

## Fact sheet

# Laparoscopy

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Laparoscopy (lapar = abdomen or tummy; oscopy = to see) is also called 'key hole' surgery.

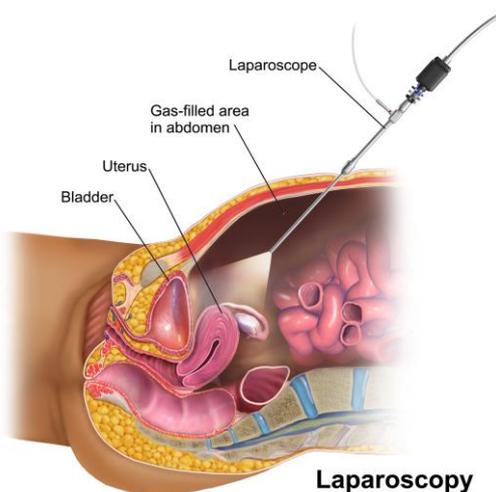
Laparoscopy is an operation done under general anaesthetic which allows your doctor to see the pelvic organs (uterus, tubes and ovaries) using a thin telescope called a laparoscope. Laparoscopies are done to find a reason for symptoms you may be experiencing or to provide you with treatment for specific problems.

### Why would I need to have a laparoscopy?

There are many reasons for needing a laparoscopy varying from just looking to quite complicated surgery like hysterectomy.

There are two types of laparoscopy

- Diagnostic Laparoscopy – looking only
- Operative Laparoscopy – looking and treating.



**Diagnostic laparoscopy:** may be used to

- try and find the cause of pelvic pain
- try and find the cause of infertility
- assess problems like endometriosis or ovarian cysts.

**Operative laparoscopy:** may be used for the following procedures:

- tubal ligation – where clips are placed on the tubes to prevent further pregnancies
- removal of an ectopic pregnancy (pregnancy outside the womb)
- removal of ovarian cysts
- treatment of endometriosis
- myomectomy (removal of fibroids)
- hysterectomy (removal of uterus)
- treatment of prolapse (where the pelvic organs like uterus, bladder or bowel drop down lower in the vagina than expected).

**This fact sheet is mostly about diagnostic and minor operative laparoscopy. More complicated operations like the last three procedures on this list will be discussed with you in more detail by your surgeon.**



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### What are the advantages of laparoscopy?

The main advantage of laparoscopy is that it gives a great view inside the abdomen (tummy) and provides the opportunity to fix many problems through small incisions/cuts.

- This means you avoid a big skin cut and therefore have less pain and a faster recovery.
- Most operations can be done as 'day only' procedures meaning you can go home some hours after your surgery and don't have to stay in hospital.

### Are there any risks of laparoscopy?

Laparoscopy is a small and fairly simple operation which is frequently done and considered to be safe. However, like with all surgery, it is not completely without risk. The risk of complications is much less with diagnostic laparoscopy than with operative laparoscopy. In thinking about complications, there are some that can happen with any surgery and some that occur with laparoscopy in particular.

### Complications are more likely if you

- Are significantly overweight
- Have had several past abdominal surgeries

### Risks which are possible with any surgery

- Problems with anaesthetic [see *anaesthetic fact sheet*]
- Bleeding (very rarely needing blood transfusion for treatment)
- Clots blocking blood vessels in the legs (deep vein thrombosis, DVT) and lungs (pulmonary embolism, PE)
- Infection of the incisions (skin cuts), bladder or uterus which would require antibiotic treatment.

### Risks of laparoscopy

- Sometimes we think that the operation, for example removing an ovarian cyst, can be done laparoscopically but then, during the surgery we find the situation is more complicated and a larger cut in the tummy wall (called a laparotomy) is needed to finish the operation.
- Extremely rarely (less than 1% of operations) damage to the internal organs such as bladder, bowel, ureters (tubes carrying urine from kidney to bladder) or large blood vessels can occur. In these situations your surgeon may be able to repair the damage laparoscopically or may need to undertake a laparotomy to fix the problem.

### What is involved in a laparoscopy?

Laparoscopy is done under general anaesthetic meaning you are asleep during the operation.

A small incision (cut) is made in the umbilicus (belly button) and a thin telescope is placed into the abdomen. To allow the surgeons to see clearly, and operate safely, gas is fed into the abdomen to keep the tummy wall away from the area of surgery. This gas is the reason many patients feel pain in their shoulder or chest for a few days after surgery.

Usually 2 or 3 other small (less than 1cm) cuts are made above the pubic hairline or on the sides of the abdomen. These cuts are for instruments which help the surgeons operate. The cuts are usually closed with stitches which dissolve and do not need to be removed; occasionally a surgeon may use a stitch that needs removal after a few days.

An instrument is usually placed inside the vagina to lift the uterus up during the laparoscopy so that the pelvic organs (uterus, tubes and ovaries) can be seen clearly. A small sample is often taken from the lining of the uterus and sent to the pathologist to look at under a microscope. Because of this elevation or sampling you may experience light vaginal bleeding for a few days after the operation.

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Diagnostic laparoscopy is usually short (20 - 30 minutes in theatre) while for operative laparoscopies you will generally be in theatre for longer. After the procedure you will be taken to the recovery ward where the nurses will check your vital signs (pulse and blood pressure). They will give you pain relief as you require it and medicine to stop any nausea (sick feelings on the stomach) you may have. You will be allowed to go home once you have emptied your bladder, are able to eat and drink, and are feeling well. This is usually 6 hours after the surgery. Rarely patients feel dizzy or unwell for a while and need to stay in hospital a bit longer or even overnight.

Please arrange for someone to drive you home from hospital as you should not drive for 24 hours after an anaesthetic. (Some insurance companies request even longer – check your policy)

### What should I expect after the surgery?

It is normal to have all or some of the following after your laparoscopy for a few days

- mild nausea
- pain around the incisions
- pain in the shoulders or chest wall
- mild period-like pain and light vaginal bleeding or watery discharge.

We suggest that you take ibuprofen or a similar pain killer regularly for the first few days to help with discomfort.

We advise that you do not place anything (like tampons) in the vagina for two weeks after the laparoscopy. We also advise against sex, swimming and bathing for two weeks after your procedure (having a shower is fine).

### Are there any symptoms I should look out for?

It is uncommon to have problems after laparoscopy, but more common after operative laparoscopy than diagnostic laparoscopy.

However, if you have any of the following symptoms you should have a review. For minor symptoms you should see your local doctor (GP), or your gynaecologist, or contact the hospital clinic. For more serious symptoms you should go to the emergency department.

Such symptoms include:

- burning and stinging when you pass urine or needing to pass small amounts of urine often
- heavy bleeding or bad smelling vaginal loss
- increasing abdominal pain
- severe nausea and vomiting
- a temperature (fever)
- pain, swelling, redness of your legs or any difficulty standing or walking
- shortness of breath or chest pain – if you have these problems you should call an ambulance.

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**Most women will feel well within two days and can return to work after that time although some minor tenderness and bruising around the wounds will generally last a week or two.**

**Note that 'dissolving' stitches often have a mild red halo around them as the body sends cells and enzymes to remove the suture. This is normal. However, if your wound is very red, swollen or tender, or if there is pus coming out you should get a check up with your GP, gynaecologist or the clinic. Also, occasionally a small part of a dissolving suture needs to be removed.**

**An appointment will often be made for you to come back to the clinic 6 weeks after your surgery to talk about your operation and test results. If you have questions or concerns please discuss them with your doctor or other clinic staff.**

**We welcome further feedback on this brochure as a way of continually improving our service.**

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