

# **PATIENT INFORMATION**

## **Laparoscopy**



You have been advised to come into hospital for a laparoscopy and since many patients hesitate to ask all they would like to know, we hope this leaflet will answer some of your questions.

## **WHY IS A LAPAROSCOPY REQUIRED?**

A laparoscopy is a diagnostic procedure, which is usually done to find the cause of symptoms such as abdominal pain, pelvic pain, or swelling of the abdomen.

## **WHAT IS A LAPAROSCOPY?**

A laparoscopy enables a doctor to see clearly inside your abdomen to diagnose your condition using a laparoscope. A laparoscope is like a thin camera with a light source, it is used to light up and magnify the structures inside the abdomen.

## **YOUR ADMISSION**

Prior to admission you will be seen in pre-op clinic to be assessed to see if you are fit for surgery. Unless there are exceptional circumstances, you will usually be admitted on the day of the operation.

It is important to CLIP hair (bikini line) 1-2 days prior to surgery. DO NOT SHAVE 2-3 days prior as this can increase the risk of a wound infection.

## **HOW IS IT DONE?**

A laparoscopy usually takes about 20 minutes to perform. Whilst you are asleep under general anaesthesia the skin is

cleaned over the abdomen. The surgeon makes a small incision (cut) about 1-2cm long near the naval (belly button). Some gas is injected through the cut to slightly 'blow out' the abdominal wall. This makes it easier to see the internal organs with a laparoscope, which is gently pushed through the incision into the abdominal cavity. As part of this procedure, a uterine manipulator (a probe) is also inserted into your vagina and through the neck of the uterus (womb). This allows the surgeon to manipulate the uterus in order to see your pelvic organs clearly. The surgeon looks down the laparoscope or looks at pictures on a TV monitor connected to the laparoscope.

If you have a surgical procedure, one or more separate incisions are made in the abdominal skin. These allow thin instruments to be inserted into the abdominal cavity. The surgeon can see the ends of these instruments with the laparoscope and so can perform the required procedure. When the surgeon is finished the laparoscope, other instruments and gas are removed. The incisions are stitched and dressings applied.

## **A LAP AND DYE TEST**

This is a specifically planned procedure for women having fertility problems. A blue dye is inserted into the uterus (womb) through the vagina, which outlines the uterus and fallopian tubes allowing any blockages to be seen. This procedure will help to find the cause of infertility.

Sometimes laparoscopy can show or cause problems that will need the surgeon to proceed to an operation called a mini laparotomy. This requires a small cut to the lower abdomen (bikini line) and results in a three-day stay in hospital. The chances of having a mini laparotomy are 1%.

## **ANAESTHETIC RISKS**

You will be given another booklet that explains the anaesthetic procedure.

## **INJURY TO SURROUNDING STRUCTURES**

Injury to other organs namely the bowel, blood vessels and the bladder can occur, this is rare but if it occurs, an emergency laparotomy operation is required to correct the damage. Usually this risk is discussed with the doctor when you are booked for the procedure.

## **BLEEDING**

Bleeding due to injury to small blood vessels can occur and this can result in the formation of a haematoma (a small blood clot). Usually no treatment is required for this but it will delay your recovery until the haematoma is reabsorbed.

## **FAILED PROCEDURE**

It is sometimes difficult to insert the laparoscope and your operation will be stopped. The doctor will then discuss your future management when you are back on the ward.

## **AFTER THE OPERATION**

You will be taken to a recovery ward within the theatre department before being brought back to the ward.

On returning to the ward you can expect to feel some mild abdominal pain, which usually settles when you are more comfortable in bed. A painkiller will be given if required.

Although laparoscopic surgery tends to have less post operative pain compared to an open procedure, you may feel a little sore around the incisions. You may have some pain in your shoulder tip. This is caused by the gas, which had been pumped inside irritating the diaphragm, which has the same nerve supply as the shoulder tip. This pain should resolve once you are mobilising more and can also be helped if you do some deep breathing exercises. It can last on and off for around 48 hours. You can expect your tummy to remain swollen for approximately one week.

Two small dressings will be in place covering the stitches; these will take between 7-10 days to dissolve, however if they are causing any irritation after one week, you can make an appointment through your GP to see the Practice Nurse who can snip the tips of the stitches off. The dressing can be removed the next day. Try to leave the dressing off as soon as possible; otherwise this can create an atmosphere ideal for an infection to develop.

Daily baths will help to keep the area clean and help to dissolve the stitches. However, you should not use bubble bath for one week as this may cause irritation

Following a lap and dye test you can expect to pass a blue dye vaginally for a day or two. The length of recovery is usually one week but this will vary, depending on why the procedure was done and what operations were performed.

You will probably remain on a light diet (juices, tea and soup) for the first 12 hours. After this time, if everything is normal and you don't feel sick, you will be able to start your normal diet.

