**Laparoscopy - information for patients**

**Acute Services Division**

**What is it?**

It is a surgical procedure to find a cause of abdominal pain, infertility or other problems in the reproductive organs using a small surgical viewing instrument (laparoscope), inserted into the abdomen (tummy), usually around the navel (tummy button). The procedure can be done as a day case.

**Before your operation**

You will be admitted to the ward and will meet lots of different people, nurses, doctors and the anaesthetist, who will ask you some questions. If you have any questions, worries or fears please make them known to the nursing or medical staff. Please feel free to discuss your care plan with us. In most instances having a period need not delay the procedure unless you are under investigations for infertility. Let the nursing staff know. You will probably fast (nothing to eat or drink), from midnight the day before your operation, and may received a premed (a form of sedation - usually tablets), prior to going to theatre. The procedure normally lasts approximately 20 minutes.

**How is it done?**

While you are deeply asleep, under anaesthetic, a slender telescopic type instrument is inserted through a small incision (cut), around the navel to examine the reproductive organs. A further incision is made to allow a gas to flow into the abdomen through a special needle. This makes the organs of the abdominal cavity more easily visible, (the gas is removed at the end of the procedure). A third incision may be made to allow other instruments to be introduced to explore the abdomen further to look at other abdominal organs. A dye will sometimes be injected through the vagina and neck of womb, into the womb (uterus), to detect any blockage in the fallopian tubes. Once the instruments are removed any incisions will be stitched; these are dissolvable, but may, if you wish, be removed prior to going home.

**After the procedure**

Once you return to the ward you will be monitored, e.g. blood pressure, pulse etc. over the next few hours, until fully recovered from the anaesthetic. You may feel some discomfort, mild nausea, bloating and shoulder tip pain (caused by any residual gas). These are common short-term problems and are easily treated with medication. It also helps to relieve the 'gas pain' if you move around. Cramp like pain may also occur and slight vaginal bleeding may be seen. You will normally have been given painkillers during your procedure, but if you have any pain or nausea afterwards please tell the nursing staff who will be able to help. You will be allowed to rest and if all is well medical staff, who will allow you to go home or not, will then review you. Painkillers will then be given to you to take home. Follow-up appointment, if required, will also be given.

**Risks associated with this procedure**

There are some minor risks when you have a general anaesthetic. Discuss these risks with your anaesthetist or doctor.

* Although complications are not very common, they are impossible to avoid. Minor problems may be dealt with at the time of procedure, but very occasionally the abdominal organs, intestines or blood vessels may be damaged. The doctor may perform abdominal surgery to repair them, resulting in a 2-3 inch wound.
* A blood clot can form, enter the bloodstream, and clog a blood vessel in the lung, pelvis or leg.
* Very rarely, a clot can lodge in a blood vessel in the heart or brain causing a heart attack or stroke.
* You may develop an infection or bleeding.
* You may experience more pain than would be expected following the procedure if any treatment is carried out. If you experience any of the above, they will prolong your stay in hospital.
* **Once you are home:**
* It is advisable to rest for 24 hours after the procedure, as you will not feel up to doing much.
* You must not drive a car or any other vehicle, use a bicycle, operate machinery, cook, use kettles or sign important documents for 24 hours after your anaesthetic. Alcohol should not be taken during this 24-hour period**.**

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* You must not have intercourse or use tampons until the bleeding or discharge has settled.
* You may want to consider getting help to look after young children. It is safe, thereafter, to resume normal activities as soon as you feel able, normally 2-3 days.
* Any bleeding or pain should settle within this time. Please keep your wounds clean and dry. If you have any problems in the immediate few days following discharge, please do not hesitate to contact Ward 49 at the Queen Elizabeth University Hospital on 0141 201 2282 or contact your GP.