

Laparoscopy

Public Education Pamphlet



The Society of
Obstetricians and
Gynaecologists
of Canada

A laparoscopy is an operation used to look inside your abdomen. A thin instrument called a laparoscope is inserted through a tiny cut under your belly button to help your doctor look, examine and operate (if needed) in your abdomen without making large cuts.

When is it used?

Your doctor might suggest this operation if you have:

- Pain in your abdomen
- Trouble getting pregnant
- Abnormal fluid in your abdomen
- A tubal pregnancy (when the foetus grows outside the uterus)
- An ovarian cyst (a fluid-filled “balloon” in the ovary)
- Adhesions (scar tissue that attaches to organs)
- A hysterectomy done by laparoscope

Other options exist such as x-rays and procedures like open surgery. You could also decide not to go ahead with the operation and live with the problem, but sometimes there is no alternative to a laparoscopy.

How will a laparoscopy help me?

By looking at your internal organs and tissues, this operation will help the doctor diagnose your problem. You and your doctor can then decide whether further treatment such as medication or surgery is needed.

How do I prepare for the laparoscopy?

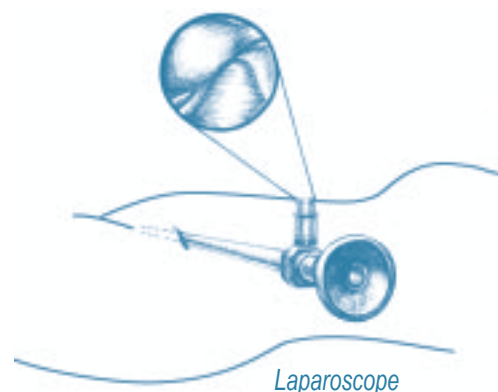
- You may need to have some blood work done, usually within one week of your surgery.
- Most hospitals will ask you to check with their admitting department to find out at what time you should come to the hospital on the day of your operation.

- Shower or bathe the night or morning before the operation.
- Do not eat or drink (even water) after midnight on the night before the operation.

Your doctor may also have additional instructions for you.

What happens during the operation?

At first, you will be given a medication called a general anaesthetic to block the pain. This will make you unconscious during the operation, requiring that a tube or breathing mask be used to help you breathe. While less common, a local anaesthetic (often used at the dentist's) or regional anaesthetic such as an epidural (often used during child birth) can also be given, depending on your situation and the type of operation.



The doctor will then make a small cut just under your belly button to pass the laparoscope into your abdomen. Usually, one or two other cuts are made to complete the operation. A gas may also be used to expand your abdomen, making it easier for the doctor to see your organs.

The doctor then guides the laparoscope to examine certain organs like the womb, ovaries, fallopian tubes and sometimes the appendix. Other internal organs such as your gallbladder, bowel and liver may also be examined. If there are any abnormal findings, the doctor may remove a small sample for further examination.

Also, depending on the reason for the operation and the problem being fixed, an ovary, fallopian tube, tubal pregnancy or appendix may be treated by laser or removed through the laparoscope. At the end of the operation, the doctor removes the instruments and gas, and closes the openings with stitches.

What happens after the operation?

You will need to stay at the hospital for 2 to 4 hours until you recover. You are then allowed to leave, but you should have someone drive you home since the anaesthetic can make you feel sore, drowsy and “washed out”.

You may experience nausea, a sore throat (if a tube is placed in your throat to help you breathe during general anaesthetic) and some shoulder pain (if gas was used). You may not be able to urinate right away and may need a small tube placed into your bladder to help you drain the urine. It is also possible that you might feel bloated, or notice a change in your bowel habits (going to the bathroom). These symptoms can last from a few hours up to a few days following the operation.

Often your doctor will give you a prescription for painkillers when you leave the hospital. You could also try some pain relievers like Acetaminophen or Ibuprofen that you can buy without a prescription. Also, depending on your progress, the nature of your work and your own pain tolerance, you might want to take a few days off work.

Your doctor will let you know when you should return for a check-up or report.

What are the risks?

As with all operations, complications can happen. Although the risks associated with laparoscopy are low, you should be aware that:

- Problems with the medication and anaesthetic given can arise.

- Your abdominal organs including the bowel, bladder or blood vessels could be damaged. In such a case, surgery may be required to repair the injury.
- Rarely, a blood transfusion or a temporary colostomy may be necessary.
- A blood clot could form in your pelvis or leg and possibly cause a pulmonary embolism.
- The abdomen may become irritated or infected.

Your doctor may also talk to you of other potential risks, depending on your situation and medical history.

Call the doctor or return to the hospital immediately if you:

- develop a fever
- become dizzy and faint
- experience excessive bleeding
- develop severe chest pain
- experience persistent nausea and vomiting
- become short of breath.

Call the doctor during office hours if you:

- have abdominal bloating that continues to be uncomfortable
- would like to go over the results of your operation
- want to make another appointment.

The Society of Obstetricians and Gynaecologists of Canada promotes optimal women's health through leadership, collaboration, education, research and advocacy in the practice of obstetrics and gynaecology. This pamphlet has been reviewed and endorsed by the Public Education Committee. This pamphlet is in no way intended to replace, dictate, or fully define evaluation and treatment by a qualified physician. It is intended solely as an aid for patients seeking general information on a particular topic. This document has been printed by SOGC (June 2003). Reproduction in whole, or in part, is strictly prohibited.



The Society of Obstetricians and
Gynaecologists of Canada
780 Echo Drive, Ottawa, Ontario K1S 5R7
Tel: 1-800-561-2416 or (613) 730-4192
Fax: (613) 730-4314 www.sogc.org



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