

Laparoscopy is an operation to look inside your tummy to inspect your organs such as your womb, tubes, ovaries and bladder. This is done using a small telescope about 10mm wide through your belly button. Dye is injected through the neck of your womb to check if the tubes are open. Please read through this leaflet and let us know whether you would like to have this test.

You have been recommended this test to check if your tubes are open and to assess your womb, ovaries and pelvis. This is a test and does not usually treat your problems unless your doctor has mentioned any treatment to be carried out at the same time.

### On the day of the operation

You are usually seen in the pre operative assessment clinic for a full check up and blood tests if necessary about a week before your operation.

On the day of your operation you must not eat or drink anything for six hours before coming to the hospital. You will be admitted to the ward and will be seen by a nurse, your surgeon and your anaesthetist prior to your operation. You will be taken to theatre and have a general anaesthetic using a small needle in your hand. A small cut of 10 mm is usually made inside your belly button and a further cut of 5-10mm is on your bikini line. Gas is used inside your tummy to make it easier for the surgeon to check your organs. A blue dye (methylene blue) is injected through the neck of your womb and your tubes are checked to see if dye flows through them.

The gas is expelled at the end of the procedure and stitches are used to close the small cuts. Local anaesthetic is also used to help with pains around the cuts. The blue dye may still be seen around your underwear when you wake up. The whole procedure takes about 30 minutes.

The anaesthetist ensures you are fully conscious before you are transferred to the ward. Your surgeon will visit you to discuss the findings and further plans with you when you are ready to do so.

The nurses will ensure you have recovered from your anaesthetic and will usually discharge you from the ward after about four hours from your procedure. You may rarely be advised to stay overnight by the medical team. You need to arrange for an adult to collect you from the ward after the procedure and stay with you for 24 hours. You must not drive yourself.

### Contraception

Your test may have to be postponed if there are doubts whether you could be pregnant on the operation day hence it is important you use reliable contraception until the test. You may resume sexual intercourse as soon as you feel able to do so and can safely try to conceive after the procedure if you wish.

### Risks

#### *Frequent risks (involves 1-10 in 100 women):*

**Bruising and pain:** It is common to experience bruising and both abdominal and shoulder tip pain for a few days after this procedure. This is due to the cut and the gas used during the operation. This usually gets better in a few days and simple pain killers such as paracetamol or ibuprofen tend to help.

**Wound infection:** A few patients may notice their wound is gaping, discharging pus or smells foul after a few days. This may be a sign of infection and we would recommend you see your GP to check if you need antibiotics.

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**Serious risks (involves 1-10 in 10,000 women)**

**Organ damage:** Very rarely, bowel, bladder or major blood vessels may be damaged during the operation. The surgeons will then need to make a large cut on your tummy to repair any damage whilst you are still asleep. In the unlikely event that damage goes unrecognised you will need urgent treatment once it is detected.

**Failed entry:** It is also very rare to be unable to insert the telescope inside your tummy in which case a larger cut may be needed to check your organs. It is also very rare to need a blood transfusion after a laparoscopy.

**Blood clots:** Laparoscopy is very rarely associated with blood clots in your legs or lungs. We encourage you to mobilise afterwards to reduce this risk.

**Anaesthetic complications:** Complications due to general anaesthetic are very rare and we would encourage you to discuss these with your anaesthetist.

**Additional procedures which may be necessary during the procedure**

Very rarely you may need repair of your bowels, bladder, uterus or major blood vessels if there has been damage during laparoscopy. This is usually done via a cut on your tummy.

You may also require a blood transfusion in the event of heavy bleeding which is also very rare.

**When you go home**

Your tummy will feel uncomfortable for one to two weeks after a straightforward laparoscopy. You should not do any heavy lifting or any heavy manual work until you feel better.

The sutures will usually dissolve on their own in one to two weeks but please see your GP if you have any concerns about them.

You may feel tender and the gas used may cause discomfort under the ribs and in the shoulders. You may have a sore throat or nausea from the anaesthetic, we will give you pain killers. You may have some vaginal bleeding following the operation. You will be given a follow up appointment in the clinic to discuss further.

**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 short of breath;
- Feeling sick or not having any appetite that gets worse after the first one or two days;

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

**Going back to work**

It is recommended to take about two to three days off work and go back to work when you have fully recovered. Please seek advice from your surgeon or your GP if you have any concerns.

**Alternatives**

There may be other tests such as an x-ray of your tubes using a dye through the neck of the womb (hysterosalpingogram) which could provide information. Please discuss this with your surgeon.

**Further information**

[www.rcog.org](http://www.rcog.org)

If you have any queries, please do not hesitate to contact us on Tavistock ward on 01234 792270, or Orchard Gynaecology ward on 01234 792219.