

GS20 Elective Diagnostic Laparoscopy

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Local information

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What is a diagnostic laparoscopy?

A diagnostic laparoscopy is an operation using keyhole surgery to look at your abdominal and pelvic organs. For some people minor treatments can be performed at the same time.

Your surgeon has recommended a diagnostic laparoscopy. However, it is your decision to go ahead with the operation or not.

This document will give you information about the benefits and risks to help you to make an informed decision. If you have any questions that this document does not answer, ask your surgeon or the healthcare team.

What are the benefits of surgery?

A diagnostic laparoscopy is good for finding out the cause of abdominal and pelvic pain.

Sometimes the operation can be used to find the cause of a problem such as a lump or collection of fluid that has shown up on a scan. Sometimes the operation can be used to find the cause of anaemia (your body not producing enough healthy red blood cells).

The operation will help to find out if there is a problem with your bowel such as Crohn's disease, where your bowel wall thickens and can block food from passing through, or diverticular disease, where bulges form on the side of your colon (large bowel).

The diagnostic laparoscopy may show that your symptoms are caused by scar tissue that has developed in your abdomen and joined together in an abnormal way (adhesions). Your surgeon may be able to divide adhesions during the operation.

For women, the operation will help to find out if there is a problem such as endometriosis (a condition where the lining of your womb grows outside your womb), pelvic infection or ovarian cysts.

Sometimes your surgeon may find a minor cause of your symptoms which they may be able to treat during the operation (avoiding the need for a second operation). If treatment during the operation is likely, your surgeon will discuss this with you beforehand.

Sometimes they may not find a cause. This is useful information as your surgeon will be able to reassure you that there is unlikely to be a problem with your abdominal and pelvic organs.

Are there any alternatives to surgery?

It may be appropriate to try to find the cause of your symptoms using a blood test, x-rays and scans. Your surgeon will be able to discuss the options with you.

It is important to realise that scans cannot identify all conditions and a diagnostic laparoscopy may still be recommended even if your scan is normal.

What will happen if I decide not to have the operation?

Your surgeon may recommend a scan to find out more. However, this may not accurately find out the cause of your symptoms. Choosing not to have an operation will make it more difficult for your surgeon to recommend the right treatment for you.

What happens before the operation?

Your surgeon may arrange for you to have a pre-admission assessment. They will carry out several tests and checks to find out if you are fit enough for the operation. Let the healthcare team know if you could be pregnant. If you have any questions about the operation, you should ask the healthcare team at this visit.

What does the operation involve?

The healthcare team will carry out a number of checks to make sure you have the operation you came in for. You can help by confirming to your surgeon and the healthcare team your name and the operation you are having.

The operation is usually performed under a general anaesthetic. Sometimes a spinal anaesthetic may be used. Your anaesthetist will discuss the options with you and recommend the best form of anaesthesia for you.

You may also have injections of local anaesthetic to help with the pain after the operation. You may be given antibiotics during the operation to reduce the risk of infection.

The operation usually takes about 20 minutes. Your surgeon may empty your bladder using a catheter (tube).

Your surgeon will make a small cut on or near your umbilicus (belly button) so they can insert an instrument in your abdominal cavity to inflate it with gas (carbon dioxide). They will make one or two small cuts on your abdomen so they can insert tubes (ports) into your abdomen.

Your surgeon will insert surgical instruments through the ports along with a telescope so they can see inside your abdomen and perform any minor procedures (see figure 1).

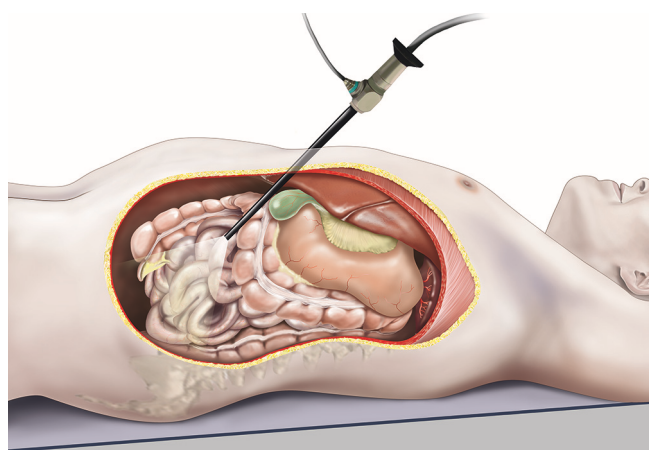


Figure 1
Laparoscopic surgery

Your surgeon may make one or two further small cuts so they can insert more ports, depending on any surgery you need. Your surgeon will remove the instruments and close the cuts.

What should I do about my medication?

Let your doctor know about all the medication you take and follow their advice. This includes all blood-thinning medication as well as herbal and complementary remedies, dietary supplements, and medication you can buy over the counter.

What can I do to help make the operation a success?

If you smoke, stopping smoking several weeks or more before the operation may reduce your risk of developing complications and will improve your long-term health.

Try to maintain a healthy weight. You have a higher risk of developing complications if you are overweight.

Regular exercise should help to prepare you for the operation, help you to recover and improve your long-term health. Before you start exercising, ask the healthcare team or your GP for advice.

You can reduce your risk of infection in a surgical wound.

