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The Whittington Hospital NHS Trust

Day Treatment Centre

Laparoscopy



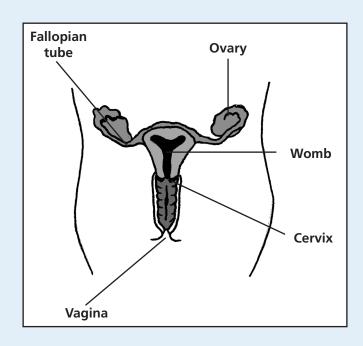
This information leaflet is for patients who are having a laparoscopy. It explains what it is for, what is involved, and any significant risks that there may be.

What is a laparoscopy?

It is an examination of the womb, the tubes and the ovaries using a fine telescope (laparoscope); some problems may be treated at the same time. See diagram.

You will have a general anaesthetic. You will usually be able to leave hospital the next day.

Alternatives may include an ultrasound scan or a hysterosalpingogram, depending on the reason for having a laparoscopy but then problems cannot be treated at the same time. Please discuss with your doctor.



What are the reasons for having a laparoscopy?

- 1 Diagnostic the laparoscope allows the doctor to see what might be the cause of your problem or pain.
- 2 Infertility tests a dye is passed through the cervix (neck of the womb), into the womb and along the fallopian tubes to check for any blockage or damage. The doctor can see this through the laparoscope.
- **3 Sterilisation** using the laparoscope the doctor can apply clips to clamp the fallopian tubes to prevent pregnancy. See separate leaflet.
- 4 Treatment sometimes your problem can be treated during the operation, for example by separating tissues that have stuck together or by removing cysts or treating ectopic pregnancies (a pregnancy outside the womb).

What preparation will you need?

You will have a pre-operative assessment (medical check-up) with a nurse usually a week or two before your operation, to make sure that you are fit for the anaesthetic and operation. This will include all or some of the following checks:

- your medical history
- your blood pressure
- your weight and height
- a blood test
- a chest x-ray
- a heart tracing (an ECG)

- Please bring with you any medications that you are taking.
- If you are taking warfarin or any other blood thinning drug you may need to stop taking it a few days before your operation. Please check with your doctor.
- If you have diabetes or any allergies please tell the nurse.
- If you do not attend your pre-operative assessment, your operation will have to be cancelled.

Important, please note: the operation is not usually performed if you are pregnant, so please do not have unprotected sex between your period and the operation.

It is important that you follow any instructions on not eating or drinking given by the ward nurses.

On the day of your admission

- Please arrive at the hospital in good time and go to the admissions office where you will be directed to your ward.
- The doctor will see you before your operation and ask you to sign a consent form to confirm that you understand the procedure and agree to go ahead with it.
- Please ask any questions about the procedure that you want to.

- The anaesthetist will talk to you about the anaesthetic.
- Before your operation you will be given a hospital gown to wear and a wristband with your details for safety; you will then be taken to the operating theatre.

The operation

- You will have a general anaesthetic.
- A small cut (about 1.5cm) is made just below the navel (belly button). Another cut may be made in the lower tummy on one or sometimes both sides. The doctor will examine you using a thin telescope and may use other instruments depending on the reason for your laparoscopy.
- A gas is passed into the abdomen to expand it to give a better view.
- Sometimes a biopsy (a small sample of tissue) may be taken and sent to the laboratory for further tests.
- The cuts will be closed with dissolvable stitches. and covered with small plaster dressings (Band-aids).
- The procedure takes about 20 to 40 minutes.

After the operation

- On your recovery you will return to the ward.
- You may feel a bit bloated as a result of the gas that was passed into the abdomen. This can also cause pain in your shoulder (via nerve routes).
 The shoulder pain will pass in two to seven days.
- If you need painkillers please do not hesitate to ask your nurse. Your recovery will be quicker if you are not in pain.
- You can have toast and a hot or cold drink as soon as you feel like it.
- The doctor will see you before you go home to discuss the operation. Any biopsy result will be sent to your GP within 10 days, or discussed with you at your next clinic appointment.
- Depending on your condition, you should be able to go home the same evening or on the following day.
- A letter will be sent to your GP and you may have a copy if you wish.

Going home

- Please make sure that you have someone to take you home.
- We advise you to take your painkillers as instructed regularly for the first two days and afterwards as needed.
- Your cuts may feel a little sore; keep them clean and dry for two days and then you can bathe taking care to dry the wounds carefully. The stitches underneath will dissolve over 10 days or so.
- Do not use talcum powder.
- You may need few days off work to recover.
- Avoid lifting and strenuous exercise for one week, (for example, lifting small children or heavy bags).
- Please note that your next period may start earlier as a result of the laparoscopy.

What should you look out for?

Contact your GP if you have the following signs of infection:

- excessive pain,
- redness around the wound,
- fluid oozing from the wound, especially if it smells offensive,
- a high temperature.

Are there any risks?

There is some risk associated with all procedures. For a laparoscopy the risks include:

- infection of the cuts, which can be treated by your GP.
- damage to structures inside the abdomen during the laparoscopy, which is rare but may need to be repaired by a further operation with a larger cut (a laparotomy).
- bleeding, which would mean that you would have to stay in hospital longer.

Please speak to your specialist doctor before your laparoscopy if you have any worries about these risks.

Any further questions?

Please phone Betty Mansell Ward (gynaecology ward) on 020 7288 5533, Monday to Friday, 8am – 5pm.