



Laparoscopy

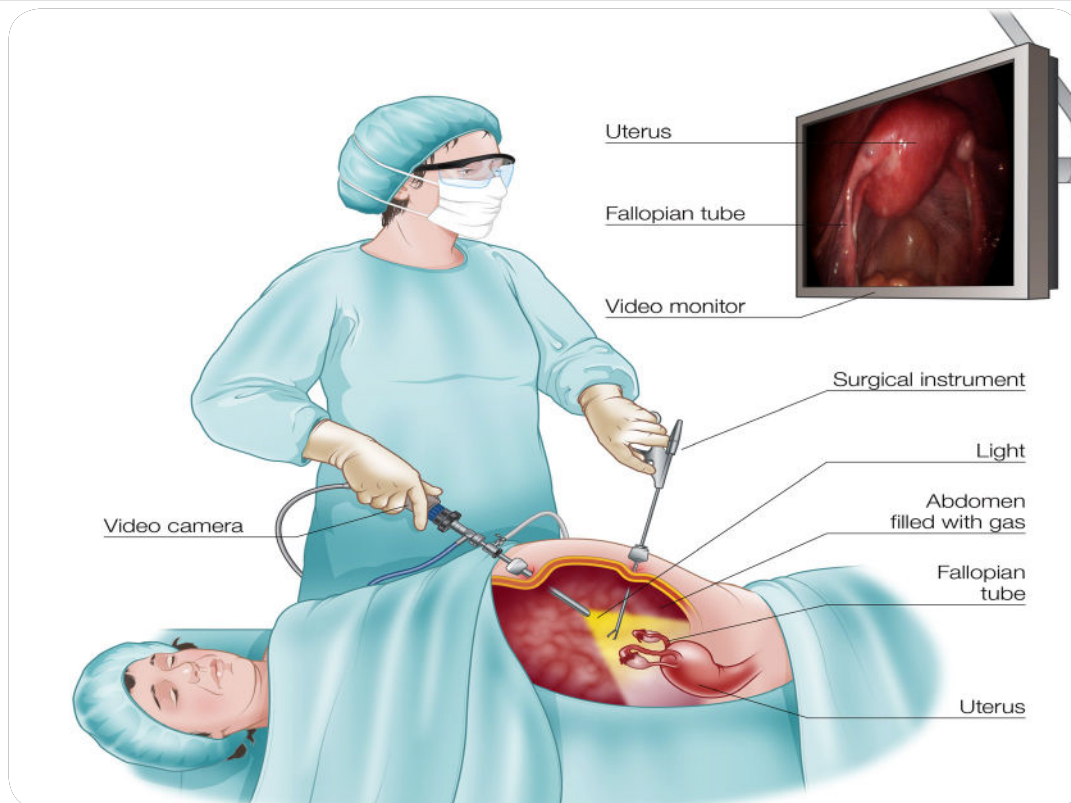
Laparoscopy is commonly called 'keyhole surgery'. It is a procedure in which a surgical telescope and video camera is passed through a small cut 'keyhole' in the abdomen, usually in the umbilicus (belly button).

Carbon dioxide gas is used to gently inflate your abdomen during laparoscopy to enable your gynaecologist to see your pelvic organs. This allows your gynaecologist to look at, and operate on, the organs of the pelvis and abdomen. Instruments can be passed through one or more other small cuts in the wall of the abdomen.

The cuts are usually about a centimetre long so the gynaecologist can perform operations without the need for a large cut.

Laparoscopy and keyhole surgical techniques give patients a number of important advantages:

- more rapid recovery
- reduced pain
- smaller scars



Why is laparoscopy performed?

