

# Laparoscopy

**This leaflet explains more about the laparoscopic (keyhole) surgery discussed with you in clinic, including the benefits, risks and any alternatives and what you can expect when you come to hospital.**

**If you have any further questions, please speak to a doctor or nurse caring for you.**

## What is laparoscopy?

Laparoscopy involves passing a small telescope into your abdomen, usually through your navel, and inflating your abdomen with carbon dioxide gas so we can see clearly your pelvic organs.

## Why should I have laparoscopic surgery?

This will allow investigation of the cause for your symptoms, to make a diagnosis and possible treatment if this is appropriate. Laparoscopic surgery carries the advantage of quicker recovery and less pain.

## What are the risks?

Like any surgical procedure, laparoscopic surgery comes with the following risks:

1. There is a risk of infection. Infection of the scar site presents as pain, redness and discharge. If you have these symptoms, you would need to be treated with antibiotics.
2. There is a risk of bleeding. If the bleeding is heavy, we might need to give you a blood transfusion.
3. There is a less than 2 in a 1000 risk of injury to internal organs like bowel, bladder, ureters and big vessels which would require repair and even the possibility of a stoma if there is bowel injury. However, the risk of injury is higher if there is significant endometriosis. Sometimes, with laparoscopic surgery, injury to the bowel, bladder or ureter may not be recognised at the time of surgery. If that is the case, you may have fever, severe abdominal pain with or without nausea and vomiting. If you have these symptoms, you should attend A&E immediately with a copy of your operative notes as you may need immediate medical attention and probably a repeat surgery.
4. There is a small chance that we may not be able to gain entry to your abdomen laparoscopically or be able to complete the intended procedure.
5. There is a risk of hernia formation (less than 1 in 100 risk).
6. If there is a complication or if we are not able to perform the surgery laparoscopically, we may have to make a cut on your stomach (laparotomy) which may even be an up and down cut.
7. There is a very rare risk of blood clots forming in your veins. We, therefore, advise early mobilisation and adequate hydration post-surgery.
8. The risk of death is very rare, estimated to be 3-8 in 100,000.

## Are there any alternatives?

After a detailed discussion with your doctor about the various management modalities for your symptoms we will have mutually agreed that laparoscopic surgery is the most suitable option for you. Alternative management modalities include doing nothing, pain relief or hormonal treatments such as a progesterone only pill or Mirena coil.

## How can I prepare for my surgery?

You will be seen by a nurse for a pre-operative assessment before the day of your surgery where some blood tests and your fitness for surgery will be assessed. There you will be given all the information regarding what time to come and to where on the day of your surgery as well as what you should bring with you.

## Asking for your consent

It is important that you feel involved in decisions about your care. You will be asked to sign a consent form to say that you agree to have the treatment and understand what it involves. You can withdraw your consent at any time, even if you have said 'yes' previously. If you would like more details about our consent process, please ask for a copy of our policy.

## What happens during laparoscopy?

Laparoscopy is performed under general anaesthesia, i.e. you will be asleep throughout the procedure. After inflating your abdomen with gas, we then make two or three further small incisions (usually less than 1cm in size each) on your stomach to pass fine instruments into the abdomen. The length of the procedure will depend on what is found but on average will be 40-90 minutes.

If we encounter any minor pathology responsible for your symptoms (for example: mild endometriosis, mild adhesions, small ovarian cysts), we shall treat it at the same time. However, if we anticipate long and complex surgery, we will wake you up to discuss the procedure and perform detailed surgery at a later date with your consent.

If we encounter a non-functional ovarian cyst, then the most effective treatment would be removing the cyst wall. However, inevitably we might remove some normal ovarian tissue in the process of separating the cyst wall from the ovary. This might lead to a decrease in your ovarian reserve (the ovarian capacity to produce eggs).

Occasionally, when we are performing a laparoscopy to diagnose the cause of your pelvic pain, we may not find any pathology. If that is the case, we shall discuss other modalities for management of your pain symptoms including referral to pain clinic.

## Will I feel any pain?

Patients usually describe a cramping abdominal discomfort, shoulder tip pain, a bruising sensation around the scars and mild vaginal bleeding after the procedure. The pain settles

down with routine analgesia.

## What happens after my surgery?

You should be able to go home the same day. You will be able to eat and drink once you feel ready to do so and to move about. However, if you are in a lot of pain or have not been able to pass urine, we shall advise you to stay in the hospital overnight. The surgical team will try to see you before going home to explain what was found during the operation but if they are not able to then the details of your procedure will be in your discharge letter.

## What do I need to do after I go home?

You will need someone to take you home and to be with you for the first 24 hours after the general anaesthetic. The stitches will be dissolvable. You should be able to resume normal activities within a week or two, including returning to work.

If you experience any severe abdominal pain or fever once you have gone home then please present yourself to A&E.

## Will I have a follow-up appointment?

You will be contacted about two weeks after your operation by telephone by the consultant to discuss your results and any further management plan if necessary.

## Useful sources of information

Please visit the **Royal College of Obstetricians and Gynaecologists (RCOG)** website which has videos and patient information leaflets on how to recover well after laparoscopic surgery in the patient information section of the website.

## Contact us

If you have any further questions or concerns, please feel free to contact Miss Pandey via her secretary.

**For more information leaflets on conditions, procedures, treatments and services offered at our hospitals, please visit [www.stgeorges.nhs.uk](http://www.stgeorges.nhs.uk)**

---

## Additional services

### Patient Advice and Liaison Service (PALS)

PALS can offer you on-the-spot advice and information when you have comments or concerns about our services or the care you have received. You can visit the PALS office between 9.30am and 4.30pm, Monday to Friday in the main corridor between Grosvenor and Lanesborough wings (near the lift foyer).

**Tel:** 020 8725 2453 **Email:** [pals@stgeorges.nhs.uk](mailto:pals@stgeorges.nhs.uk)

## NHS Choices

NHS Choices provides online information and guidance on all aspects of health and healthcare, to help you make decisions about your health.

**Web:** [www.nhs.uk](http://www.nhs.uk)

## NHS 111

You can call 111 when you need medical help fast but it's not a 999 emergency. NHS 111 is available 24 hours a day, 365 days a year. Calls are free from landlines and mobile phones.

**Tel:** 111

## AccessAble

You can download accessibility guides for all of our services by searching 'St George's Hospital' on the AccessAble website ([www.accessable.co.uk](http://www.accessable.co.uk)). The guides are designed to ensure everyone – including those with accessibility needs – can access our hospital and community sites with confidence.



<b>Reference:</b> GYN_DL_01 <b>Published:</b> March 2021 <b>Review date:</b> March 2023
---