

Constipation:

A diet high in fruit, vegetables, fibre and water will help you maintain a regular bowel routine. If you get constipated a mild laxative can be obtained from your local pharmacy.

Physical activity

It is important to your recovery to have some gentle exercise each day. More strenuous exercise and daily activities should be restricted for 2 weeks.

Discharge letter

A discharge letter is usually sent to your GP. Please tell the nurse caring for you if you do not want this to happen.

If you have any worries or concerns about your condition, please phone 307 4949 and ask to be put through to the Ward 97 Staff will be able to advise you.



Laparoscopy

information for women

Introduction

Welcome to the National Women's Gynaecology Service Tena Koe Noho Ora Mai

The booklet is for women who have been recommended to have a laparoscopy, either for diagnostic or treatment purposes. It gives a general outline of what to expect as well as the risks and side effects of the procedure. Please ask staff if you have any questions about the information in the booklet, or about the laparoscopic procedure.

What is a Laparoscopy ?

A **Laparoscopy** is an operation performed under general anaesthetic which allows the gynaecologist to inspect your pelvic organs: the uterus, ovaries and fallopian tubes.

For many years the laparoscopy procedure has been used in gynaecology surgery for diagnosing conditions that may be suspected.

These can include:

- a) Ectopic (tubal) pregnancy
- b) Endometriosis
- c) Pelvic pain
- d) Salpingitis (inflammation of the fallopian tubes)
- e) Fertility investigations such as tubal (dye) studies

- Avoid sources of possible infection such as spa pools and swimming pools until at least one week after the laparoscopy, or until the 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:

We advise you not to drive for 24 hours after your surgery.

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.

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. Panadol tablets should help relieve any discomfort.

You may experience period type pains and a few days of vaginal bleeding caused by the instruments, which were attached to your cervix during the surgery.

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. If this does not control the pain contact your GP for a check.

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.

More recently laparoscopy has been used for many different gynaecological procedures. This is also commonly known as minimally invasive surgery. Indications for this approach can include:

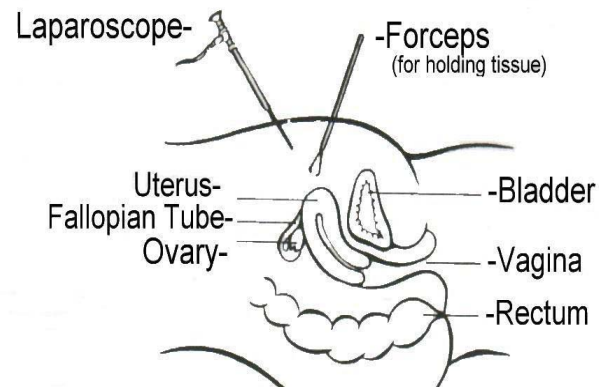
1. Removal of a fallopian tube or ovary
2. Removal of an ovarian cyst
3. Treatment of endometriosis
4. Removal of fibroids from the uterus
5. Hysterectomy
6. Lysis (cut) of adhesions (scar tissue causing problems)
7. Cutting of the uterosacral nerve (to relieve pain)
8. Treatment of ectopic pregnancy
9. Sterilisation (tubal ligation/clipping)

The above procedures may not always be able to be completed laparoscopically and therefore may require open surgery (laparotomy). The surgeon will discuss any likelihood of this with you before the operation, when you complete the consent form.

How is a Laparoscopy Performed?

A general anaesthetic is required for laparoscopic procedures. A cut about one centimetre long is made below the belly button. 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. 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 sutured.

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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.

The risk of complications increases with more complex laparoscopic surgery. These risks include damage to bowel, bladder, blood vessels (bleeding & hematoma), 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.