DEPARTMENT OF HEALTH

Rheynn Slaynt

Patient Information Leaflet

Diagnostic Laparoscopy

For the Health of the Nation – Cour Slaynt yn Ashoon

Department of Gynaecology, Noble's Hospital

Printed by Bridson & Horrox Ltd
NH549

Printed: May 2010
Review: May 2012

Patients that have an undiagnosed problem in the abdomen or pelvis may be asked to have a diagnostic laparoscopy.

A laparoscopy allows the doctor to see inside the abdomen and the pelvis by using a small telescope (laparoscope). It is inserted inside the body through a small incision, usually at the umbilicus (belly button). The laparoscope is connected to a high-intensity of light and a camera so the doctor can see the internal structures.

Your doctor has recommended this test to you however, the decision whether or not to have the procedure is yours.

Before undergoing the procedure you will be asked to sign a "consent form". This form gives the doctors your permission to perform the laparoscopy. It is very important that before you sign the form that you feel sure that you understand why the procedure is being performed and what are the complications. This leaflet will help you understand the risks and benefits of a laparoscopy so you can make an informed decision. If you have questions that are not answered in the leaflet you should ask your doctor or any member of the health care team.

Why do I need a diagnostic laparoscopy?

A diagnostic laparoscopy will allow visualisation of the womb, ovaries, fallopian tubes and other surrounding structures to help diagnose the cause of your symptoms. The usual indications for a diagnostic laparoscopy include pelvic pain, infertility or the finding of a pelvic abnormality on ultrasound scan. It will allow assessment of the following conditions:

Endometriosis: this is when the tissue (called endometrium) that usually grows as the lining of the womb grows outside the womb. Common sites of endometriosis are the ovaries and the ligaments that support the womb. These patches of tissue that grow outside of the womb respond to a woman's hormones in the same way as the tissue inside the womb and will also bleed when a woman has a period. This can cause pelvic pain and scar tissue (adhesions) to form. If patches of endometriosis can be seen then it may be possible to destroy them using diathermy (an instrument that can burn or cauterise).

Ovarian cysts: these are fluid filled sacs that can grow within the ovary. If they are not very big they can be drained or removed at laparoscopy.

Pelvic infection and damaged fallopian tubes

Pelvic adhesions: these happen when two areas inside the pelvis that are usually separated become stuck together - for example the womb and the bowel. This may be a result of endometriosis, previous pelvic infection or surgery and may be separated during laparoscopy.

Ectopic pregnancy: this is when a pregnancy implants outside the womb. The laparoscope allows the diagnosis to be made and it is often possible to remove the pregnancy laparoscopically without the need of a large abdominal incision and more major surgery.

Before the procedure

Diagnostic laparoscopy may be suggested after other diagnostic tests, such as CT scan, MRI or ultrasound are done.

Before the procedure your doctor may order some routine blood tests and occasionally an ECG or chest x-ray.

A diagnostic laparoscopy is usually performed as a "day case", which means you will be admitted, have the procedure and go home on the same day. It is possible that you may not feel well enough to go home on the same day as the procedure and we would suggest that you bring with you a small overnight bag containing your personal items should it be necessary for you to remain in hospital. You are advised however to leave valuable items at home.

The Procedure

Diagnostic laparoscopy is performed under a general anaesthetic. This means that you'll be completely asleep throughout the whole procedure.

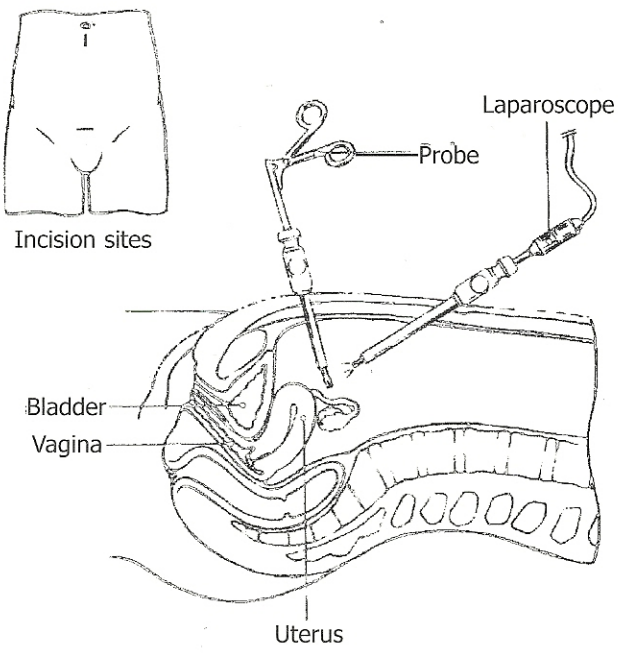
You will meet the anaesthetist prior to your procedure and he/she will discuss the anaesthetic with you and answer any questions you may have. A short time before going to theatre you will be asked to change into a hospital gown and will then be taken to the operating department. The staff in the operating department will then check you in to ensure that you are the correct patient having the correct procedure and they will also check if you have any allergies. You will then be taken to the anaesthetic room, where the anaesthetist will put you to sleep. The initial anaesthetic is usually given through a small needle that will be inserted into the back of your hand and once asleep you will be given some anaesthetic gas.

