

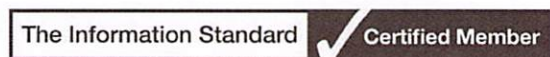
OG06 Diagnostic Laparoscopy

Expires end of February 2020

Local information

If you need any more information please contact your BMI hospital on:

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What is a diagnostic laparoscopy?

A diagnostic laparoscopy is an operation using keyhole surgery to look at your abdominal and pelvic organs. For some women minor treatments can be performed at the same time.

Your gynaecologist has recommended a diagnostic laparoscopy. However, it is your decision to go ahead with the operation or not.

This document will give you information about the benefits and risks to help you to make an informed decision. If you have any questions that this document does not answer, ask your gynaecologist or the healthcare team.

What are the benefits of surgery?

A diagnostic laparoscopy is good for finding out the cause of lower abdominal and pelvic pain, certain period problems and infertility.

The operation will help to find out if you have one of the following conditions.

- Endometriosis, where the lining of your uterus (womb) grows outside your womb.
- Pelvic infection.
- Tissues can join together in an abnormal way (adhesions).
- Damaged fallopian tubes.
- Ectopic pregnancy, where a pregnancy happens outside your womb, usually in a fallopian tube.
- Ovarian cysts.
- Fibroids, where part of the muscle of your womb becomes overgrown.

Your gynaecologist may find a minor cause of the symptoms, which they are able to treat during the operation (avoiding the need for a second operation). If treatment during the operation is likely, your gynaecologist will discuss this with you beforehand.

Sometimes they may not find a cause. This is useful information as your gynaecologist will be able to reassure you that there is unlikely to be a problem with your pelvic organs.

Are there any alternatives to surgery?

It may be appropriate to try to find the cause of your symptoms using a blood test, x-rays and scans. Your gynaecologist will be able to discuss the options with you.

It is important to realise that scans cannot identify all conditions and a diagnostic laparoscopy may still be recommended even if your scan is normal.

What will happen if I decide not to have the operation?

Your gynaecologist may recommend a scan to find out more but this may not accurately find out the cause of your symptoms. Choosing not to have an operation will make it more difficult for your gynaecologist to recommend the right treatment for you.

What happens before the operation?

Your gynaecologist may arrange for you to have a pre-admission assessment. They will carry out several tests and checks to find out if you are fit enough for the operation. If you have any questions about the operation, you should ask the healthcare team at this visit.

Your gynaecologist may ask you to have a pregnancy test. Sometimes the test does not show an early-stage pregnancy so let your gynaecologist know if you could be pregnant.

What does the operation involve?

The healthcare team will carry out a number of checks to make sure you have the operation you came in for. You can help by confirming to your gynaecologist and the healthcare team your name and the operation you are having.

The operation is usually performed under a general anaesthetic but various anaesthetic techniques are possible. Your anaesthetist will discuss the options with you. You may also have injections of local anaesthetic to help with the pain after the operation. You may be given antibiotics during the operation to reduce the risk of infection. The operation usually takes 15 to 30 minutes.

Your gynaecologist may empty your bladder using a catheter (tube). They may also examine your vagina.

Your gynaecologist will make a small cut, usually on or near your umbilicus (belly button), so they can insert an instrument in your abdominal cavity to inflate it with gas (carbon dioxide). They will usually make a further cut on your 'bikini' line so they can insert tubes (ports) into your abdomen. Your gynaecologist will insert instruments through the ports along with a telescope so they can see inside your abdomen and perform any minor procedures (see figure 1).

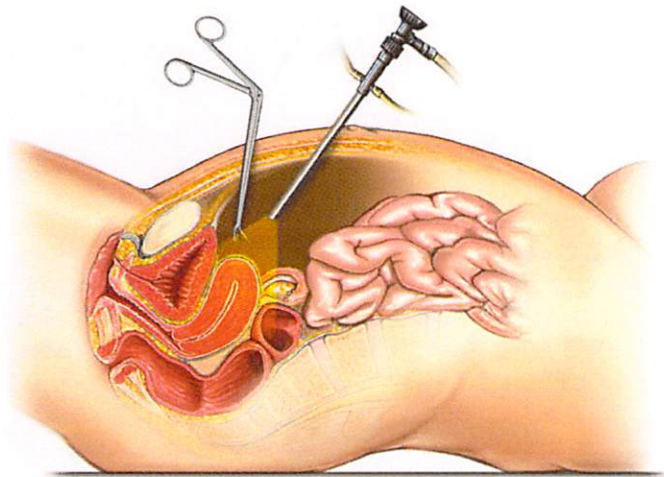


Figure 1
Laparoscopic surgery

Your gynaecologist may make one or two further small cuts so they can insert more ports, depending on any surgery you need. They may need to place instruments through your vagina to help them perform the surgery.

Your gynaecologist will remove the instruments and close the cuts.

What should I do about my medication?

Let your doctor know about all the medication you take and follow their advice. This includes all blood-thinning medication as well as herbal and complementary remedies, dietary supplements, and medication you can buy over the counter.

What can I do to help make the operation a success?

If you smoke, stopping smoking several weeks or more before the operation may reduce your risk of developing complications and will improve your long-term health.

Try to maintain a healthy weight. You have a higher risk of developing complications if you are overweight.

Regular exercise should help to prepare you for the operation, help you to recover and improve your long-term health. Before you start exercising, ask the healthcare team or your GP for advice.

You can reduce your risk of infection in a surgical wound.

