

Having a laparoscopy

This leaflet aims to answer your questions about having a laparoscopy. It explains the benefits, risks and alternatives, as well as what you can expect when you come to hospital.

If you have any further questions, please speak to a doctor or nurse caring for you.

What is a laparoscopy?

Laparoscopy is a surgical procedure that is performed under general anaesthetic (while you are asleep). The aim of the procedure is to look at your womb, fallopian tubes, ovaries and the surrounding pelvic organs to check for any abnormalities. To do this, a small telescope called a laparoscope is inserted into your abdomen through a small incision (cut) made in your belly button.

What are the benefits of having a laparoscopy?

A laparoscopy can help find the cause of a problem you are having, such as:

- pelvic pain
- period pain
- pain during sexual intercourse.

Some fertility investigations are performed via laparoscopy, such as checking the fallopian tubes for any blockage.

A laparoscopy can also be used to perform specific treatments and surgical procedures such as sterilisation or treatment of endometriosis. Information about these treatments can be found in separate leaflets, **Male and female sterilisation** and **Treatment of endometriosis**. These leaflets are produced by the Royal College of Obstetricians and Gynaecologists (RCOG) and can be obtained from the Gynaecology Outpatient Department.

What are the risks?

As with any procedure performed under general anaesthetic, there are small risks involved. Your anaesthetist will explain these to you when you are signing your consent form. For more information, please see the leaflet **Having an anaesthetic**.

The surgical risks associated with laparoscopy are:

- Damage to bowel, bladder or major blood vessels (the overall risk of any of these occurring is around 4 in 1000). If this occurs, a further operation, a laparotomy, may be required to repair the damage. This procedure is explained below.
- Formation of haematoma (bruise) as a result of damage to blood vessels in the abdominal wall (this risk is around 1 in 1000). This normally heals without further treatment. However, in rare cases a further operation may be required to remove the collected blood.
- Perforation (a small hole in your womb). This risk is around 1 in 100. This may or may not require surgical repair depending on the size of the perforation.
- Infection of skin stitches (the risk is around 5 in 100). This should clear up with antibiotics prescribed by your GP.
- In a small number of cases the surgeon may need to perform a laparotomy (the risk is around 1 in 200). This requires a larger skin cut in the abdomen to allow open surgery to be performed, either to complete the operation or because of complications that may have occurred at the time of laparoscopy. If you have had a laparoscopy and then need a laparotomy, you will be admitted to the gynaecology ward and may require a three or four day hospital stay.

The risks of laparoscopic surgery are slightly higher if you are significantly overweight, or extremely thin, or have had previous abdominal surgery. In these cases the surgeon may choose a different technique or way of operating in order to insert the laparoscope safely into your abdomen. This will be explained to you before the procedure by the doctor.

Are there any alternatives?

Other ways to check for abnormalities in your pelvis include x-ray hysterosalpingogram (an x-ray test to check that your fallopian tubes are not blocked), pelvic ultrasound or pelvic MRI (magnetic resonance imaging). These tests may be performed before laparoscopy and will depend on the reasons for investigation.

How can I prepare for a laparoscopy?

You will be given an appointment for a pre-operative assessment to take place either on the same day as your operation or a few weeks before the operation date. At this appointment you will be given a medical check up by a nurse to make sure that you are fit for the operation.

Most laparoscopies are performed in the Day Surgery Unit but some patients will be admitted to a ward and may need to stay overnight. This will be explained to you at your pre-operative assessment.

Please bring any medications that you are taking to the pre-operative assessment and also with you on the day of admission.

You will be given the leaflet, **Surgical Admissions Lounges (SAL) and Day Surgery Units (DSU) at Guy's and St Thomas' hospitals**. Please read this leaflet and follow the instructions. If you do not have a copy or have any questions, please call the **Day Surgery Unit** on **020 7188 3222**, or the **McNair Centre** on **020 7188 7483**.

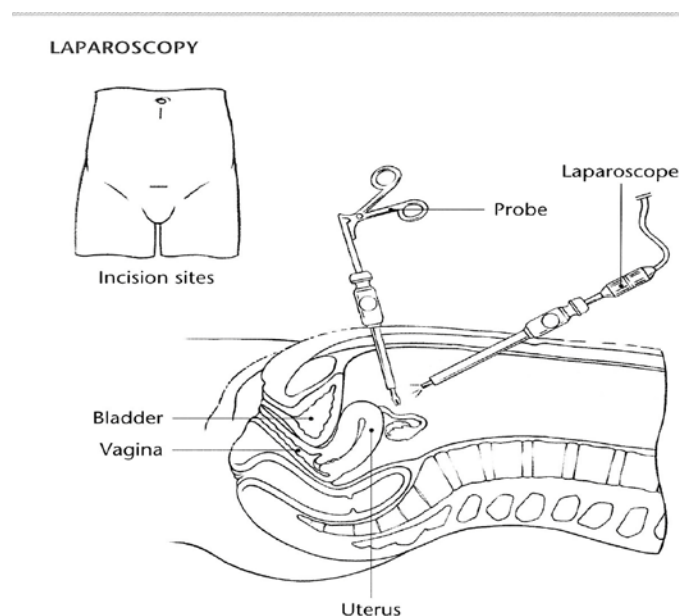
Asking for your consent

We want to involve you in decisions about your care and treatment. If you decide to go ahead, you will be asked to sign a consent form. This states that you agree to have the treatment and you understand what it involves.