## **RISK OF INFECTION**

Infection at the operation site, in the pelvis or bladder can occur. Signs of an infection to the operation sites can be redness; the area can be hard or hot to touch or may have a smelly discharge. If any of these occur, you should consult your GP as you may need antibiotic treatment.

Vaginal loss can last for a few days, if it becomes heavy/offensive (smelly) or you pass clots, this is not normal and can be signs of an infection so you must consult your GP. You should not use tampons for 4-6 weeks

## **YOUR SCAR**

Although the incisions are small, you may experience some bleeding or swelling around the incision, this is normal. Eventually these will disappear and you will be left with a negligible scar. The scar will appear pink at first, but during the following months will fade and become less noticeable.

## **WHAT HAPPENENS WHEN YOU GO HOME?**

When you have recovered from the anaesthetic, passed urine and managed to eat a small snack and drink, you will be assessed by the doctor or the senior nurse on duty to be allowed home.

It will be necessary for someone to collect you after the procedure as the anaesthetic can take up to 48hrs to completely clear from your system and you should not drive, operate machinery or drink alcohol until after this time as your responses will not be as quick as normal.

You can expect to be away from work for a week.

You must not do any lifting and should rest for one week after which time you can resume your normal lifestyle.

You are advised not to have sexual intercourse for 2 weeks as this can be a risk of infection. Following this, intercourse can be resumed whenever you feel comfortable. **If you have had a sterilisation operation, you must not have unprotected intercourse until you have had your first period as this could result in pregnancy**

The ward staff will discuss the procedure with you and offer discharge guidance but please feel free to ask about any areas of concern during your stay in hospital.

If a follow up appointment is requested by the surgeon to discuss findings and further treatments, this will be sent to you in the post and you will attend the Gynaecology Outpatient department.

If you have any problems relating to this procedure when you get home please do not hesitate to telephone the ward staff or your GP surgery who will advise you as appropriate.

This patient information leaflet is intended to be used to support discussion during your clinical consultation. If there is anything you do not understand or are unsure about, please ask the doctor at your appointment or contact the ward on telephone no **(01695) 656324/656901/656601**.

Useful websites:

[medicinenet.com](http://medicinenet.com)

nhs.uk

patient.co.uk



## NOTES

**During your contact with us, it is important that you are happy with your care and treatment. Please speak to a member of staff and/or the ward/department Sister/Charge Nurse if you have any questions or concerns.**

## **MATRON**

A Matron is also available during the hours of 9.00 to 5.00 pm Monday to Friday. During these periods, ward/department staff can contact Matron to arrange to meet with you. Out of hours, a Senior Nurse can be contacted via the ward/department to deal with any concerns you may have.

## **INFECTION CONTROL REQUEST**

Preventing infections is a crucial part of our patients' care. To ensure that our standards remain high our staff have regular infection prevention and control training and their practice is monitored in the workplace. We ask patients and visitors to assist us in preventing infections by cleaning their hands at regular intervals and informing staff of areas within the hospital that appear soiled.

As a patient there may be times that you are unsure whether a staff member has cleaned their hands; if in doubt please ask the staff member and they will be only too happy to put your mind at ease by cleaning their hands so that you can see them.

## **SPECIAL INSTRUCTIONS**

Ensure pubic hair is CLIPPED AND NOT SHAVED PRIOR TO ADMISSION (APPROX 2 INCH) TO TOP OF PUBIC BONE.

## **ANY CONDITION SPECIFIC DANGER SIGNALS TO LOOK OUT FOR:**

- Heavy/offensive vaginal loss or passing clots.
- Inflammation/oozing from laparoscopic sites or if they become hard/hot to touch.

## **CONTACT INFORMATION IF YOU ARE WORRIED ABOUT YOUR CONDITION**

Your own GP –

Ward – 01695 656901/656601

## **OTHER USEFUL TELEPHONE NUMBERS/CONTACTS:**

NHS 111

Stop Smoking Helpline (Sefton) - 0300 100 1000

Stop Smoking Helpline (West Lancashire) - 0800 328 6297

**Please call 01704 704714 if you need  
this leaflet in an alternative format**

**Southport and Ormskirk Hospital NHS Trust**

Ormskirk & District General Hospital  
Wigan Road, Ormskirk, L39 2AZ

Tel: (01695) 577111

Southport & Formby District General Hospital  
Town Lane, Kew, Southport, PR8 6PN

Tel: (01704) 547471

**FOR APPOINTMENTS**

Telephone (01695) 656680

Email [soh-tr.appointments@nhs.net](mailto:soh-tr.appointments@nhs.net)

Please remember to complete the **attached** *Friends and Family Test*.

Alternatively, you can complete the *Friends and Family Test* on-line by going to: [southportandormskirk.nhs.uk/FFT](https://southportandormskirk.nhs.uk/FFT)

**Thank you**

Author: Tania Wroe

Ref: 483

Version: 9

Reviewed: April 2021

Next Review: April 2024