



Laparoscopy

What you need to know



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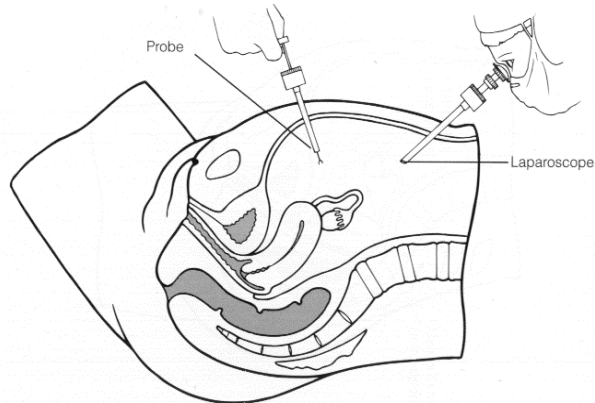
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Laparoscopy is a procedure where I insert a telescope through your navel, to provide me with an opportunity to directly see your internal organs and thereby determine the reason for your underlying problem.

As a Gynaecologist, I am more concerned about the state of your reproductive organs

- **Ovaries**
- **Tubes**
- **Uterus**



However, one other advantage of Laparoscopy is that we will also be able to inspect your other internal structures:

- bowel
- blood vessels
- appendix
- liver and gall bladder

Laparoscopy is far superior and more reliable than x-rays or an ultrasound examination as it provides direct visualisation of the true state of your internal organs (which can be photographed or videoed) as opposed to ultrasound and x-rays which are merely shadows and images and are sometimes difficult or impossible to interpret properly. In fact, these days, it is considered the “**gold standard**” for diagnosis and in verifying abnormalities noted on x-rays, C-T Scans or Ultrasounds.

Indications for laparoscopy

- Pelvic pain
- Infertility
- Assessing ovarian cysts
- Perform major operations (Key Hole surgery)

Commonly asked Questions:

Q: How long will the procedure take?

Ans: The time required for Laparoscopy will depend on several factors. These include the following:

- **Your build.**

Generally the procedure takes longer in women who are 100kg or above in weight. Occasionally, in heavier women, it is not possible to perform the procedure.

- **Previous operation scars on your tummy.**

The procedure is quicker in women who have had no previous major surgery. In women who have had previous major surgery or those who have multiple operation scars, I may have to modify the surgical procedure and this can prolong the procedure.

- **The extent of the surgical procedure**

Most procedures may take 30-60minutes, however some, involving advanced keyhole surgery can take several hours. Most simple laparoscopies, however, take less than one hour.

Q: Will I be asleep during the procedure?

Ans: Yes. General anaesthesia will be employed to put you to sleep. This part of the operation will be handled by another doctor – “The Anaesthetist.” He or she will be responsible for your welfare during the procedure and it will be the anaesthetist’s responsibility to provide the Surgeon with the best conditions for the procedure to be carried out with safety.

Q: Are there any risks associated with anaesthesia?

Ans: Yes as there are risks with any anaesthetic, but the risks are small. The risks of general anaesthesia are very much dependant on your general state of health.

For instance, heavy smokers are more prone to chest infections than non-smokers, similarly patients with heart conditions or uncontrolled high blood pressures are more prone to risks. On the whole, general anaesthesia is safe and Australian anaesthetists are among the best in the world.

Nevertheless, you must inform the anaesthetist of the following:

1. Any underlying medical condition that you know of.
2. Any medications you are currently taking (it is a good practice to take all your daily medications with you so that the anaesthetist can check them).
3. Any allergies especially medications e.g: penicillin
4. Any problems with previous anaesthetic
5. When did you last eat or drink

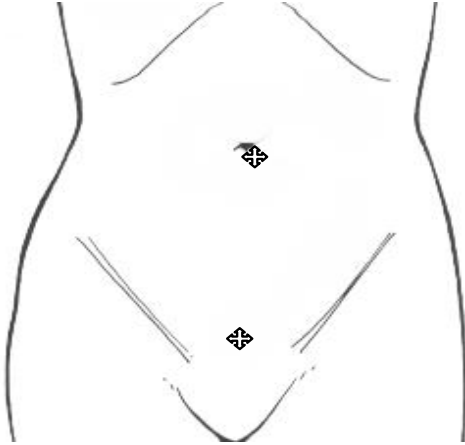
Q: When will I be allowed to go home after my procedure?

Ans: In most cases, Laparoscopy is a day only procedure – “admit in the morning and discharge in the afternoon.” In some women depending on the complexity of the procedure, overnight stay may be necessary.

