

Laparoscopy

Advice for women undergoing the procedure

Tena koutou katoa, Kia orana,
Talofa lava, Malo e lelei,
Fakaalofa lahi atu, Taloha Ni, Ni
Sa Bula Vinaka,

Greetings and Welcome to the
Women's Health Gynaecology
Service

Discharge Advice

This will be completed in hospital by the nurse caring for you.

Pain Relief

You may get some discomfort for the next 5 days approximately.

Please take the pain relief prescribed regularly. If this does not control the pain contact your GP for a check-up.

Preventing and detecting infection

We recommend that you:

- Complete taking any antibiotics that have been prescribed for you.
- Use sanitary pads rather than tampons until the bleeding has stopped.
- Avoid sources of possible infection such as spa pools and swimming pools until wounds are healed and bleeding has stopped.
- Contact your GP straight away if you develop flu like symptoms; get a temperature over 38°C; have pain or difficulty passing urine; bleeding becomes heavy and you pass clots or have an offensive vaginal discharge.

Wound Care

Keep the wounds as clean as possible and dry well after a shower. Your GP or practice nurse can remove the sutures in 5-7 days.

Sexual Activity

We advise you not to have sexual intercourse until you are comfortable and bleeding has stopped (usually not for 2 weeks at least).

Driving and returning to work

- You are advised not to drive for at least a week.
- We recommend you don't return to work for a week.
- Please let us know if you need a medical certificate for time off work.

This booklet is for women who have been recommended to have a laparoscopy, either for diagnostic or treatment purposes.

What is a Laparoscopy?

A **Laparoscopy** is an operation performed under general anaesthetic which allows the gynaecologist to inspect your pelvic organs and diagnose and treat various conditions. There are many indications for a laparoscopy and this will be discussed by your surgeon.

How is a Laparoscopy performed?

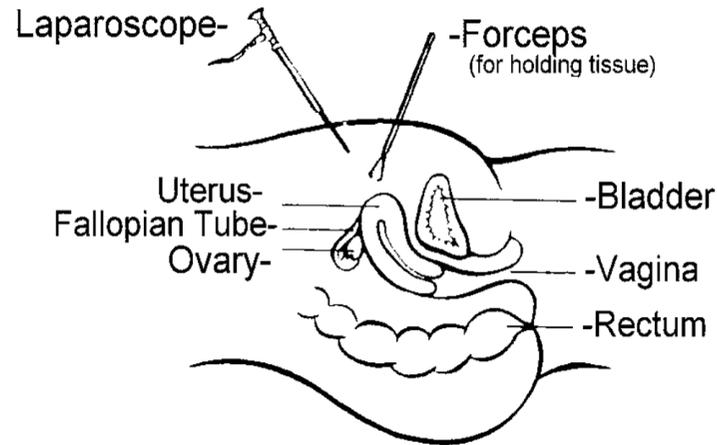
A general anaesthetic is required for laparoscopic procedures.

1. A cut about one centimetre long is made below the belly button.
2. A fine tube is passed through this cut and the abdomen is inflated with carbon dioxide gas.

This creates space so that the pelvic organs can be seen clearly.

3. The laparoscope (narrow telescope with a light) is inserted, allowing the gynaecologist to see the pelvis and pelvic organs. Other small cuts are made which allow different laparoscopic instruments to be introduced to perform the laparoscopic surgery.

After the procedure is completed, the instruments are removed, the carbon dioxide is released and the cuts are stitched.



What after effects should I expect?

- Nausea, discomfort, and tiredness are not uncommon for the first three days after laparoscopic surgery.
- Pain may be experienced where the cuts were made.
- There may be aching of the muscles, shoulder tip and rib cage pain because of the small amount of gas remaining under the diaphragm.

Regular pain relief will help relieve the discomfort.

Please ask staff if you have any questions about the information in this booklet, or about the laparoscopic procedure.

What are the risks?

- A full general anaesthetic is required so there are the usual risks relating to having an anaesthetic. The anaesthetist will discuss these with you.
- A diagnostic laparoscopy is considered to be a low risk procedure with fewer complications than for a laparoscopy carried out for treatment purposes. Laparoscopy has the risk of puncturing other abdominal structures such as the bowel, bladder and blood vessels, but the risks of this are very low.
- Sometimes the laparoscopy may be technically difficult and the surgeon may not be able to view the pelvis adequately. Under these circumstances an open surgical procedure may need to be done. This will be discussed when you consent to the procedure.
- The risk of complications increases with more complex laparoscopic surgery. These risks include damage to bowel, bladder, blood vessels (bleeding & haematoma), infection and sometimes having to proceed to open surgery. Risks are greater for women who are overweight, who have had previous abdominal surgery and who have other medical problems.