

Laparoscopy & Laparoscopic Surgery

Note: The information below is a general guide only. The arrangements, and the way the tests are performed, may vary between different hospitals. Always follow the instructions given by your doctor or local hospital.

What is a laparoscopy?

Laparoscopy is a procedure to look inside your abdomen by using a laparoscope. A laparoscope is like a thin telescope with a light source. It is used to light up and magnify the structures inside the abdomen. A laparoscope is passed into the abdomen through a small incision (cut) in the skin.

A laparoscopy may be done to find the cause of symptoms such as abdominal pain, pelvic pain, or swelling of the abdomen or pelvic region. Or, it may be done if a previous test such as an x-ray or scan has identified a problem within the abdomen or pelvis. A laparoscopy enables a doctor to see clearly inside your abdomen. Some common conditions which can be seen by laparoscopy include:

- Endometriosis
- Pelvic inflammatory disease
- Ectopic pregnancy
- Ovarian cyst
- Appendicitis

What is laparoscopic surgery?

In addition simply to looking inside, a doctor can use fine instruments which are also passed into the abdomen through another small incision in the skin. These instruments are used to cut, trim, biopsy, grab, etc, inside the abdomen. This laparoscopic surgery is sometimes called 'keyhole surgery' or 'minimally invasive surgery'. Laparoscopic surgery can be

used for various procedures.

Some commonly performed operations include:

- Removal of gallbladder. This is sometimes called a laparoscopic cholecystectomy, or 'lap choly' for short. It is now the most common way for a gallbladder to be removed.
- Removal of the appendix.
- Removal of patches of endometriosis.
- Removal of parts of the intestines.
- Female sterilisation
- Treating of ectopic pregnancy
- Taking a biopsy (small sample) of various structures inside the abdomen which can be looked at under the microscope and/or tested in other ways.

In general, compared with traditional surgery, with the laparoscopic surgery there is usually:

- Less pain following the procedure.
- Less risk of complications.
- A shorter stay in hospital and quicker recovery.
- A much smaller scar.

How its done?

Laparoscopy and laparoscopic surgery are usually done whilst you are asleep under general anaesthesia. The skin over the abdomen is cleaned. The surgeon or gynaecologist then makes a small incision (cut) about 1-2cm long near to the naval (belly button). Some gas is injected through the cut to 'blow out' the abdominal wall slightly. This makes it easier to see the internal organs with the laparoscope which is gently pushed through the incision into the abdominal cavity. The surgeon or gynaecologist then 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 small incisions are made in the abdominal skin. These allow thin instruments to be pushed into the abdominal cavity. The surgeon or gynaecologist can see the ends of these instruments with the laparoscope and so can perform the

required procedure.

When the surgeon or gynaecologist has finished, the laparoscope and other instruments are removed. The incisions are stitched and dressings applied.

What preparation do I need to do?

As you will usually be under general anaesthetic, your hospital should give you instructions about fasting before the operation. Depending on the reason for your operation, there may be more specific instructions. Your doctor will give you this information if necessary.

After a laparoscopy?

There may be some minor bleeding or bruising around the skin incisions. Otherwise, in most cases a laparoscopy just to look inside goes without any problem. Possible problems which may occur include the following:

- Accidental damage to structures inside the abdomen such as the intestines or certain blood vessels. This is rare but, if it occurs, an emergency traditional operation may be needed to correct the damage.
- As with any operation, there is a small risk of complications of anaesthesia.
- Occasionally, the incision becomes infected which may require a course of antibiotics.

If you have laparoscopic surgery, the risk of complications may increase, depending on what operation is performed.

Before leaving the hospital?

Before you leave hospital, make sure you have:

- Any medications you brought to the hospital
- Medications or prescriptions from the doctor to help with your recovery.
- A letter to take to your local GP/doctor if required.
- An appointment to return to the clinic for a check-up, (usually in 6 weeks unless the doctor wants to see you



earlier). If an appointment is not made at the time of your discharge, it will be sent out to you in the mail.

What to expect after you go home?

- Recovery should take one to two weeks.
- Vaginal bleeding may continue for five to ten days after the operation. If the bleeding continues or gets progressively heavier, you should see your local doctor or come back to the Women's Emergency Department.
- Use pads and not tampons.

Be aware of signs of infections.

If you have any of the symptoms listed below please see your local doctor or come back to the Women's Emergency Department:

- Sudden hot flushes, high temperatures or sweating.
- Sudden onset of pain.
- Increased vaginal bleeding.
- Offensive vaginal discharge.

Looking after yourself.

For the first 24 hours, make sure you get adequate rest. No heavy lifting, housework, or cooking.

- Gently ease back into activities.
- Do not drive a car.
- Do not drink alcohol.
- Do not operate machinery or electrical appliances which can cause injury.
- Do not sign any legal documents.

Looking after your wound?

If you have had laparoscopic surgery.

- Make sure the wounds are kept clean and dry. Notify your doctor if wounds become hot to touch, swollen or excessively painful.
- If there are Steri-strips in place, leave them on until they

come off themselves.

- If you have stitches - these are usually removed by your local doctor in 4-6 days.
- You may experience shoulder tip or rib cage pain due to a small amount of residual gas under the diaphragm. This may persist up to 48 hours. To ease any discomfort take regular analgesia.

If you have pain?

- Continue to take pain-killing drugs prescribed or recommended by your doctor every four to six hours.
- You may resume sexual intercourse after the vaginal bleeding has stopped and you feel comfortable to do so unless your doctor tells you otherwise.
- Try peppermint tea or chamomile tea to help with wind problems.



Women's Health Group

Ayrfield Medical Park, Granges Road, Kilkenny

Patient Information

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