



Saint Mary's Hospital

Major Laparoscopy (and possible Laparotomy)

Information For Patients



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What is Laparoscopy?

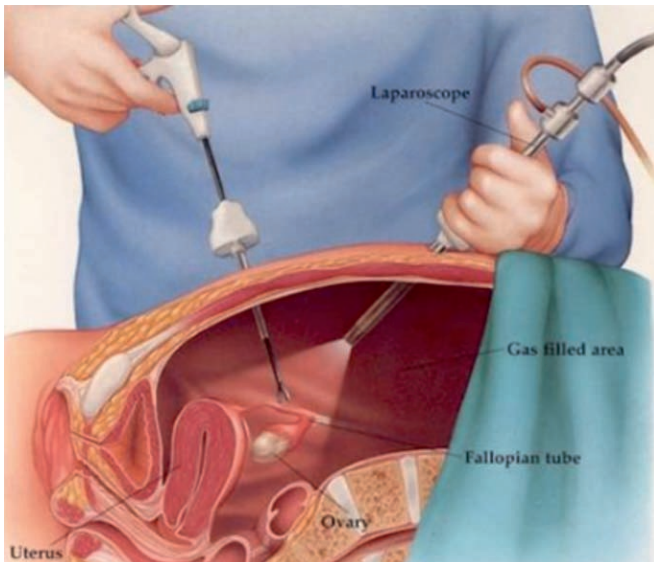
A laparoscopy is a surgical procedure that allows the surgeon to access the inside of the abdomen and the pelvis. He does this using a laparoscope, which is a small flexible tube that contains a light source and a camera. The camera relays images of the inside of the abdomen or pelvis to a television monitor.

Laparoscopy is a minimally invasive procedure and is performed as keyhole, surgery, so the surgeon does not have to make large incisions (cuts) in the skin.

A small incision is made in the skin, and the laparoscope is passed through the incision allowing the surgeon to study the organs and tissues inside the abdomen or pelvis.

The advantages of this technique over traditional open surgery are that people who have a laparoscopy have:

- A faster recovery time,
- Less pain after the operation,
- Minimal scarring.



What is it used for?

- **Diagnostic uses**

Sometimes scans and other tests can help us with diagnosing problems. However, sometimes the only way to confirm a diagnosis is to directly study the affected part of the body using a laparoscope.

Laparoscopies are now widely used to diagnose many different conditions and investigate certain symptoms, such as:

- Pelvic inflammatory disease (PID).
- Endometriosis.
- Ectopic pregnancy (a pregnancy that develops outside the womb).
- Female infertility.
- Unexplained abdominal or pelvic pain.

- **Therapeutic uses**

Laparoscopies can be used to carry out surgical procedures. Small surgical instruments and devices, such as lasers, can be passed through incisions in the skin to perform procedures such as removing a damaged or diseased organ. An estimated 250,000 women have laparoscopic surgery for gynaecological conditions each year in the UK.

Types of therapeutic laparoscopic surgery include:

- Carrying out a female sterilisation.
- Treating ectopic pregnancy (it is usually necessary to remove the embryo to prevent damage to the fallopian tubes).
- Removing the womb (hysterectomy), which is sometimes used to treat pelvic inflammatory disease (PID), endometriosis and heavy, painful periods.
- Removing some or all of an organ that has been affected by cancer, such as the ovaries, womb, colon, or bladder.
- Applying diathermy (heat energy generated from an electric current) to endometriosis.
- Removal of fallopian tubes prior to infertility treatment.

Proceeding to a Laparotomy

Sometimes, routinely or in an emergency, it may be necessary to proceed to a laparotomy to complete your operation safely and successfully.

A laparotomy is a surgical procedure which involves making an incision across the abdomen - when possible below the knicker line. Occasionally a mid-line incision is made, up and down the abdomen.

This is a more complex operation and as a result will involve a longer stay in hospital (often 3-5 days) and longer recovery period (6-8 weeks).

Will I have pain after my operation?

To enable us to perform a successful laparoscopy your abdomen will be inflated with air. This can cause lower abdominal, upper leg and commonly shoulder tip pain. You will also have 2-4 incision sites where the laparoscope and instruments were inserted. These may be tender immediately after your operation and for the next 10-14 days. Your nurse will provide you with appropriate pain relief accordingly.

If the surgeon has proceeded to a laparotomy, you will return to the ward with a Patient Controlled Analgesia System (PCA). This will allow you to control your own pain relief. It administers a set dose of morphine or pethidine each time you press the hand held green button. It has a safety lock out system of five minutes to prevent an overdose occurring.

The PCA will remain with you for 1-2 days following your operation and can be topped up with oral and/or rectal analgesia (pain relief). Once the PCA is discontinued you will receive regular oral pain relief. You will also have a tube inserted into your bladder which will drain urine into a bag. This is called a catheter and will stay in place until you are well enough to walk with minimal assistance to the bathroom.

Vaginal bleeding

It is common to have some mild vaginal bleeding for up to seven days after your operation. Do not use tampons during this period, only sanitary towels. Tampons may increase your risk of developing a mild infection. If you feel your bleeding is prolonged or becomes offensive please seek advice from your GP.

When can I have sex again?

Do not resume having sexual intercourse until vaginal bleeding has stopped and you feel able and comfortable to have sex.

Will my periods be affected?

Your periods can be affected by your operation and may be heavier initially but should return to normal within 1-2 months.

When can I return to my normal activities?

You will feel tired in the first few days following your operation. Rest and recover and resume your normal activities when you feel ready to. However, avoid heavy lifting, housework and strenuous exercise for 10-14 days. Following a laparoscopy you can normally return to work within 7-14 days.

