Gloucestershire Hospitals
NHS Foundation Trust

Diagnostic laparoscopy

Introduction

You are on the waiting list to have a diagnostic laparoscopy. This leaflet gives you information about the laparoscopy and what to expect during and after the procedure.

What is a laparoscopy?

A laparoscopy is an exploratory (investigative) operation, which is carried out under general anaesthetic (while you are asleep). The procedure is usually done as day surgery. This means that you will come into hospital on the morning of your operation and you will go home about 4 hours after the procedure has been completed. Occasionally, we advise patients not to go home the same day and will arrange for an overnight stay in hospital.

Indication

Sometimes other procedures are carried out during the laparoscopy such as, tissue biopsy, ovarian cyst aspiration or removal, treatment of endometriosis or divisions of adhesions. If this is likely your consultant will discuss this with you.

What to expect before your operation?

After your first consultation, you will be assessed either by telephone or in the pre-admission clinic to make the final arrangements and to check if you are fit for the operation.

If you are taking the contraceptive pill, there is no need to stop as the surgery is only a day case procedure.

Please avoid unprotected intercourse during the month of your laparoscopy.

If there is any chance of you being pregnant or if your urine pregnancy test comes back as positive on the day of your operation, your operation will be cancelled.

If you think your surgery date might coincide with your period, this does not affect you having the surgery.

What happens during the operation?

Following admission, an anaesthetist and a gynaecologist will talk to you before your operation takes place.

At the start of the procedure, a small instrument will be inserted into your uterus, through the vagina, to help gently manipulate the womb. This is to allow for better visualisation and access to the pelvic structures. A small cut will then be made below your belly button through which the laparoscope is inserted. The outside of the uterus, ovaries, tubes and the rest of the pelvis will then be inspected.

To assist the inspection and for treatment, it may be necessary to make 1 or 2 more 1 cm cuts to insert further instruments into your tummy

At the end of the operation the medical gas will be released and the small cuts closed using dissolvable stitches which can take up to two weeks.

Rarely If a non-absorbable stitch is used, it can be removed after 5 days to speed up healing.

The procedure will take about 15 minutes.

The results of your laparoscopy will be discussed with you before you go home.

What are the possible complications?

About 250,000 women have laparoscopic surgery in the United Kingdom each year. The majority of women do not have problems, but complications can happen in about 1 in every 1,000 cases. The known risks are:

- Damage to the bowel, bladder or major blood vessels
- Failure to enter the abdominal cavity
- Bleeding and infection
- Uterine perforation
- Bruising
- Shoulder tip pain

In extremely rare cases it is necessary to make a bigger incision than planned. This is then called a laparotomy. If this happens you will need to stay longer in hospital to recover.

After the operation

You may have a sore throat or nausea (feeling sick) from the anaesthetic. We will give you pain relief to take home but you must not exceed the recommended dose.

You may have some vaginal bleeding following the operation. If pain or bleeding becomes excessive you should contact your GP for advice.

As mentioned, the stitches will dissolve but can be removed earlier if they irritate you. Please make an appointment with the practice nurse at your GP's surgery for the stitches.

You may have a bath or shower the day after your surgery. Sexual relations can be resumed as soon as you are comfortable to do so.

When can I go back to work?

Most patients are well enough to go back to work 2 to 3 days after their surgery, but it is individual and some patients may find they need longer to recover. If needed, a sickness note (also known as a 'Statement of Fitness for Work') for up to a week or two may be issued by your consultant.

If a follow up appointment is needed, it will be confirmed by the consultant who will talk to you after your operation. An appointment letter will be sent to you.

Contact information

If you have any queries, please contact your consultant's secretary. The telephone number will be on your appointment letter.

Gloucestershire Domestic Abuse Support Service (GDASS)
This service is a county-wide service offering a variety of support programmes for women & men over 16 years old who are experiencing domestic abuse.

Tel: 01452 726 570
Monday to Friday, 9:00am to 5:00pm

Domestic Violence Helpline
Tel: 0808 2000 247 (24 hours)

Email: support@gdass.org.uk
Website: www.gdass.org.uk

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Shared Decision Making

If you are asked to make a choice, you may have lots of questions that you want to ask. You may also want to talk over your options with your family or friends. It can help to write a list of the questions you want answered and take it to your appointment.

Ask 3 Questions

To begin with, try to make sure you get the answers to three key questions if you asked to make a choice about your healthcare.

1. What are my options?
2. What are the pros and cons of each option for me?
3. How do I get support to help me make a decision that is right for me?

These resources have been adapted with kind permission from the MAGIC Programme, supported by the Health Foundation.

***Ask 3 Questions** is based on Shepherd HL, et al. Three questions that patients can ask to improve the quality of information physicians give about treatment options: A cross-over trial.

Patient Education and Counselling, 2011;84: 379-85

AQuA Advancing Quality Alliance

Right Care Shared Decision Making Programme

NHS https://aqua.nhs.uk/resources/shared-decision-making-case-studies/

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