NHS
University Hospitals of Leicester
NHS Trust

Having a laparoscopy with minor treatments in Gynaecology

Department of Gynaecology

Information for Patients

Produced: January 2024
Review: January 2027
Leaflet number: 1476 Version: 1

What is a laparoscopy?

A laparoscopy is a procedure to look inside the tummy (abdomen). We use a small telescope camera to check for abnormalities inside the tummy and treat them. It is also sometimes called keyhole surgery or minimal access surgery. It is usually done as a day-case operation under general anaesthetic (you will be asleep for the operation). This normally means you go home on the same day as the operation. The operation may be combined with other procedures such as

- taking small tissue samples (biopsies),
- removing (or draining) cysts from the ovaries, tubes,
- removing one or both tubes or the whole ovary or ovaries,
- treating scar tissue or endometriosis
- checking the tubes are open with dye
- placing clips on the tubes to permanently prevent pregnancy
- finding and removing lost coils from the tummy.

Why do I need a laparoscopy?

A laparoscopy is used to try to find and treat various problems such as:

- Long term pain in the lower tummy.
- To remove or treat ovarian cysts
- To remove tubes and/or ovaries

Re-use of this leaflet is restricted by Creative Commons license

- To sterilise you by clipping the tubes
- To check the tubes are open if you have difficulty getting pregnant (fertility problems)

What are the potential risks of having a laparoscopy?

Common risks:

- Pain is very common. Period-type cramps and shoulder tip pain are common for a few days after laparoscopy. It usually settles with simple painkillers
- Wound bruising or the edges of the cut may not come together nicely leaving a gap
- Infection is common. This occurs in around 1 out of 100 cases. You could get an infection in the chest, skin at the small cuts on the tummy, inside the tummy or womb or in your pee (urine). It will usually be treated with antibiotics.

Serious risks

Risks may be higher if you have had surgery before, have severe disease or if more procedures are planned or needed unexpectedly during the operation:

- Damage (puncture) to the bowel (intestines), bladder, womb (uterus), blood vessels or tubes that carry the pee from the kidneys to the bladder (ureters). These are rare. They occur in around 2 out of 1000 cases. If this is suspected the surgeon may need to open the tummy fully (laparotomy) to correct the damage. Up to 15 out of 100 cases of bowel puncture may not be noticed at the time of surgery and you may become unwell later.
- Hernia at the cut (incision) points on the tummy. If the scar in the muscle on the inside does not heal properly, a lump (a loop of bowels) can bulge out under the skin at the point of the scar. This may need an operation to correct it.
- Blood clots in the veins of the legs or lungs. These are very rare after diagnostic laparoscopy
- Death: 3 to 8 women in every 100, 000 having laparoscopy die as a result of complications This is very rare.

Other procedures that may be needed

- Scar tissue inside the tummy may need to be cut to see and treat the tubes/ovaries/womb
- We may need to remove tubes / ovaries / biopsies if there is uncontrollable bleeding, accidental damage or we suspect cancer.
- If we think your risk of accidental damage to the bowel is higher than usual, we will tell you before the operation. You may be advised to empty the bowel with laxative medicine or we may put temporary tubes (stents) inside the ureters to protect them.
- Changing to an open operation to repair accidental damage or to finish the operation

- Blood transfusion may be needed if you are bleeding heavily and your body is not coping with the blood loss.
- Sometimes we are not able to complete the procedure as planned. Rarely it is not possible to enter the tummy cavity safely or to finish the procedure. This may be because there is no abnormality found or the procedure is not possible due to severe scarring inside the tummy or a complication. If the procedure is not successful, we will talk to you about any more tests or repeat procedures that may be recommended.

What do I need to do before the procedure?

Contraception: you must not be at risk of being pregnant at the time of your laparoscopy. If needed please use effective birth control such as condoms from the start of the period **before** the procedure up until the day of the procedure (even if you have a history of infertility). You do not need to do this if you

- have been sterilized,
- use other effective birth control, such as contraceptive pills, patches or ring, implant, contraceptive injections or a copper or hormone coil.
- you are not currently having sex with a fertile man.

