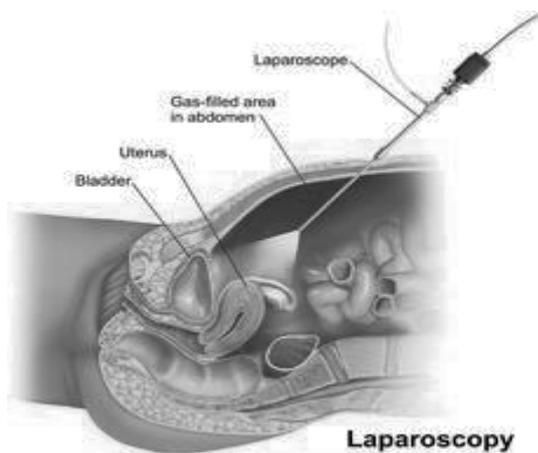


# Laparoscopy

## What is the procedure?

Laparoscopy is a surgical procedure that allows doctors to view a woman's reproductive organs using a camera. It is often referred to as 'key hole surgery'. A thin lighted tube called a laparoscope, is passed through a small incision (cut) in the abdomen. Using the laparoscope, the doctor can look directly at the outside of the uterus, ovaries, fallopian tubes, and nearby organs.

Simple laparoscopy requires a day admission. Complex Laparoscopy may require an overnight stay. Your doctor will let you how long you are likely to stay in hospital.



## Why are you having this procedure?

Laparoscopy is often recommended when other diagnostic tests, such as ultrasound and X-ray, cannot confirm the cause of your symptoms.

Laparoscopy can be either **diagnostic** or **operative**.

**Diagnostic Laparoscopy** means the doctor is looking inside the abdomen to determine the cause of your symptoms

**Operative Laparoscopy** means the doctor has a good idea what they are going to find and plan to treat at the same time. Your doctor will have discussed this with you before surgery.

### **What are the benefits to having this procedure?**

Compared with other, more invasive procedures, laparoscopy may provide the following advantages:

- Shorter hospital stay
- Shorter recovery time
- Less pain medication needed after surgery
- Avoidance of hysterectomy
- Possible avoidance of "open" abdominal surgery

### **What alternatives treatment options are available to this procedure?**

Your doctor will have discussed options to avoid surgery if appropriate. You may have already tried alternatives to surgery and these may or may not have improved things for you. If you are in any doubt about having this procedure, please talk to your gynaecologist or GP.

### **What are the risks involved in this procedure?**

There is risk involved in every surgery or procedure. Your doctor will explain the most common risks. You should ask your doctor as many questions as you like before making your decision to have this surgery/procedure.

**Bleeding** is rare.

**Infection** is uncommon but may occur, as a urinary tract infection, a wound infection or an infection within the pelvis. If you begin to feel unwell, with increased abdominal pain or fever etc., contact your GP.

**Blood clots in the legs or the lungs** can occur.

**Damage to the bowel or bladder or major blood vessel** rarely occurs. If an injury occurs it will be repaired there and then.

**High Body Mass Index** (greater than 35). Patients who are very overweight are at a higher risk of complications, including infection and thrombosis (clots).

**Death** is very rare.

### **How should I prepare for laparoscopy?**

**Showering:** You should aim to have a shower or bath on the morning of your procedure.

#### **Pregnancy:**

- If you are or think you might be pregnant you should **NOT** have a laparoscopy.
- Premenopausal women have a pregnancy test before the procedure.

**Will I be asked to sign a consent form or is verbal consent needed?**

Yes, you will be asked by the doctor to sign a consent form following a thorough discussion about the procedure.

**What happens after the procedure?**

On return to the ward you will have a drip in your arm to keep you hydrated.

You will be encouraged to get up and move as soon as you have recovered from the effects of the anaesthetic

You will be offered something to eat & drink

You will have small plasters covering the incisions on your abdomen.

You may have light bleeding from the vagina, this may last 2-3 days

**How long does it take?**

Diagnostic laparoscopy takes about 30 minutes

Operative Laparoscopy takes about an hour depending on the treatment.

**Will I have pain following this procedure?**

You may have some cramping, similar to period pain

Some people experience shoulder pain due to the gas that is used in the abdomen during laparoscopic procedures.

Everybody's ability to cope with pain is different. It is important that if you feel any discomfort, that you inform the midwife/nurse looking after you so that your pain control can be reviewed as quickly as possible.

If necessary, you will be given a prescription for pain medication going home.

**What happens to the stitches?**

Any stitches used inside your body will dissolve naturally. Stitches on the skin may dissolve or have to be removed depending on type used. The doctor/nurse/midwife will advise you.

### **What happens to the tissue samples?**

Any tissue that is removed from your body is routinely sent to the laboratory for examination. The results will be discussed with you at your post-operative visit. If you are not due back for a post-operative visit, you will be informed of any abnormal findings. All tissue removed will be disposed of in accordance with ethical, legal and professional standards.

### **What follow-up care is needed?**

If follow up is needed, we will see you in our Outpatient Department within 3 months. An appointment will be made and sent out to you by post. If for any reason you do not receive an appointment by post within 8 weeks of your surgery, please ring the 01-408-5562 and explain you are waiting for a post op appointment. Private patients should follow up with their consultant's secretary

You will be informed of the need for follow up, upon discharge from the hospital.

### **How long should I wait before I have sexual intercourse for the first time following procedure?**

It is best to avoid intercourse for 1-2 weeks or until you feel comfortable.

### **What do I need to know and the morning of surgery and what to bring with me?**

An information sheet about what to bring for admission for surgery is available on our website [www.coombe.ie](http://www.coombe.ie); Gynaecology page, if you haven't already been given the written sheet at your outpatient visit.

### **Who can I contact if I have any more questions?**

Your GP can answer any further questions you have before your day of surgery.

### **For further information**

[bsge.org.uk/wp-content/uploads/2016/03/GtG-no-49-Laparoscopic-Injury-2008.pdf](http://bsge.org.uk/wp-content/uploads/2016/03/GtG-no-49-Laparoscopic-Injury-2008.pdf)

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