

Laparoscopy

Patient Information — Gynaecology

Laparoscopy

Laparoscopy is performed for a wide variety of reasons. It was first designed as an exploratory procedure to investigate symptoms, however it has more recently been employed to undertake more major surgery while reducing the post operative recovery time for patients.

In your situation the laproscope will allow your Doctor to see inside your pelvis and examine the uterus, ovaries and tubes.

Why are laparoscopies performed?

To make a diagnosis:

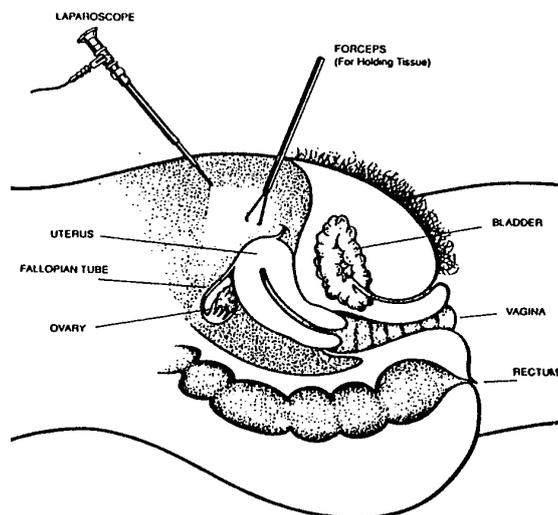
- To investigate pelvic pain
- To investigate infertility
- To examine ovarian cysts
- To diagnose tubal pregnancies

For treatment:

- For sterilisation
- To treat tubal pregnancies
- To treat endometriosis and adhesions
- To facilitate hysterectomy, colposuspension, removal of ovarian cysts

What information should I have about my procedure?

You should know the reason your laparoscopy is being performed. Your Doctor will be able to tell what may be found and should also discuss with you whether any treatment will occur while under the anaesthetic if something abnormal is found.



Both a laproscope and forceps have been inserted.

What does laparoscopy involve?

Laparoscopy is performed under general anaesthetic.

A small cut is made under the umbilicus (navel) and a fine needle inserted through this into the abdomen. Carbon dioxide gas is then pumped in to the abdomen to create a window of gas to look through. This needle is removed and laparoscope is then inserted. A camera is often fitted to the end of the laparoscope so that the inside of your abdomen is able to be seen by both the operating surgeon and his or her assistants. Further small cuts (between one and three) may be made low down near your pubic hair line in order to have access for placing instruments down through these.

For sterilisation and simple diagnostic procedures there will usually only be one additional cut.

It is common to place a small instrument through the vagina and into the cervix to facilitate moving the uterus and allow the

tubes and ovaries to be seen. For this reason it is not uncommon to have a small amount of bleeding from the vagina for a day or two after your laparoscopy. At the end of the procedure the gas is released from your abdomen and the instruments are all removed. Often the cuts will have a small suture inserted to help them heal and prevent bleeding. If these sutures need removing you will be told about this before you leave hospital.

What can go wrong with laparoscopy?

There are a number of risks associated with laparoscopy, all of them are small. The anaesthetic risk will be determined by your weight and your general health. Being overweight and/or smoking carries a greater risk. Occasionally, it is not possible to correctly place the laparoscope. This is rare, but most commonly occurs if you are significantly overweight. In this situation, the Doctor will then decide whether to proceed with the surgery using another approach or whether to abandon surgery and discuss this with you later.

There is a small risk of damaging organs within the abdomen. The possibilities include bowel, bladder and blood vessels. If this occurs, further surgery may be necessary to correct the problem.

How long does it take to recover?

You will usually spend about one hour in recovery after surgery and then a few more hours on the ward prior to discharge from hospital. If you had a lot of surgery performed while in theatre you may need to remain in hospital overnight.

The following symptoms are common to anyone who has a laparoscopy and will usually subside after one or two days:

- Mild nausea
- Pain at incision sites
- Pain under the rib cage or in the shoulder and abdominal bloating

This is related to a small amount of residual gas which will gradually be reabsorbed

- Menstrual-like cramps and vaginal spotting

You may benefit from simple pain relieving tablets such as paracetamol or non-steroidal anti-inflammatories (e.g. Voltaren) for the first day or two.

Return to work should be decided by how you feel. If your laparoscopy is being done to investigate symptoms you could expect to be ready to return to work two or three days later. Likewise for normal physical activity and sexual intercourse you can safely resume once your bleeding and pain have settled.

Prior to discharge you will be informed about whether a further hospital appointment is necessary and when this will be. If you were referred for your surgery by a private Gynaecologist, you will usually be referred back to them.

Following Discharge

If you have any problems **in the first 24 hours** after discharge

- Up until 7:00 pm—ring the Day Surgery Unit for advice (364 4034)
- After 7:00 pm—ring Christchurch Hospital (364 0640) and ask for the Gynaecology Registrar on duty

If you are advised to go to hospital, get someone else to drive you and take your discharge letter with you.

For urgent matters call an ambulance (111)

If you have any problems **after 24 hours** consult your own General Practitioner, or the After Hours Surgery.

For more information about:

- your health and medication, go to www.healthinfo.org.nz
- hospital and specialist services, go to www.cdhb.health.nz