If you have any tissue (e.g. an ovary, biopsy etc.) removed this will be routinely sent to the lab for microscopic examination. If the lab wishes to save any of this tissue for research purposes they will obtain further consent from you for this.

Will any pictures be taken and kept of me?

We often take photos using the laparoscope to include in your records. This is helpful in explaining things to you and keeping a record of any problems found. Sometimes we also record moving pictures of an operation to use for teaching purposes. These are only ever the pictures from inside you and are completely anonymous. If you have any objection to this type of information being kept by the hospital then please let your gynaecologist know prior to the surgery.

What about follow up?

You will be told what was found at the operation on the same day. Any further follow up will be arranged by the doctor who discharges you from the hospital. If you require any stitches to be removed it will be made clear to you at this time.

You may contact your GP or the Women's Health Ward on **01733 677460** for advice or use the following contact details:

Hinchingsbrooke Hospital Huntingdon, PE29 6NT Procedure Unit Telephone: 01480 428958 Daisy Ward Telephone: 01480 428959	Peterborough (City Hospital) The Emergency Gynaecology Assessment Unit (EGAU) Women's Health Outpatients, Bretton Gate, PE3 9GZ Telephone: 01733 673758 Open: Weekdays 0800-1800-phone line open until 1730 Weekends/Bank holidays 0800-1200
For emergencies only, out of these hours, please attend the Emergency Department	

Within this leaflet we use the term woman/women, however we acknowledge that it is not only people who identify as women for whom it is necessary to access our services. We recognise the importance of providing inclusive and respectful care to all people and their families, including those whose gender identity does not align with the sex they were assigned at birth. Please let us know if there is anything we can do to make you feel more comfortable while you are under our care.