

12.2.9 PATIENT INFORMATION SHEET - LAPAROSCOPY

WHAT IS A LAPAROSCOPY?

A laparoscopy is a surgical procedure where a telescope-like instrument is put into the woman's abdomen so that the specialist can see the organs inside the pelvis abdomen.

In viewing the woman's reproductive organs, it is possible to detect any scarring, endometriosis, or problems in shape or contour. Patency of the fallopian tubes may be checked by the injection of dye through the cervix to see if it passes out of the fimbriated ends of the tubes. The ends of the fallopian tubes are also checked for freedom of movement since the presence of adhesions may hamper the tube in collecting an ovulated egg.

REASONS FOR LAPAROSCOPY

For diagnostic purposes e.g., pelvic pain, infertility , abdominal pain and suspected ectopic pregnancy, to examine cysts and lumps, to obtain biopsy samples.

- For sterilisation operations
- To treat ectopic pregnancy
- To treat conditions such as pelvic adhesions or endometriosis.
- Occasionally for Egg Collection

Other more complicated operations may also be performed using the laparoscope.

If the exploratory or diagnostic procedure indicates that further surgery is necessary this may be performed immediately so as to avoid a return to theatre and another anaesthetic. This generally will have been discussed beforehand.

Sometimes other procedures are performed at the same time as laparoscopy, for example a dilation and curettage (D & C), hysteroscopy (an examination of the inside of the uterus) or a tubal patency test (where dye is passed through the fallopian tubes via the uterus to check if the tubes are open).

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DETAILS ABOUT A LAPAROSCOPY

A general anaesthetic is then given. A small cut is made in the navel and the laparoscope is inserted. Carbon dioxide is introduced to make a space so the pelvic organs can be seen. If required, further instruments may be inserted through small incisions usually near the pubic hair line. These instruments may be used for a surgical procedure such as sterilisation or to move the pelvic organs for a clearer view. When the instruments are removed, the carbon dioxide gas is released and a stitch may be put in each of the small incisions.

COMPLICATIONS

No surgery is without risk, but the risks associated with laparoscopy are small. Complications such as bleeding within the abdomen or damage to the bowel or adjacent organs occur rarely. Should this happen, further surgery may be required under the same anaesthetic. Anaesthetic risks are greater for women who smoke or who are significantly overweight.

RECOVERY

Following the operation the woman may experience the following symptoms which may last for a day or two:

- Fatigue and muscle pain
- Pain at the site of the incisions
- An ache in the shoulder area and sometimes under the ribs caused by a small amount of gas remaining under the diaphragm. (This pain usually disappears within 24 hours, as the gas is absorbed)
- Discomfort similar to menstrual cramps
- Mild bleeding/vaginal discharge for a few days
- A sensation of swelling in the abdomen

Simple pain relieving tablets may be taken if needed. You will probably require two days off work.