

Patient Information: Laparoscopy

What will be done?

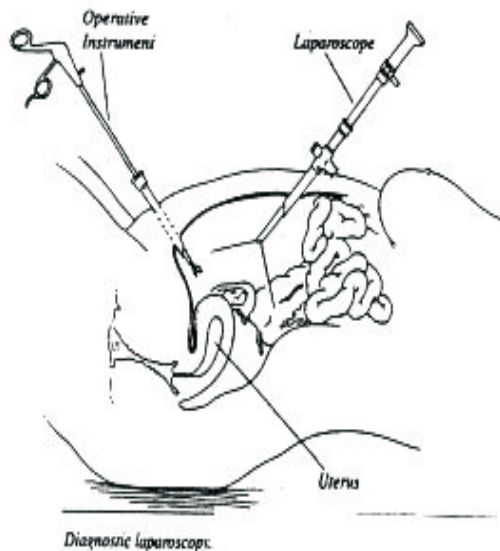
This procedure will permit visualisation of the internal organs and may be combined with specific treatment, such as the removal of ovarian cysts, treatment of endometriosis or the division of adhesions (scarring).

Why is this done?

Common reasons include the assessment of painful or heavy periods, pelvic pain (as may occur with endometriosis or adhesions), pelvic masses (such as ovarian cysts) or as assessment of fertility. You should have a clear understanding of your reason for this surgery.

What are the alternatives?

Alternatively, similar procedures may be performed by open surgery (laparotomy). This is a much more invasive procedure, involving higher complications, increased hospitalisation and recovery. However, in certain situations a laparotomy may be the most appropriate procedure.



How is this done?

The procedure is normally performed under a general anaesthetic in the operating theatre. A drip is inserted into your arm. An examination is made under anaesthesia and instruments may be inserted into the vagina or rectum. A small incision is made either in or just below your umbilicus. The abdomen is inflated with gas and an optical instrument, called a laparoscope (similar to a telescope) is inserted to visualise the internal organs. Further small incisions may be made in your abdomen if any abnormalities require treatment. The wounds are closed in layers. The procedure itself takes thirty minutes or more, but you can expect to be in theatre and recovery for a number of hours.

What should I do before the procedure?

Any investigations or consultations arranged at the preoperative consultation should have been completed. You should continue your regular medications, unless advised otherwise. You may be required to have a bowel preparation, which will empty your bowel prior to the surgery. If this is required, you should only have fluids (soups, jellies, cordials, juices or similar drinks) in the 24 hours prior to the surgery. The bowel preparation medication should be taken as ordered.

Stop smoking. Should you develop an illness prior to your surgery, please contact our office immediately.

What should I do on the day of the procedure?

Unless otherwise specified, you should stop eating and drinking at the following times on the day of the surgery:

1. at midnight for a morning procedure; or,
2. at 6 am for an afternoon procedure.

You should continue all your usual medications, unless otherwise specified.

You should bring:

- toothbrush / paste / toiletries
- nightgown
- underwear
- sanitary pads
- all usual medications
- all X Rays and scans

What should I expect after the procedure?

When you wake from the anaesthetic, you will be in the recovery room. Depending on the procedure, you may be able to leave that day. You should expect some abdominal discomfort or bloating and may experience some shoulder tip pain, related to the gas used in the procedure. You will be given specific discharge medication if required, but you may use panadol or panadeine as required (one to two tablets every four hours up to a maximum of eight tablets per day).

After discharge from hospital, you should:

- eat and drink normally
- remain mobile, though lying flat may reduce your shoulder discomfort if this proves to be troublesome
- use sanitary pads (not tampons) if required
- shower normally (in preference to bathing)
- remove the dressings after 24hrs and rinse any wounds gently with soap and water

You should not:

- undertake any unsupervised activity on the day of the procedure
- cover the wound unless oozing
- have intercourse for 2 weeks
- undertake any heavy exercise, lifting or straining for one week
- drive until you can comfortably operate foot pedals or change gears

You should be able to return to work the following day, but may require more time off work, depending on the procedure performed. Unless otherwise specified, dissolvable sutures have been used that do not require removal.

What are the complications of this procedure?

Every surgical procedure has associated risks. Complications include, but are not limited to:

1. the anaesthetic
2. the surgery

injuries to bladder, ureters (the connection between the bladder and the kidney), bowel or blood vessels, requiring further surgery, blood transfusion or longer admission; the procedure may not be able to be completed laparoscopically, and you may require an "open" operation with an increased hospital stay

3. the recovery period

infections of the bladder, wound (internal and external), abdomen or lungs; blood clots that may form in the leg or pelvis and travel to the lung; unpredictable wound healing; variable postoperative pain and recovery; nausea, vomiting or pain necessitating overnight admission

Any specific risks and complications will be discussed prior to the procedure.

What if I have any problems?

You should seek medical attention if you experience:

- fever or feeling unwell
- offensive vaginal discharge or heavy bleeding
- wound becomes hot, painful or discharges offensively
- intractable nausea or vomiting
- inability to empty your bladder or bowels
- severe pain

Please contact the office on (07) 333 21 999 or attend the Mater Emergency Department if you require urgent attention.