Laparotomy

Recovery time is longer. You will need 6-8 weeks off work (depending on the job you do, this may be longer). You need to refrain from driving for 4-6 weeks, and only return to driving when you can wear a seat belt comfortably and be confident that you would be able to perform an emergency stop. Avoid heavy lifting, housework and strenuous exercise for this period of time.

It is important to do a little each day and keep mobilising gently, gradually increasing what you do as you feel able to. Ensure you have help at home during your recovery time.

If you are unsure about your individual recovery time please discuss with your nurse during your hospital stay.

Constipation following a Laparotomy

This is avoidable. Eat a high-fibre diet and drink plenty of water (approximately eight glasses per day) and gradually increase your exercise. If constipation becomes a problem whilst you are in hospital discuss this with your nurse. If you are at home, ensure you discuss it with your GP or District/Practice Nurse and they will give you further advice.

How will my wound be closed?

A laparoscopic incision site(s) may either be closed with a very small suture (stitch) or with surgical glue. Both are satisfactory methods. Sutures would usually dissolve within 10-14 days, but can take longer. If they do not dissolve and are causing discomfort please seek advice from your GP or Practice Nurse. If necessary, they should be able to remove them for you. Glued sites can be left to heal, no intervention is required.

If you have had a **laparotomy**, the surgeon will normally apply sutures (stitches) or surgical clips/staples to the skin. The wound is kept covered for the first few days following your operation. Sutures/clips/staples are normally removed by the nurse between 5-10 days. If you are discharged before this time we will arrange the District Nurse or Practice Nurse to remove these for you.

How should I care for my wound?

Some oozing from the site(s) maybe noted for the first 24 hours after your operation and a dry dressing may be applied. After this time the site(s) should be left exposed and kept clean and dry. If the oozing continues and/or the area(s) become inflamed/red/smelly please seek advice from your GP, as you may have developed an infection.

You may bathe and/or shower as normal (do not use antiseptic or salt), it does not matter if you get the suture(s) or glue wet.

Please note: for problems within the first 5-7 days following surgery you can contact the ward if your GP is not available. However, if your problems are ongoing please seek advice from your GP in the first instance.

If your GP is not available there are NHS Walk-In Centres you can attend without an appointment; contact NHS Direct for your nearest centre.

Will I have a scar?

Scarring is minimal as the incision site(s) are very small and any scarring will fade with time.

Laparotomy

Although larger than a laparoscopy, the incision is normally neat and discreet. It will take longer to heal but again will fade with time.

Safety

A laparoscopy is generally regarded as a very safe procedure. Serious complications as a result of surgery are rare and occur in an estimated 1 in 1,000 cases.

Possible complications include: damage to organs, such as the bladder or bowel, and injury to a major artery (blood vessel).

Contact numbers

Gynaecology Ward 62 (24 hours a day)	0161 276 6105 or 0161 701 0048
Emergency Gynaecology Unit (24 hours a day)	0161 276 6204
Gynaecology Out-patients (admissions) (8.30 am-4.30 pm, Monday-Friday)	0161 276 6259

Other useful numbers

NHS Direct 0845 4647 (24 Hours)	www.nhsdirect.nhs.co.uk
NHS Choices	www.nhs.uk

Zero Tolerance Policy

We are committed to the well-being and safety of our patients and of our staff. Please treat other patients and staff with the courtesy and respect that you expect to receive. Verbal abuse, harassment and physical violence are unacceptable and will lead to prosecutions.

Suggestions, Concerns and Complaints

If you would like to provide feedback you can:

- Ask to speak to the ward or department manager.
- Write to us: Patient Advice and Liaison Services, 1st Floor, Cobbett House, Manchester Royal Infirmary, Oxford Road, Manchester M13 9WL
- Log onto the NHS Choices website www.nhs.uk - click on 'Comments'.

If you would like to discuss a concern or make a complaint:

- Ask to speak to the ward or department manager – they may be able to help straight away.
- Contact our Patient Advice and Liaison Service (PALS) – Tel: 0161 276 8686 e-mail: pals@cmft.nhs.uk. Ask for our information leaflet.

We welcome your feedback so we can continue to improve our services.

No Smoking Policy

The NHS has a responsibility for the nation's health.

Protect yourself, patients, visitors and staff by adhering to our no smoking policy. Smoking is not permitted within any of our hospital buildings or grounds.

The Manchester Stop Smoking Service can be contacted on Tel: (0161) 205 5998 (www.stopsmokingmanchester.co.uk).

Translation and Interpretation Service

These translations say "If you require an interpreter, or translation, please ask a member of our staff to arrange it for you." The languages translated, in order, are: Arabic, Urdu, Bengali, Polish, Somali and simplified Chinese.

اذا كنت بحاجة الى مترجم، او ترجمة، من فضلك اطلب من احد موظفينا ترتيب ذلك لك

اگر آپ کو ایک مترجم، یا ترجمہ کی ضرورت ہے، تو برائے کرم ہمارے عملے کے کسی رکن سے کہیں کہ وہ آپ کے لیے اس کا انتظام کرے۔

আপনার যদি একজন দোভাষী, অথবা অনুবাদের প্রয়োজন হয়, দয়া করে আমাদের একজন কর্মীকে বলুন আপনার জন্য ইহা ব্যবস্থা করতে।

Jeśli Pan/Pani potrzebuje tłumacza lub tłumaczenie prosimy w tym celu zwrócić się do członka personelu.

Haddii aad u baahantahay tarjubaan, fadlan waydii qof ka mid ah shaqaalahayga si uu kuugu.

如果你需要翻译或翻译员, 请要求我们的员工为你安排



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