

# Laparoscopy

## Information for patients, relatives and carers

This leaflet has been provided to help answer some of the questions you may have about laparoscopy.

### What is a laparoscopy?

A laparoscopy is an operation which allows a doctor to look at your pelvic organs and carry out treatments through a very small incision (cut) just below your navel (belly button).

### Are there any risks?

**As with any operation, there are risks associated with having a general anaesthetic.** Specific to this operation, there is a:

- Five per cent risk of infection (wound or bladder)
- Five per cent risk of wound haematoma (bruising under the skin)
- 0.5 per cent risk of perforation of the uterus (womb)
- 0.5 per cent risk of haemorrhage (bleeding into the abdomen)
- 0.5 per cent risk of blood vessel thrombosis
- 0.3 per cent risk of perforation of the bowel
- 0.1 per cent risk of perforation of the bladder
- 0.1 per cent risk of damage to blood vessels

### Are there any alternatives to this operation?

Laparoscopy is the best way of inspecting your pelvic organs. There are other methods available (such as scans), but these are usually in addition to, rather than instead of, laparoscopy. Your doctor will discuss the options with you if appropriate.

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## Is there anything I should do to prepare for my operation?

- If you have been asked to come to the ward at **07.00**, please **do not have anything to eat or drink** (not even sweets or chewing gum) after **midnight** on the night before your operation.
- If you have been asked to come to the ward at **11.00**, please **do not have anything to eat or drink** (not even sweets or chewing gum) after **07.00** on the day of your operation.
- If you regularly take **medicines** in the morning, you should take them before **07.00**, with a small sip of water if necessary.
- If you are **diabetic**, you must not take your insulin or diabetic tablets on the morning of your operation.
- If you take blood-thinning medications (such as **warfarin** or **aspirin**) and/or you are allergic to any medications, please contact the ward for advice before you come in to hospital.
- **Please do not wear** make-up, nail varnish or jewellery (including body piercings) when you come in to hospital.

## What happens before the operation?

You will probably be admitted to hospital on the day of surgery. Before the operation, you may need to have a blood test, chest X-ray, ECG (recording of your heart) and other tests that your doctor thinks are necessary. This is to make sure that you are as fit as possible for the anaesthetic and the operation.

Your temperature, blood pressure, respiration rate, height, weight and urine will be measured to give the nurses a baseline (normal reading) from which to work. A blood sample will be taken to check that you are not anaemic.

## What happens during the operation?

Whilst you sleep under a general anaesthetic, the surgeon will pass a small needle into your abdomen (tummy) and send gas through it to expand your tummy. He/she will then insert the laparoscope (a long, thin, flexible telescope) through a small cut made just below your navel (belly button). Using the light on the end of the laparoscope, the surgeon will be able to see the inside of your abdomen.

Often, a dye test is performed at the same time as laparoscopy. A harmless blue dye is inserted via the vagina and cervix (neck of womb) and, using a laparoscope, it is possible to see whether or not the fallopian tubes are open. This excludes blockage of the tubes as a cause for subfertility.

If necessary, treatments such as division of adhesions (scar tissue), removal of ovarian cysts or ectopic pregnancies can be carried out at this time. This may involve one or two additional five-millimetre cuts to allow other instruments to be passed into the lower abdomen.

When the surgeon has finished, he/she will release the gas from your abdomen. A stitch will be put in to hold the wound together, with a dressing placed over it.

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## What happens after the operation?

You will wake up in the recovery room before you are taken back to the ward.

## How will I feel after the operation?

**Please tell us if you are in pain or feel sick.** You may experience some discomfort at the operation site. We have tablets and injections that we can give you as and when you need them, so that you remain comfortable and pain-free.

You may feel light-headed or sleepy after the operation. This is due to the anaesthetic and may continue until the next morning.

You may also feel bloated and generally uncomfortable in the chest, tummy and around the shoulders. This is due to the gas that was introduced into the abdomen during the operation. Any discomfort will go over the next few days as the gas is absorbed by your body.

You will have plasters on your wound, which you can remove the day after your operation. The stitches should dissolve by themselves, but if they have not dissolved within seven days of your operation, please ask the practice nurse at your GP's surgery to remove them.

It is common to have a sore throat for two or three days after having a general anaesthetic. This sometimes happens because the anaesthetist (specialist doctor) has to pass a tube down your windpipe to give you the anaesthetic gases that keep you asleep during the operation.

It is common to start your period earlier than normal after this surgery.

## When can I go home?

You will be discharged from hospital about four to six hours after your operation, provided you are well enough to go home.

## Returning home after day surgery

Following surgery, you cannot go home by yourself – a friend or relative must escort you. You will need to organise your own transport home by car with someone else driving, as you should not travel home on public transport. You will also need to arrange for someone to stay with you overnight. Please make sure that you will have access to a telephone when you return home. If you are unable to make these arrangements, please speak to the nursing staff.

## Is there anything I need to watch out for at home?

If you experience a high temperature or fever, worsening pain, feeling sick or vomiting, or notice inflammation, bleeding or redness around the wound site, please contact your GP as you may have an infection.

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## When can I get back to normal?

You may bath or shower as normal when you get home and should be able to resume normal activities straight away. However, you will need to stay off **work** for the next three days.

You can start having **sex** when you feel comfortable to do so.

## Will I need to visit the hospital again?

Possibly. If we need to see you again, we will either give you an appointment for the outpatient clinic before you leave or we will post one to you. Otherwise, you will be discharged back to the care of your GP.

**Please do not hesitate to contact us if you have any queries or concerns.**

Victor Bonney ward                      **020 3313 5117**

Ward D6                                      **020 3313 4272**

## How do I make a comment about my treatment?

We aim to provide the best possible service and staff will be happy to answer any questions you may have. However, if your experience of our services does not meet your expectations and you would like to speak to someone other than staff caring for you, please contact the patient advice and liaison service (PALS) on **020 3313 3322** or **020 3133 0088**. You can also email PALS at **xxxx@xxxxxxxxxxx.uk** The PALS team are able to listen to your concerns, suggestions or queries and are often able to help sort out problems on behalf of patients.

Alternatively, you may wish to express your concerns in writing to:

The chief executive  
Imperial College Healthcare NHS Trust  
Trust Headquarters  
The Bays, South Wharf Road  
London W2 1NY

## Alternative formats

This information can be provided on request in large print, as a sound recording, in Braille, or in alternative languages. Please contact the communications team on **020 3312 5592**.