Laparoscopy

Patient Information – Gynaecology Services

Laparoscopy

A laparoscopy is also called 'key-hole surgery', which is a procedure performed to allow a surgeon to examine the abdomen and pelvic organs. It involves small cuts on the abdomen through which instruments can be passed, to both diagnose and treat a variety of conditions. This results in a shorter recovery time, less post-operative pain and smaller scars than a laparotomy (open operation).

What information should I have before I agree to the procedure?

Just because a medical test, treatment or procedure is available, does not always mean there is a benefit in using them. The use of a particular test, treatment or procedure needs to be discussed and decided with each patient, taking into account their condition, their experience of illness, social circumstances, attitude to risk, goals, values, preferences and support needs.

Patients are encouraged to ask four questions of their doctor – to help them 'Choose Wisely':

- Do I really need to have this test/procedure?
- What are the risks?
- Are there simpler safer options?
- What happens if I do nothing?

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www.hqsc.govt.nz/resources/choosing-wisely/

You should ensure that you understand the answers to all these questions before you agree to any test or procedure.

What does laparoscopy involve?

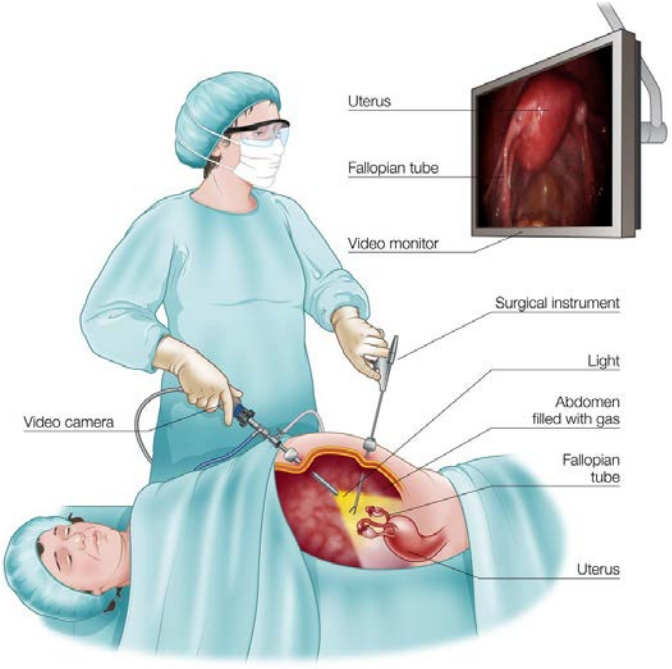
Laparoscopy is performed under general anaesthetic.

A small cut is made under the umbilicus (belly button) and the camera (laparoscope) is inserted through a port into the abdomen. Carbon dioxide gas is used to fill the abdomen to create a window of gas to look through.

Further small cuts (between one and three) may be made to allow instruments to be used to complete the procedure.

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. Usually these sutures are dissolving, however if they need removing you will be told about this before you leave hospital.



What can go wrong with laparoscopy?

Adapted from www.rcog.org.uk/media/c5ycf03i/diagnostic-laparoscopy-consent-advice-2.pdf

Serious risks

The overall risk of serious complications from diagnostic laparoscopy is approximately 2 in 1000 women (uncommon). This includes damage to the bowel, bladder, ureters, uterus or major blood vessels which would require immediate repair by laparoscopy or laparotomy (open surgery). However, up to 15% of bowel injuries might not be diagnosed at the time of laparoscopy.

These include:

- Failure to gain entry to the abdominal cavity and to complete the intended procedure.
- Hernia at site of entry (less than 1 in 100; uncommon).
- Thromboembolic complications (rare or very rare).
- Death: 3–8 in 100,000 women (very rare) undergoing laparoscopy may die as a result of complications.

Frequent risks

Frequent risks may include:

- bruising
- shoulder-tip pain
- infection in the wounds or bladder
- that the operation does not bring the desired outcome or resolve the problem
- worsening of existing pain problem or the development of a new persistent pain

How long does it take to recover?

Your recovery time will depend on the specific procedure you have undergone, and this should be explained to you by your treating surgeon.

Most people will spend about one hour in recovery after surgery and then a few more hours in the day unit prior to discharge from hospital. Depending on the procedure performed some people 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 nonsteroidal anti-inflammatories for the first day or two.

Return to work will depend on the procedure performed, but many people ready to return to work two or three days later. Likewise for normal physical activity and sexual intercourse can usually be safely resumed once bleeding and pain have settled.

Prior to discharge you will be informed about whether a further hospital appointment is necessary or when you should see your GP.

Following discharge

If you have any problems in the **first 48 hours after discharge** phone the Gynaecology Assessment Unit**:**

7:30am – 10:00pm	(03) 364 4805
10:00pm – 7:30am	027 285 5863

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 48 hours**
consult your own General Practitioner or the After Hours Surgery

For more information about:
hospital and specialist services, go to www.cdhb.health.nz | your health and medication, go to www.healthinfo.org.nz