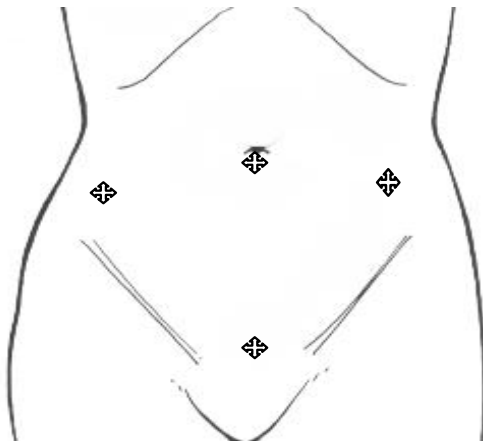
Q: Will I have many cuts on my tummy?

Ans: Usually, two small incisions are made:

- The first at the level of your navel
- The second just above the pubic hairline or one on the side of your tummy (see diagram)



Sometimes you may require multiple incision as shown in the diagram below. These incisions are usually necessary if more complex surgery – “**Keyhole Surgery**” is undertaken. Doctors usually call this “Advanced Laparoscopy.”



Q: Will Laparoscopy fix my problem?

Ans: Many simple procedures can be undertaken at your initial Laparoscopy e.g: drainage of a cyst, cauterising of endometriosis or division of mild adhesions (scar tissue). However, in the event of an unexpected finding which requires a prolonged operative time, and/or further tests – further discussion with you regarding the procedure will be undertaken. It is my policy to defer any major operation until this has been fully discussed with you.

Q: Friends have told me that I will experience chest pains after the procedure. Why should I have chest pains when the operation is on my tummy?

Ans: Some women do experience chest pains, which can last up to 48 hours. Sometimes, the pain is in the shoulders or neck. Not all women suffer the same severity of pain. Most women describe this pain as a discomfort, which varies in intensity from mild to moderate.

The pain or discomfort occurs as a result of a gas that is used to distend (“blow up”) your tummy. By doing this, it is easier to inspect all your internal organs and carry out appropriate procedures.

Q: Does that mean that I go home with a blown up tummy – as if I am pregnant?

Ans: No. Once your procedure is finished, every effort is made to allow the gas to escape from your tummy i.e. your tummy is deflated. Following this, a small amount of anaesthetic solution is poured into your abdomen. This helps to absorb the gas and further decrease the severity of discomfort.

Q: A friend who underwent a Laparoscopic procedure noticed some fluid leaking out of the cut. Why?

Ans: The fluid she saw was the salt solution that was poured inside her abdomen at the conclusion of the operation. It is nothing to worry about.

Q: Will I have stitches?

Ans: Yes. These will need to be removed in 5-7 days time. You can go to your G.P. for this.

Q: How much time do I need to take off work?

Ans: Nearly all women are able to resume work after 7 days. Some are able to return to work after 72 hours.

If Laparoscopy involved major surgery (i.e. removal of cysts or the ovary) then you may need to stay at home for at least 1 week.

Q: Are there complications of Laparoscopy?

Ans: In general laparoscopy is a safe procedure and complications are rare. However, as with any operation NO matter how minor, occasionally there can be complications. These include:

- (1) **Injury to bowel and neighbouring structures.** If this occurs you may need to have further surgery to repair this. However, the risks of this happening is < **1/1000**.
- (2) **Haemorrhage** – bleeding inside the tummy. Again if this occurs you may need to have further surgery to repair the injury.
- (3) **Infection.** Infection of the wound is uncommon, but can occur occasionally. Infection is characterised by pain and discharge from the wound and usually antibiotics are all that is needed.

complications of laparoscopy

- bowel injury
- haemorrhage
- infection

Q: Under what circumstances should I notify you of problems?

Ans: It is normal to feel a bit sore and nausea after the procedure. This should subside in 2 to 3 days. **However if the following occur, please notify my surgery or go to Campbelltown hospital casualty:**

- severe tummy pain which does NOT improve in 24-48 hours
- severe nausea / vomiting
- temperature greater than 38°C

Seek urgent review if you have

- severe pain
- severe nausea and vomiting
- persistent temperature > 38

Q: When should I see you again?

Ans: I would like to see you in 2-3 weeks after the laparoscopy and I will explain the results of the operation to you. Please ring my rooms to make an appointment and I will also go through with you what further management is required.

Be reassured that a laparoscopy is a very safe operation with a very low complication rate. This is the first step to trying to evaluate what your problem is and we will then be well on our way to fixing you up. If there are any further questions, please do not hesitate to discuss them with me.



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