- In the week before the operation, do not shave or wax the area where a cut is likely to be made.
- Try to have a bath or shower either the day before or on the day of the operation.

- Keep warm around the time of the operation. Let the healthcare team know if you feel cold.

What complications can happen?

The healthcare team will try to make the operation as safe as possible but complications can happen. Some of these can be serious and can even cause death (risk: less than 1 in 10,000).

Using keyhole surgery means it is more difficult for your surgeon to notice some complications that may happen during the operation. When you are recovering, you need to be aware of the symptoms that may show that you have a serious complication.

You should ask your doctor if there is anything you do not understand.

Any numbers which relate to risk are from studies of people who have had this operation. Your doctor may be able to tell you if the risk of a complication is higher or lower for you.

1 Complications of anaesthesia

Your anaesthetist will be able to discuss with you the possible complications of having an anaesthetic.

2 General complications of any operation

- Pain. The healthcare team will give you medication to control the pain and it is important that you take it as you are told so you can move about and cough freely. After keyhole surgery, it is common to have some pain in your shoulders because a small amount of carbon dioxide gas may be left under your diaphragm. Your body will usually absorb the gas naturally over the next 24 hours, which will ease the symptoms.
- Feeling or being sick. Most people have only mild symptoms and feel better within one to two days without needing any medication.
- Infection of the surgical site (wound). It is usually safe to shower after two days but you should check with the healthcare team. Let the healthcare team know if you get a high temperature, notice pus in your wound, or if your wound becomes red, sore or painful. An infection usually settles with antibiotics but you may need another operation.
- Unsightly scarring of your skin.
- Bleeding during or after the operation. You may need a blood transfusion or another operation.

- Blood clot in your leg (deep-vein thrombosis – DVT). This can cause pain, swelling or redness in your leg, or the veins near the surface of your leg to appear larger than normal. The healthcare team will assess your risk. They will encourage you to get out of bed soon after the operation and may give you injections, medication, or special stockings to wear. Let the healthcare team know straightaway if you think you might have a DVT.
- Blood clot in your lung (pulmonary embolus), if a blood clot moves through your bloodstream to your lungs. If you become short of breath, feel pain in your chest or upper back, or if you cough up blood, let the healthcare team know straightaway. If you are at home, call an ambulance or go immediately to your nearest Emergency department.

3 Specific complications of this operation

- Damage to structures such as your bowel, bladder or blood vessels when inserting instruments into your abdomen (risk: less than 3 in 1,000). The risk is higher if you have had previous surgery to your abdomen. If an injury does happen, you may need open surgery. About 1 in 3 of these injuries is not obvious until after the operation.
- Developing a hernia near one of the cuts used to insert the ports (risk: 1 in 100). Your surgeon will try to reduce this risk by using small ports (less than a centimetre in diameter) where possible or, if they need to use larger ports, using deeper stitching to close the cuts.
- Surgical emphysema (crackling sensation in your skin caused by trapped carbon dioxide gas), which settles quickly and is not serious.
- Failure to find out what the problem is, if you do have a problem.
- Failed procedure, if it is not possible to insert the instruments inside your abdominal cavity (risk: 1 in 180). You may need to stay overnight for close observation.
- Infection of the pelvic organs or bladder (cystitis). You may need antibiotics.

How soon will I recover?

• In hospital

After the operation you will be transferred to the recovery area and then to the ward. The healthcare team will tell you what was found during the laparoscopy and discuss with you any treatment or follow-up you need.

You should be able to go home the same day or the day after. However, your doctor may recommend that you stay a little longer.

If you do go home the same day, a responsible adult should take you home in a car or taxi and stay with you for at least 24 hours. Be near a telephone in case of an emergency.

You need to be aware of the following symptoms as they may show that you have a serious complication.

- Pain that gets worse over time or is severe when you move, breathe or cough.
- A high temperature or fever.
- Dizziness, feeling faint or shortness of breath.
- Feeling sick or not having any appetite (and this gets worse after the first one to two days).
- Not opening your bowels and not passing wind.
- Swelling of your abdomen.
- Difficulty passing urine.

If you do not continue to improve over the first few days, or if you have any of these symptoms, let the healthcare team know straightaway. If you are at home, contact your surgeon or GP. In an emergency, call an ambulance or go immediately to your nearest Emergency department.

• Returning to normal activities

Do not drive, operate machinery or do any potentially dangerous activities (this includes cooking) for at least 24 hours and not until you have fully recovered feeling, movement and co-ordination.

If you had a general anaesthetic or sedation, you should also not sign legal documents or drink alcohol for at least 24 hours.

To reduce the risk of a blood clot, make sure you follow carefully the instructions of the healthcare team if you have been given medication or need to wear special stockings.

Rest for one to two days and take painkillers if you need them.

Regular exercise should help you to return to normal activities as soon as possible. Before you start exercising, ask the healthcare team or your GP for advice.

Do not drive until you are confident about controlling your vehicle and always check your insurance policy and with your doctor.

Summary

A diagnostic laparoscopy is a common operation. It helps to find out the cause of certain abdominal and pelvic problems. For some people minor treatments can be performed at the same time. Surgery is usually safe and effective but complications can happen. You need to know about them to help you to make an informed decision about surgery. Knowing about them will also help to detect and treat any problems early.

Keep this information leaflet. Use it to help you if you need to talk to a healthcare professional.

Acknowledgements

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