Using a laparoscope to diagnose disease

Laparoscopy allows the gynaecologist to determine whether any disease is present. Examples of conditions commonly diagnosed with laparoscopy are:

- endometriosis
- ovarian cysts

Using a laparoscope to treat disease

Laparoscopy can be used not only to look at the pelvic organs, but also to undertake procedures. By using the laparoscope to view the pelvis, instruments can be passed through the keyholes in the abdomen, and the gynaecologist can perform many operations, for example:

- hysterectomy

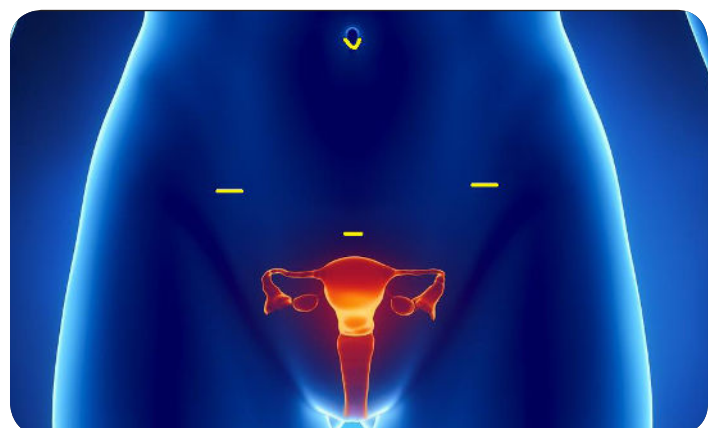


Image: Incision sites



Laparoscopy

- removal of the tubes or ovaries
- removal of cysts or other tumours in the pelvis
- treatment of scar tissue
- treatment of endometriosis
- treatment of prolapse
- assessment of pain
- assessment of infertility

Preparing for laparoscopy

If your gynaecologist thinks that you will benefit from laparoscopy, preparations will be made. These will include:

- explaining the nature and purpose of your laparoscopy
- your consent to have the procedure performed
- making the necessary arrangements with the hospital or day procedure unit
- arranging tests, for example blood tests, x-rays or heart tests

Anaesthetic

The anaesthetist or staff from your hospital pre-admission clinic may wish to speak with you, or examine you, before the procedure. A laparoscopy is conducted under general anaesthetic, so you will be asleep throughout the procedure and will not feel anything.

The Australian and New Zealand College of Anaesthetists provides information through its website www.anzca.edu.au/Patients about the types of anaesthesia, how to prepare for an anaesthetic and what to expect afterwards.

Every patient is different and the anaesthetists will make changes as required to suit your needs. Patients are usually asked to fast (not drink or eat) for at least six hours before surgery. In some cases, additional measures such as bowel preparation (use of fluids to empty the bowel prior to surgery) will be undertaken.

It is very important to ask your gynaecologist and anaesthetist whether any of your medications need to be stopped before surgery. This is especially important if you are taking blood thinning medications (such as aspirin).

Are there any risks when having a laparoscopy?

Laparoscopy is a common and safe procedure. More than 25000 gynaecological laparoscopy procedures are performed in Australia every year.

Large studies show that the rate of all complications in laparoscopy is less than 1% (1 in 100), with the rate of major complications less than 0.5% (1 in 200). It is important to understand that all operations have some degree of risk.

Potential complications that may occur with laparoscopy include:

- pain
- nausea and vomiting
- bleeding, either during or after the procedure
- infection
- blood clots in your legs or lungs

- damage to other internal organs such as your bladder and bowel
- surgical emphysema, where the carbon dioxide gas becomes trapped in your skin
- a hernia at one of the incision sites

Looking after yourself after a laparoscopy

When you wake from the anaesthetic, it is normal to feel disoriented and sleepy. Some patients will experience nausea or vomiting, but these feelings should pass quite quickly.

There might be some pain at the site of the incisions, and you will commonly be given analgesics (pain-relieving medication). The carbon dioxide gas used during laparoscopy may sometimes cause a sensation of bloating in the abdomen and pain in the shoulder tips.

Depending on the complexity of surgery and the length of the operation, you will feel tired and have abdominal discomfort for a few days. There may also be some vaginal bleeding, particularly if there has been a hysteroscopy or curette procedure performed at the same time.

You will be given instructions about dressings over the wounds, and the stitches used to close the incisions.



When to get medical advice

It is important to notify the hospital or your doctor if you have:

- pain that is worsening, not improving
- increasing pain in your shoulders – this may indicate that gas or fluid is irritating the diaphragm
- pain or other problems passing urine
- bleeding that is increasing, not settling
- a fever or temperature
- you feel that you are not recovering relatively quickly

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