

PENINSULAR CENTRE FOR REPRODUCTIVE MEDICINE

LAPAROSCOPY INFORMATION LEAFLET

INTRODUCTION:

Laparoscopy is an operation in which a telescope (called a 'laparoscope') is passed into the abdominal cavity to inspect the internal organs. Sometimes it is performed simply for inspection purposes - for example to try to find the cause of abdominal pain or to detect possible reasons for infertility - and sometimes it is done to enable certain minor operations to be performed - for example, sterilization.

PROCEDURE:

The operation is performed under general anaesthetic by making a small incision under the umbilicus ('tummy button'). Various possible methods are used to insert the telescope in the safest fashion, but most often a needle is introduced into the abdominal cavity and carbon dioxide gas used to inflate it so that the internal organs are kept away from the telescope. Very often it is necessary to empty the bladder under the anaesthetic first with a catheter to make sure it is well away from the needle and the telescope. In order to get a good view of all the pelvic organs it is usually necessary to pass an instrument from below into the vagina or the womb in order to be able to move it into certain positions. In cases where fertility is being tested a blue-coloured dye may be passed through the womb and the woman's fallopian tubes watched to see if it passes through. The operation usually takes from 10 - 30 minutes and at the end the carbon dioxide gas is let out of the tummy and the incision closed with a stitch.

THINGS THAT CAN BE DONE DURING LAPAROSCOPY:

Laparoscopy has been a standard gynaecological operation for many years. When combined with one or two extra small incisions in the tummy various instruments can be used to perform minor operations such as sterilization, dividing scar tissue called 'adhesions' caused by previous infection or operations, removing fluid from cysts on the ovary, and a whole host of other procedures. Recently an increase in the range of specialized instruments for use with laparoscopy plus the ability to attach a video camera to the telescope has enabled more complicated operations to be performed. Using instruments and techniques developed by gynaecologists, for example, it is now quite common for general surgeons to remove the gall bladder in this way.

RECOVERY:

It is usually necessary to stay in hospital for at least a few hours after the operation. Quite often it is performed as a day-case (i.e. in and out of hospital the same day), but it is also quite often necessary to stay in hospital for one night afterwards. Abdominal pain and discomfort is common during the first 48 hours. The carbon dioxide gas used

during the operation can sometimes irritate the nerves on the under-surface of the diaphragm which have the same supply as the shoulder, and so it is quite common to feel shoulder-tip pain for a while afterwards. Simple pain killers are usually enough to deal with the abdominal or shoulder-tip pain, but if it is severe it may sometimes be necessary to stay in hospital longer than planned for observation and stronger pain relief. It is advisable to rest for the first 24 hours after the operation and normal activities can usually be resumed when the woman is sufficiently comfortable (usually about 48 hours). Unless otherwise instructed there are no special restrictions on lifting or other activities after this time. Stitches are usually removed after 48 hours.

MINOR COMPLICATIONS:

These may include:

- bleeding or excess bruising around the incision site(s) - this may prolong the recovery period and will usually resolve over 1-2 weeks;
- cystitis - discomfort passing urine is quite common for a short while after the operation since the bladder may have been emptied by a catheter. If it is severe, persists, or is accompanied by feeling 'shivery', it may be advisable to see a general practitioner for a urine test and, possibly, antibiotics;
- general tiredness - this is often experienced after even minor operations and the reasons why some people should notice it more than others are obscure. There are no specific remedies other than to try to build up to normal activities when the initial discomfort from the operation has passed;
- infection at the incision site - redness, pain and a discharge at the incision site may require a visit to the general practitioner and treatment with antibiotics;

MAJOR COMPLICATIONS:

Laparoscopy is generally considered to be a very safe operation. Sometimes there may be technical problems during the course of laparoscopy which may cause the surgeon to abandon the procedure without completing it. Serious complications, including death, are a risk with any surgical operation or anaesthetic - including routine ones performed with the utmost care. The likelihood of any major complications from laparoscopy is small. Such complications may include: damage to internal organs (e.g. blood vessels or the bowel) from the needle used to inflate the abdomen or other instruments; accidental escape of the carbon dioxide gas into the blood-stream or body tissues; and, complications from the general anaesthetic or other drugs. Damage may sometimes be recognised at the time of the operation -in which case it may be necessary to proceed immediately to a major open operation - but sometimes it is not recognised at the time and may only be suspected if the woman becomes unwell afterwards. The overall risk of some form of major complication is reported to be about 1/1000. The risks are greater in cases where the woman is overweight, in poor general health, has had previous abdominal surgery, or when the operation is combined with certain laparoscopic surgical procedures, and may be less when there are none of these factors.