- In the week before the operation, do not shave or wax the area where a cut is likely to be made.
- Try to have a bath or shower either the day before or on the day of the operation.
- Keep warm around the time of the operation. Let the healthcare team know if you feel cold.

What complications can happen?

The healthcare team will try to make the operation as safe as possible but complications can happen. Some of these can be serious and can even cause death (risk: 3 to 8 in 100,000).

Using keyhole surgery means it is more difficult for your gynaecologist to notice some complications that may happen during the operation. When you are recovering, you need to be aware of the symptoms that may show that you have a serious complication. You should ask your doctor if there is anything you do not understand.

Any numbers which relate to risk are from studies of women who have had this operation. Your doctor may be able to tell you if the risk of a complication is higher or lower for you.

Your anaesthetist will be able to discuss with you the possible complications of having an anaesthetic.

General complications of any operation

- Pain. The healthcare team will give you medication to control the pain and it is important that you take it as you are told so you can move about and cough freely. After keyhole surgery, it is common to have some pain in your shoulders because a small amount of carbon dioxide gas may be left under your diaphragm. Your body will usually absorb the gas naturally over the next 24 hours, which will ease the symptoms.

- Feeling or being sick. Most women have only mild symptoms and feel better within 1 to 2 days without needing any medication.
- Bleeding during or after the operation. You may need a blood transfusion or another operation.
- Infection of the surgical site (wound). It is usually safe to shower after 2 days but you should check with the healthcare team. Let the healthcare team know if you get a high temperature, notice pus in your wound, or if your wound becomes red, sore or painful. An infection usually settles with antibiotics but you may need another operation.
- Unsightly scarring of your skin.
- Blood clot in your leg (deep-vein thrombosis – DVT). This can cause pain, swelling or redness in your leg, or the veins near the surface of your leg to appear larger than normal. The healthcare team will assess your risk. They will encourage you to get out of bed soon after the operation and may give you injections, medication, or special stockings to wear. Let the healthcare team know straightaway if you think you might have a DVT.
- Blood clot in your lung (pulmonary embolus), if a blood clot moves through your bloodstream to your lungs. Let the healthcare team know straightaway if you become short of breath, feel pain in your chest or upper back, or if you cough up blood. If you are at home, call an ambulance or go immediately to your nearest Emergency department.

Specific complications of this operation

- Surgical emphysema (crackling sensation in your skin caused by trapped carbon dioxide gas), which settles quickly and is not serious.
- Developing a hernia near one of the cuts used to insert the ports (risk: 1 in 100). Your gynaecologist will try to reduce this risk by using small ports (less than a centimetre in diameter) where possible or, if they need to use larger ports, using deeper stitching to close the cuts.
- Damage to structures such as your bowel, bladder or blood vessels when inserting instruments into your abdomen (risk: less than 3 in 1,000). The risk is higher if you have had previous surgery to your abdomen. If an injury does happen, you may need open surgery. About 1 in 3 of these injuries is not obvious until after the operation.

- Failure to find out what the problem is, if you do have a problem.
- Failed procedure, if it is not possible to insert the instruments inside your abdominal cavity (risk: 1 in 180). You may need to stay overnight for close observation.
- Infection of the gynaecological organs or bladder (cystitis). You may need antibiotics.

How soon will I recover?

In hospital

After the operation you will be transferred to the recovery area and then to the ward. The healthcare team will tell you what was found during the laparoscopy and discuss with you any treatment or follow-up you need.

You should be able to go home the same day. However, your doctor may recommend that you stay a little longer. If you do go home the same day, a responsible adult should take you home in a car or taxi and stay with you for at least 24 hours. Be near a telephone in case of an emergency.

You need to be aware of the following symptoms as they may show that you have a serious complication.

- Pain that gets worse over time or is severe when you move, breathe or cough.
- A heavy discharge or bleeding from your vagina.
- A high temperature or fever.
- Dizziness, feeling faint or shortness of breath.
- Feeling sick or not having any appetite (and this gets worse after the first 1 to 2 days).
- Not opening your bowels and not passing wind.
- Swelling of your abdomen.
- Difficulty passing urine.

If you do not continue to improve over the first few days, or if you have any of these symptoms, let the healthcare team know straightaway. If you are at home, contact your gynaecologist or GP. In an emergency, call an ambulance or go immediately to your nearest Emergency department.

Returning to normal activities

Do not drive, operate machinery or do any potentially dangerous activities (this includes cooking) for at least 24 hours and not until you have fully recovered feeling, movement and co-ordination. If you had a general anaesthetic or sedation, you should also not sign legal documents or drink alcohol for at least 24 hours.

To reduce the risk of a blood clot, make sure you follow carefully the instructions of the healthcare team if you have been given medication or need to wear special stockings.

Rest for 1 to 2 days and take painkillers if you need them. If you develop any problems such as bleeding or a discharge from your vagina, let your doctor know.

Regular exercise should help you to return to normal activities as soon as possible. Before you start exercising, ask the healthcare team or your GP for advice.

Do not drive until you are confident about controlling your vehicle and always check your insurance policy and with your doctor.

Summary

A diagnostic laparoscopy is a common gynaecological operation. It helps to find out the cause of certain gynaecological problems. For some women minor treatments can be performed at the same time.

Surgery is usually safe and effective but complications can happen. You need to know about them to help you to make an informed decision about surgery. Knowing about them will also help to detect and treat any problems early.

Keep this information document. Use it to help you if you need to talk to the healthcare team.

Acknowledgements

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