

# Laparoscopy with or without pelvic surgery



## Information for patients Gynaecology

### What is a laparoscopy?

Laparoscopy is a surgical procedure (operation) that allows your doctor to look inside at your pelvic organs using a special instrument called a laparoscope. This is a small telescope, which is inserted into your abdomen through a small incision (cut) either in or below or above your umbilicus (navel).

### Why may I need a laparoscopy?

During your clinic appointment your doctor will have explained why the surgical procedure is necessary. A laparoscopy can be performed for several reasons; the two main ones are:

- To try and find out the cause of your pain or infertility (this diagnostic procedure usually takes about 30 minutes)
- Or to treat conditions such as:
  - Adhesions (scar tissue)
  - Endometriosis (a condition where tissue that is like the lining of the uterus (womb) is found outside the uterus)
  - Ovarian cysts
  - Ectopic pregnancy (a pregnancy outside of your uterus)
  - Removal of a fibroid (a benign growth in your uterus)

These procedures can take from 30 minutes up to several hours depending upon the extent of the surgery.

### How is a laparoscopy done?

Laparoscopy, whether for diagnostic purposes or treatment, is performed under a general anaesthetic, where you will be put to sleep.

When you are under anaesthetic an internal examination will be performed and your bladder will be emptied. It is then usually necessary to place an instrument through the cervix (neck of your womb) to enable the womb to be moved so that the pelvic organs can be seen. A small incision is then made in your skin at the umbilicus (navel/belly button) and a needle or port is passed through the skin into your abdominal cavity, which is then filled with gas (carbon dioxide).

The laparoscope (or telescope) is inserted through this umbilical incision to look inside the abdomen. A second incision is often made above your pubic hair line to allow a second instrument to be

inserted. Further small incisions may be made if extra instruments need to be used. If you are having a laparoscopy to investigate infertility, blue dye will be used to see if your fallopian tubes are open.

### **What are the benefits of a laparoscopy?**

- Quicker recovery
- Less time spent in hospital
- Smaller scars

### **What are the risks of having a laparoscopy?**

A laparoscopy is generally a safe procedure but as with any operation there are associated risks. These include:

- Damage to your internal organs (bowel, bladder, and ureter) from the insertion of instruments or gas into your abdomen during the surgery. This may happen during 1 in 500 operations but the risk may be slightly higher if you have had abdominal surgery before.
- Infection is rare but may occur in your urinary tract, abdominal wounds, uterus, fallopian tubes or pelvic organs.
- Internal bleeding; this may happen as a result of accidental damage to a pelvic organ and, in severe cases, a blood transfusion and/or a laparotomy may be required.
- Blood clots in the veins in your legs or lungs. Please also read the leaflet 'Preventing blood clots while you are in hospital and after you leave'.

As with any procedure, we must seek your consent beforehand. Staff will explain the risks, benefits and alternatives where relevant before they ask for your consent. If you are unsure about any aspect of the procedure or treatment proposed, please do not hesitate to ask for more information.

### **What if I am obese or have had abdominal operations before?**

Laparoscopy may be difficult to perform if you are obese or if you have lots of scar tissue from previous operations in your abdomen. If your doctor cannot perform a laparoscopy successfully you may need a laparotomy. A laparotomy involves a much larger surgical incision and allows your doctor easier access to your pelvis and abdomen.

2 or 3 women out of every 1000 may need to have a laparotomy which means a longer recovery time and more pain relief will be required afterwards.

### **Would I need a laparotomy if there were other complications during my laparoscopy?**

Complications during a laparoscopy are rare but if they do occur you may need a laparotomy. Your doctor will discuss this with you when you consent for your operation.

## **How can I prepare for my operation?**

Please read the information leaflets provided at your outpatient and pre-operative assessment appointments. They will provide you with useful information so that you know what to expect during your admission to hospital.

It is important that you tell us of any health problems you have and any medication you take. Please continue with any medication unless otherwise advised.

To make sure that you are in the best possible health before you have your operation, you should:

- If you are a smoker, try to give up or cut down
- Lose weight if advised
- Eat a well-balanced diet
- Try to stop or cut down on drinking alcohol
- It is very important that you do not have sexual intercourse in the month that your surgery is planned unless you use barrier methods of contraception right up until the operation.

## **What will happen before my operation?**

You may be asked to attend the pre-operative assessment clinic on the day of your gynaecology clinic appointment or an appointment will be arranged approximately 5-10 days before your operation. At this clinic you will see a nurse practitioner and possibly an anaesthetic doctor. A physical examination and blood tests will be carried out and any other investigations that are necessary for your operation to go ahead.

## **What will happen on the day of my operation?**

You will be admitted to either Theatre Admissions Unit (TAU) or Surgical Day Unit (SDU). This will be confirmed in your admission letter along with the time you need to arrive.

## **What will happen after my operation?**

You will be taken to the recovery room and monitored until you are ready to go back to the day case ward.

## **Will I have pain?**

You may have some discomfort in your lower abdomen. The pain should be relieved by taking simple pain relief such as paracetamol or ibuprofen. The pain should settle within 5 days.

## **Will I feel sick?**

You may feel sick after your operation, which is probably as a side effect of the anaesthetic or pain relief you may have been given. Medication is available to help with this.

## **When will I be able to go home?**

You should be able to go home on the same day or the following morning after your operation. Please be prepared for this and make any necessary arrangements before your admission. You will be able to go home when:

- You have eaten and are able to drink normally
- You can pass urine normally

## **Do I need someone to look after me following my operation?**

Yes, please arrange for someone to accompany you home from hospital and stay with you for the first 24 hours following your operation/anaesthetic.

## **Will I see my doctor before I go home?**

No, not always. Your doctor may come and discuss your operation with you. Sometimes your doctor will write to you instead.

You will be informed of this before you go home.

## **How do I look after my wound(s)?**

Your wound(s) should remain uncovered and it is important to keep them clean. Daily showers are a good idea. You must make sure you dry your wound(s) well afterwards.

Your stitches should dissolve or fall out within a couple of weeks of the operation. If you have stitches that need removing this will be explained to you by the nurse before you go home.

## **How long will I bleed for after my operation?**

You may have some vaginal bleeding for up to 2 weeks following your operation. Please wear sanitary towels and NOT tampons.

## **When can I resume sexual intercourse?**

Sexual intercourse can be resumed when any vaginal bleeding or discharge has settled and you feel comfortable and pain free.

## **When can I go back to work?**

If you have had a laparoscopy you should be ready to return to work after 1 to 2 weeks and if you have had a laparotomy you will need 6 weeks off work. Your nurse will discuss this with you before you go home.

## **When can I drive?**

After 3 to 6 weeks, depending on the type of operation you have had and how comfortable you feel. You must be able to perform an emergency stop effectively. It is important that you check your insurance covers you to drive after your surgery.

## Is there anything I should look out for when I go home?

You should contact the gynaecology ward or your GP if you have any of the following:

- You feel unwell and feverish
- Pain that is not controlled with paracetamol or ibuprofen (simple pain relief)
- You have chest pain, cough or shortness of breath
- Vaginal bleeding that is heavy or smelly
- Your wound(s) becomes red, inflamed or starts to ooze

## Who can I contact if I have any questions?

If you need any further information then please do not hesitate to contact:

- Gynaecology Ward G1: **0114 226 8225 (outside office hours)**



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