

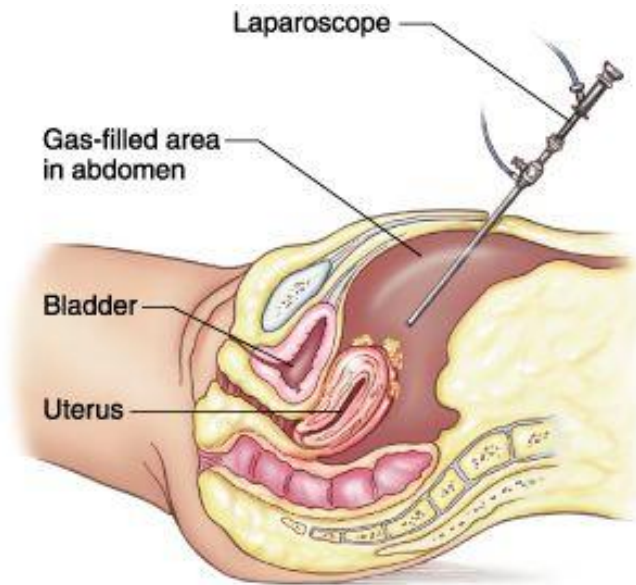
# Diagnostic Laparoscopy

Patient Information



## What is a diagnostic laparoscopy?

A diagnostic laparoscopy is an operation to see inside the abdomen (tummy) without making large incisions on the skin. It is also known as keyhole surgery. A small tube called a laparoscope is inserted into the abdomen. This has a light and camera showing images of inside the abdomen.



## What are the benefits?

Diagnostic laparoscopies are used to identify a cause for your symptoms and plan treatment. The operation will help to find out if you have any of the following conditions:

- Endometriosis ( cells lining of the womb are found elsewhere in the body)
- Pelvic infection
- Scar tissue, for example from previous surgery
- Damaged fallopian tubes
- Ovarian cysts

Commonly, we do not find any abnormalities during a diagnostic laparoscopy. If minor problems are found such as small areas of endometriosis or minor scar tissue, these can be treated during your operation. If more complex problems are found then they may need to be treated with another operation on another day.

The advantages of keyhole surgery include:

- Faster recovery and shorter hospital stay
- Less pain and bleeding
- Reduced scarring



## What happens before the operation?

You may require a pre-operative assessment. During this appointment a nurse will perform simple tests to ensure you are fit enough for the operation. This may include blood tests, ECG (tracing of the heart) and physical examination. Please bring a list of your current medications to this appointment.

You will be asked not to eat or drink anything for 6 hours prior to your operation. This will be discussed at your pre-operative assessment.

## What does the operation involve?

For this operation you will need to have a general anaesthetic. The anaesthetist will talk to you in detail about this on the day. Once you are asleep, your abdomen and vagina will be cleaned with pink or brown cleaning fluid. Your bladder may be emptied with a small tube (catheter) but this will not be present when you wake up. The gynaecologist will examine your vagina and abdomen to assess how big your womb is. Often a small instrument is placed on the cervix (neck of the womb) to help move the womb during the operation. This will be removed before you wake up and may sometimes cause vaginal spotting. A small cut will be made in or near your belly button. The laparoscope is inserted through this cut and the abdominal cavity filled with gas (carbon dioxide), see image under heading "What is a diagnostic laparoscopy). A further small cut is made, so a 'port' can be inserted into your abdomen. A port is a small plastic tube that allows the instruments required for the operation to be inserted into the abdomen. Sometimes more than one port is needed. After the procedure, the gas is released from your abdomen and stitches or glue are used to close the incisions. Dressings are usually placed over these wounds. The operation normally lasts 20 – 40 minutes.

## What complications can happen?

Laparoscopy is a commonly performed procedure and serious complications are rare.

**Minor complications** occur in approximately 1 -2 out of every 100 cases following laparoscopy. They include:

- Wound infection or gaping.
- Urine infection.
- Minor bleeding and bruising around the incision.
- Shoulder-tip pain (caused by the gas used to inflate the abdomen).
- Feeling sick and vomiting.

**Serious complications** occur in about 2 women in every 1,000 (uncommon). They include:

- Damage to bowel, bladder, uterus or major blood vessels which would require immediate repair. The repair may involve needing a bigger incision on the tummy. However, up to 15% (15 out of every 100) of bowel injuries might not be diagnosed at the time of laparoscopy.
- Failure to gain entry to abdominal cavity and to complete intended procedure
- Hernia at site of entry
- Serious allergic reaction to the general anaesthetic
- A blood clot developing in a vein, usually in one of the legs (deep vein thrombosis or DVT), which can break off and block the blood flow in one of the blood vessels in the lungs (pulmonary embolism).
- Death; 3-8 women in every 100,000 undergoing laparoscopy die as a result of complications (very rare).

### **What can I do to minimize complications?**

Stopping smoking several weeks before your operation will reduce the risk of complications and the recovery time.

If you are overweight you have a higher rate of complications, particularly infection and clots in the lungs and legs.

You can reduce your risk of wound infection by bathing or showering either the day before or on the day of your operation. It is advised that you don't shave or wax the area where a cut is likely to be made.

### **Recovery**

After your laparoscopy you may feel groggy and nauseated. These are common side effects of the general anaesthetic and will pass quickly. A nurse will monitor you for a few hours. When you are up and about, eating and drinking and able to pass urine you will be able to go home. Most people go home on the same day.

You must not drive for 24 hours after your operation. Please arrange for someone to take you home and be with you for 24 hours after surgery. It is common to experience bloating and pain in your abdomen for a few days after your operation. Sometimes the pain may also affect your shoulder. This is a common side effect of the gas used in laparoscopy. Simple painkillers such as paracetamol and ibuprofen can be taken for this. You can shower within 24 hours of your laparoscopy and remove your dressings. More dressings are not needed; simply keep the wounds clean and dry.

You should feel ready to return to normal day to day activities within 5 days. It is advisable to take a minimum of 2 days off work.



## When to Seek Medical Advice

For questions in the first week after the operation, the nursing staff on Charlotte Ward may be able to help. If you become unwell in the week after surgery it is very important that you seek advice. If it is urgent, contact your local Emergency Department. You should look out for the following:

- Burning or stinging when you pass urine. This may be a urinary infection and can be treated with a course of oral antibiotics.
- Red or painful skin around your scars. This may be a skin infection and can be treated with a course of oral antibiotics.
- A painful, red, or swollen leg. This may be a clot in the leg.
- Increased abdominal pain, vomiting and fevers. This may be a result of damage to the organs (for example damage to the bowel) and needs further tests in hospital.

## Useful Information

The following document can be found in the patient information section of the Royal College of Obstetricians and Gynaecologists website: [www.rcog.org.uk](http://www.rcog.org.uk) 'Recovering well, information for you after a laparoscopy'

Charlotte Ward : 01225 824434      Gynaecology Outpatient Department: 01225 824664

### Disclaimer

The information in this leaflet is for guidance purposes only and is not provided to replace professional clinical advice from a qualified practitioner.

Royal United Hospitals Bath NHS Foundation Trust  
Combe Park, Bath BA1 3NG  
01225 428331 [www.ruh.nhs.uk](http://www.ruh.nhs.uk)

Please contact the Patient Advice and Liaison Service (PALS) if you require this leaflet in a different format, or would like to feedback your experience of the hospital. Email [ruh-tr.pals@nhs.net](mailto:ruh-tr.pals@nhs.net) or telephone 01225 825656/ 826319