

## **LAPAROSCOPY**

Laparoscopy is done under general anaesthesia. A small incision is made near the belly button and the abdomen is filled with CO2 gas. This lifts the abdomen away from the internal organs, giving the surgeon a better view. The lighted laparoscope is then inserted into the abdomen. Two or three other small incisions may be made in the abdomen so additional surgical instruments, such as a probe to move organs, can be used during the surgery.

During the laparoscopy, the surgeon examines the pelvic organs, looking for obvious and atypical endometriosis lesions as well as endometriomas (endometriosis-filled cysts), adhesions, and scarring. Depending on your history and symptoms, the doctor may also look for fibroid tumours or other abnormalities. Other procedures, such as a hysteroscopy (an examination of the inside of the uterus) may also be performed at the same time.

Diagnosis and treatment of endometriosis may take place during the same procedure. Your doctor may also remove the lesions to send to a lab for biopsy. This will document the presence or absence of endometriosis.

### **Length of stay**

Laparoscopy is usually done as a day case, however an overnight stay may be required if the surgery is complex or lengthy. If the laparoscopy is combined with surgery to the bowel your stay in hospital will be extended to a few days.

### **Bowel prep**

If you need surgery to the bowel the surgeon often orders a bowel prep the evening before surgery. The process varies, but usually includes a roughage free diet for two days before surgery with a liquid diet the day before. You will be given a preparation to evacuate your bowels. This is not a pleasant process, but it is necessary if any bowel work is anticipated and reduces the risk of colostomy.

### **Pain immediately following surgery**

When you come out of the anaesthesia in the recovery room, you may be in some pain. If so, be sure to speak up so your pain can be properly managed. Coming out from anaesthesia will also make you feel cold. Ask for more warm blankets if you're chilled. You may also have a sore throat from the tube that's put in your throat during surgery. If any symptom becomes bothersome, tell the nurse or doctor. In most cases, you'll be given a prescription for pain medication to take at home. If possible, have this prescription filled prior to your discharge or very soon thereafter.

### **Shoulder pain**



A common complaint after laparoscopy is shoulder pain. This is caused by the CO2 gas or fluid becoming trapped against the diaphragm. Heat and analgesics and getting moving will bring relief. Be assured that time will take care of this pain.

### **Length of recovery**

For the first two or three days following laparoscopy, most women are tired and groggy. During this time, it helps to have a family member or friend remain close by.

### **Recuperation during the first two weeks**

Don't expect too much of yourself for the first few days. You will probably be very tired and need lots of naps. However, be sure to get up and move around as much as possible. You will recover more quickly if you move about.

### **Post-op blues**

Most of us experience a period of emotional ups and downs following surgery. For some, the blues remain for several weeks. It's not unusual to cry easily or become anxious or agitated. All of this will pass in time and you will begin to feel in control again. Be gentle and patient with yourself during your physical and emotional recovery.

### **Incisional numbness**

You may feel a "pins and needles" sensation at the incision site. This is due to the nerves being cut. Over time, the nerves will heal and the sensation will subside. If you have bothersome symptoms at the incision site, such as a knot, swelling, or redness, contact your doctor.

### **First menstruation following surgery**

Experiences with the first menstrual period vary dramatically. If your period is more painful, longer, or heavier than usual, don't panic. Internal healing takes much longer than external healing. Therefore, your first few periods may be more painful. However, if you are concerned about the degree of pain, or if your pain is severe, contact your doctor.

### **Complications of laparoscopy**

Complications are unexpected problems that can occur during or after the operation. There is no such thing as a totally risk-free investigation or operation. The main possible complications of any surgery are excessive bleeding, infection, or an unexpected reaction to the anaesthetic

The risk of the general anaesthetic is extremely low if the patient is in good general health.

Specific complications of laparoscopy are uncommon but risks of laparoscopy include accidental damage to the internal organs or blood vessels within the abdomen or pelvis. Sometimes the surgeon may need to convert to 'open laparotomy' involving a larger incision to the abdomen. This is because sometimes it is impossible to carry out the operation properly or safely using the laparoscope and the surgeon needs a larger field of view and more direct access to the internal. If treatment is planned, the consent form will contain a clause to



agree to a conventional laparotomy, if this becomes necessary. The exact chance of having to convert to an open laparotomy will depend on the type of surgery you require.

Minor complications include bleeding or bruising around the skin cuts or bruising of the skin at the front of the abdomen.

The chance of complications depends on the exact type of operation you are having and other factors, such as your general health. Your surgeon should explain how these risks apply to you.