What happens during the procedure?

- You will be fully asleep (given a full general anaesthetic) before the operation starts.
- The surgeon will pass a plastic tube (catheter) into the bladder to make sure it is empty and reduce the chance of accidental damage of the bladder.
- We make a small cut in the tummy button. A tube (trocar) is placed in the tummy button. The camera will pass through this. Carbon dioxide gas is pushed through the tube into the tummy. This forms a protective cushion of gas over the bowels, so we can see inside the tummy.
- 1 to 3 other tubes are pushed into the lower tummy through more small cuts. The instruments to do the actual operation are passed through these.
- Once the operation is over, we remove tubes and instruments, and as much of the gas as we can from the tummy. Any small amounts of gas remaining will be absorbed by the body in the next few days. We will inject local anaesthetic into the tummy and the skin to help with discomfort in the cuts themselves.
- You will wake up in the recovery area. You will usually stay here for about 30 minutes (half an hour) before we move you back to the ward.

What do I need to do after the procedure?

Take regular pain relief. You may feel some 'period-like' pain or shoulder tip pain for 1 to 2 days after the procedure. You can carry out your normal activities including work, lifting and exercise as long as you are comfortable. You may drive if you are comfortable after 2 to 4 weeks.

Do not have sex, swim or use tampons or a menstrual cup for 10 days after the procedure. These would raise the risk of infection. You may have some slight bleeding for 1 to 2 weeks. We advise that you wear a panty liner or pad during this time rather than using tampons or a menstrual cup.

You should contact GAU on **0116 258 6259** or through the hospital switchboard if you have any:

- High temperature
- Worsening or unexplained pain not eased with painkillers
- Increased vaginal discharge, which is smelly and unpleasant
- Heavy vaginal bleeding

When will I get the results?

The doctor will let you know what was found during the surgery before you go home.

Your responsible consultant will write with the results of any extra tests or any samples removed during the operation or will be given to you in a follow up appointment. This depends upon the results and findings.

You will be told if any follow up appointments will be planned after the surgery. If you have been discharged back to the care of your GP after the operation, you should see your GP with any further problem.

Contact details for any queries

If you usually see your gynaecology consultant at Leicester's General or Royal Infirmary on **0300 303 1573** and ask to be transferred to their secretary.

If you are usually seen at one of the Leicestershire regional hospitals, please contact them directly and leave a message for your consultant.

اگر آپ کو یہ معلومات کسی اور زبان میں درکار ہیں، تو براہِ کرم مندرجہ ذیل نمبر پر ٹیلی فون کریں۔
على هذه المعلومات بلغةٍ أخرى، الرجاء الاتصال على رقم الهاتف الذي يظهر في الأسفل
જો તમને અન્ય ભાષામાં આ માહિતી જોઈતી હોય, તો નીચે આપેલ નંબર પર કૃપા કરી ટેલિફોન કરો
ਜੇ ਤੁਸੀਂ ਇਹ ਜਾਣਕਾਰੀ ਕਿਸੇ ਹੋਰ ਭਾਸ਼ਾ ਵਿਚ ਚਾਹੁੰਦੇ ਹੋ, ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਹੇਠਾਂ ਦਿੱਤੇ ਗਏ ਨੰਬਰ 'ਤੇ ਟੈਲੀਫੋਨ ਕਰੋ।
Aby uzyskać informacje w innym języku, proszę zadzwonić pod podany niżej numer telefonu

Previous reference:

If you would like this information in another language or format such as EasyRead or Braille, please telephone 0116 250 2959 or email equality@uhl-tr.nhs.uk

LEICESTER'S RESEARCH

Leicester's Hospitals is a research active trust so you may find research happening on your ward or in your clinic. To find out about the benefits of research and become involved yourself, speak to your clinician or nurse, call 0116 258 8351 or visit www.leicestersresearch.nhs.uk/patient-and-public-involvement