If you would like more information about our consent process, please speak to a member of staff caring for you.

What happens during the laparoscopy?

A laparoscopy is performed under a general anaesthetic. A small cut measuring approximately 1cm is made at, or just below, the belly button. A special hollow needle is inserted at this point and will inflate your abdomen with carbon dioxide gas. This creates a gas bubble inside your abdomen and the doctor uses this safe space to insert the laparoscope carefully into your abdomen. In most cases, one or two additional skin cuts are made on the sides of your abdomen to allow insertion of other surgical instruments (probe) to help the doctor check your pelvic organs (see diagram below).



Produced with permission from Patient Pictures: Gynaecology, 2nd Edition, Health Press Ltd, Oxford 1997

Checking inside your pelvis usually takes around 15 minutes. However, additional surgical treatments may be performed if the doctor identifies specific problems (such as scar tissue or endometriosis) at laparoscopy, and this could add another 30 to 45 minutes, depending on what is required.

What happens after the procedure?

You will be monitored by a nurse until you have recovered. This usually takes between one and two hours. You may have something to eat and drink as soon as you feel able. You will be offered painkillers if you are uncomfortable. Once you are fully awake, have had something to eat and drink and have passed urine, you will be able to go home. You will need to have a friend or relative to escort you home and stay with you overnight. Following a general anaesthetic, it is not advisable to drive, operate machinery or sign a legal document for 48 hours.

Will I feel any pain?

You may be sore around the cuts in the skin and feel bloated, with a general feeling of discomfort in the abdomen, for two to three days. You can take painkillers for this if you need to. You may also feel pain in your shoulders due to the indirect effect of a small amount of carbon dioxide gas remaining inside the abdomen, which is usually reabsorbed within 24 hours. This can be treated with painkillers or peppermint water. You may also experience some light vaginal bleeding which can last for a couple of days. You should discuss with a nurse or doctor when is a suitable time to resume sexual activity or use tampons, as this will vary with different procedures.

What do I need to do after I go home?

You may have a bath or shower the following morning and remove the small dressings. The incision sites (cuts) may be left exposed but must be kept clean and dry. Any stitches on the skin will dissolve in the next 10–14 days. If you are in any pain, take painkillers at regular intervals, whatever you would normally take for period pain.

When can I go back to work?

Most women are able to return to work around two to seven days after a laparoscopy, depending on whether any additional surgical treatment procedures have been performed.

Fit note

If you are receiving treatment either as an inpatient (staying in hospital overnight) or as an outpatient where you attended a clinic and it is assessed that you will not be able to work for more than seven days in a row (self-certification), you are entitled to request a fit note from a hospital doctor.

Your employer will be able to provide information on self-certification or you can visit the HMRC website.

Obtaining a fit note whilst in hospital means you do not have to make an appointment with your GP on discharge where it is only to obtain a fit note, so it is more convenient for you. If you feel that you will require a fit note, inform the clinician looking after you before you are discharged or leave the clinic. The hospital doctor will be able to provide you with this.

Will I have a follow-up appointment?

A doctor will see you within a few hours of the operation and explain how it went to you. The doctor will decide if you need a hospital follow-up appointment. If you do, this will either be made before you go home or it may be sent to you in the post.

Important things to watch out for after the operation

If you have any of the following symptoms, you should seek advice from your GP:

- becoming more unwell with abdominal pain after the procedure - you should gradually be getting better day by day
- a swollen abdomen
- a raised temperature (over 38°C)
- continuous vaginal bleeding which is heavier than a period
- offensive (bad) smelling vaginal discharge
- continuous bleeding or discharge from the skin incision sites
- repeated vomiting.

What shall I do if I have a problem or concern?

If you have any concerns, please:

- contact or visit your GP
- call the gynaecology ward for advice on 020 7188 2703 or 020 7188 2697
- call NHS Direct on 0845 4647 and speak to a specially trained nurse
- go to your A&E department or call 999 in the event of an emergency.

Contact us

If you have any questions or concerns about having a cervical polyp removed, or need advice after the removal, please contact:

The McNair Centre helpline on **020 7188 3023**, Wednesday afternoons, 2pm – 4pm

The Emergency Pregnancy and Acute Gynaecology Unit (EPAGU) on **020 7188 0864**, Monday – Friday, 8.30am – 7pm and Saturday – Sunday, 9.30am to 3.15pm.

For more information leaflets on conditions, procedures, treatments and services offered at our hospitals, please visit www.guysandstthomas.nhs.uk/leaflets

Pharmacy Medicines Helpline

If you have any questions or concerns about your medicines, please speak to the staff caring for you or call our helpline.

t: 020 7188 8748 9am to 5pm, Monday to Friday

Your comments and concerns

For advice, support or to raise a concern, contact our Patient Advice and Liaison Service (PALS). To make a complaint, contact the complaints department.

t: 020 7188 8801 (PALS) e: pals@gstt.nhs.uk

t: 020 7188 3514 (complaints) e: complaints2@gstt.nhs.uk

Language and accessible support services

If you need an interpreter or information about your care in a different language or format, please get in touch:

t: 020 7188 8815 e: languagesupport@gstt.nhs.uk

NHS 111

Offers medical help and advice from fully trained advisers supported by experienced nurses and paramedics. Available over the phone 24 hours a day.

t: 111

NHS Choices

Provides online information and guidance on all aspects of health and healthcare, to help you make choices about your health.

w: www.nhs.uk

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