



LAPAROSCOPY

GENERAL INFORMATION AND PATIENT INSTRUCTIONS

Laparoscopy is a surgical procedure which allows direct visual examination of the abdomen and pelvis. Unlike other types of major surgery, laparoscopy is performed through small (about 1") incisions near the navel and near the pelvic hairline. It is also used for certain sterilization procedures and other gynecologic surgical procedures.

A special optical system (fiberoptics) in a telescope-like instrument (the laparoscope) allows your physician to look at the pelvis, uterus, fallopian tubes, ovaries and parts of the bowel. Some surgical procedures can be performed through the laparoscope.

Usually, laparoscopy is done on an outpatient basis. After fasting overnight you will be admitted to outpatient surgery and allowed to go home in the late afternoon. Occasionally laparoscopy is done on an inpatient basis. In this case, you are admitted into the hospital after the surgical procedure is completed. Laparoscopy is performed under general anesthesia (while you are asleep).

The procedure itself is a little different from other types of surgery. A needle is inserted into the abdomen just below the navel. Through this needle, 2-5 quarts of carbon dioxide gas are put into the abdominal cavity, thus temporarily expanding the cavity to allow room for visual inspection. An incision approximately one inch long is made in the lower portion of the navel. Through this, a trocar or larger instrument is placed, and the laparoscope is then inserted through this trocar. Depending on the nature of the procedure to be performed, a second incision is usually made in the lower abdomen approximately one half inch in length. With the use of the laparoscope, the surgeon can see all the pelvic organs. After the visual inspection is completed, all of the gas is allowed to escape, all of the instruments are removed, and the small skin incisions are closed with sutures and covered with small strip adhesive bandages.

After surgery, some women may have pain in the shoulder and the neck (due to the irritation from the gas) or discomfort where the instruments passed through the abdominal wall. These pains generally last a day or so and are then gone. You may have a scratchy or sore throat from the anesthesia which also disappears within a day or so. You will also feel fatigued for a couple of days. Many patients are capable of returning to normal duties the day after surgery.

Like with any surgery, there are potential complications as a result of laparoscopy. In some cases, the expansion of the abdomen with gas becomes difficult or the procedure cannot be completed with laparoscopy. In such cases the procedure may have to be discontinued and the procedure completed by making an incision into the abdomen. Other potential complications include, but are not limited to the following:

Bleeding: Bleeding always occurs during surgery. However, if there is significant blood loss, a blood transfusion might be required. In general, this risk is quite low, but depends on your blood counts, medical condition, and other factors. Blood is tested by the Red Cross protocol and is as safe as any blood in the country. However, there still remains a small risk of viral infection (HIV, AIDS, Hepatitis), bacterial infection, and transfusion reaction.

Infection: We will give you a dose of an antibiotic before surgery to reduce this risk. In general, but not always, infections after surgery are easily treated with antibiotics. Sometimes, your body may form an abscess (a collection of pus) in the pelvis that would need to be drained.

Anesthesia: Having anesthesia itself involves a small risk, and your anesthesiologist will discuss that with you.

Stress: The stress of surgery can precipitate medical problems like a heart attack, a stroke, or even worsening of pre-existing diabetes or other medical problems.

Blood Clots: Any pelvic surgery can increase your risk for developing blood clot in the veins of your legs or pelvis. These clots cause little trouble unless they break away and go to your lungs. This is a very serious event that can cause death. We will use a device which pumps up with air periodically to reduce the risk of blood clot formation. Early walking in the hospital can also reduce this risk.

Organ Damage: Damage to nearby organs (like the bladder, intestines, or the tubes that drain from the kidneys into the bladder, blood vessels, nerves) is not a common complication of any pelvic surgery, but it can occur even when all the appropriate precautions are taken. If found at the time of surgery, the injury will be repaired. However, it is not always possible to determine this at the time of surgery. In this case additional surgery might be required. Formation of a fistula (abnormal connection between bladder, bowel and vagina) is also a potential complication of surgery.

POST-OPERATIVE INSTRUCTIONS FOR LAPAROSCOPY

Anesthesia: your reaction to the anesthetic is unpredictable and may range from no complaints to a feeling of being tired. You may have a soar throat. There may be aches in your shoulders and chest due to the gas placed in the abdomen. These are harmless and will disappear in about 48 hours. These symptoms may be relieved by taking aspirin or Tylenol and lying flat in the bed.

Pain: You will be given pain medication. You should notify your physician of any increase in abdominal pain not controlled by the pain medication.

Diet: As soon as you feel like it, you may eat any food or drink that you desire, although we suggest that you do not consume any alcohol for 48-72 hours after surgery.

Activity: You should not drive for 24 hours. Some patients prefer one or two days absence from work; however, you may return to work the next day if you feel up to it. Patients vary as to when they can resume full activity.

Sexual Intercourse: Intercourse may be resumed as soon as you like.

Incision: Usually the stitches are hidden beneath the skin and will dissolve with time. You may remove the band-aid the day after surgery but try to keep the incision dry. You may shower or take a tub bath. Do not be afraid to wash the incisions with soap and water but pat them dry. Report any signs of infection.

Return Appointment: Make a follow-up appointment two weeks after the procedure.

When to call after surgery:

- Any shaking chill or fever above 100.4 degrees
- Any nausea that persists despite diet change (clear liquids) or medicine
- Any vomiting
- Any symptoms of a bladder infection
- Redness or drainage from the incision
- Worsening of pain or tenderness in the incision
- Heavy vaginal bleeding (more than a regular menstrual cycle)
- Inability to empty your bladder
- Swelling or pain in a leg
- Unusual chest pain or shortness of breath

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