When you are asleep you'll be transferred through into the main operating theatre. A urinary catheter will be passed into the urethra to empty the bladder, the skin of your abdomen will be cleaned with antiseptic and you will then be covered with sterile drapes. A small incision is made in or just below the navel to allow a needle to be inserted into the abdominal cavity. Carbon dioxide gas is then passed down the needle which will expand the abdominal cavity making it safer for the doctor to insert the telescope and examine the body organs.

Once the laparoscope is inserted one or two further small incisions may be made to allow other instruments to be put into the abdomen to hold and move tissues and also to treat any problem that is identified.

At the end of the procedure the instruments and laparoscope are removed and the small incisions closed with sutures. Usually, sutures fall out by themselves.

LAPAROSCOPY



After the Procedure

The anaesthetist will wake you up at the end of the procedure and you'll be kept in the recovery room for a short amount of time before going back to the ward. Once you have recovered more fully you'll be given something to eat and drink and your surgeon or one of the surgical team will see you to discuss the findings. When you feel well you will be discharged home with a letter to take to your GP.

Remember, you must not drive for 24 hours after a general anaesthetic.

Arrangements will be made, if necessary, for you to be seen in the outpatients clinic for a follow-up visit.

Risks & Complications

Diagnostic laparoscopy is very safe. However, like any surgical procedure, there is the possible risk of complications. These are very unlikely but you need to know about them in case they happen. The risks and complications include those related to anaesthesia and those related to any type of surgery. Your anaesthetist will discuss any significant risks with you before the procedure.

Some of the risks are seen in any type of surgery.

These include:

Postoperative pain
This happens with every operation and the health care team will give you medication to control your symptoms. After a laparoscopy, it is common to have some pain in your shoulders because a small amount of carbon dioxide gas may be left inside the abdomen. The body will absorb this gas naturally over the next few hours and any symptoms will subside.

Sickness or feeling sick
Most women only have mild symptoms and feel better within 24 hours without needing any medication.

Infection, deep or at skin level

Bleeding in the abdominal cavity

Skin scars that may be painful or unsightly

Blood clots in the legs (deep vein thrombosis) and occasionally clots in the lungs (pulmonary embolus). Nurses will encourage you to get out of bed soon after surgery and you may be given special stockings to wear or even injections to reduce the risk of clots.

Complications specific to a laparoscopy include:

Damage to internal organs when placing instruments into the abdomen (1 in 1000). This risk is higher in women who have had previous abdominal surgery and if an injury does happen you may need open surgery to resolve the problem.

Developing a hernia related to one of the insertion sites (2 in 10,000)

Surgical emphysema is a crackling sensation in the skin and due to trapped gas. This is not serious as the gas quickly resorbs and the symptoms settle.

Failed procedure, where it is not possible to place the laparoscope inside the abdominal cavity (1 in 180).

Infection of the gynaecological organs or bladder.

Advice on returning home

If you are discharged home on the day of your laparoscopy it is advisable for you to have a responsible adult with you for the first night.

You may experience some period-like cramps, discomfort around the incision sites and shoulder pain. These symptoms will settle within a couple of days and will be helped by taking the painkillers you have been prescribed.

It is quite common to feel drowsy after anaesthesia but this feeling should settle after a nights sleep.

Your doctor will tell you how long it will take before the incisions are completely healed and when you can go back to work.

You should contact either the ward or your doctor if you develop any of the following:

- Fever, chills or vomiting
- Drainage from the incisions or redness at the incision site
- Severe pain that cannot be controlled by medication
- Inability to pass urine
- Severe leg pain
- Other unusual symptoms that you are concerned about

Local Contacts

Ward 4	650024

Your consultant's secretary:

Mr Fayle	650332
Mr Divers	650331
Mrs Moroney	650330
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