

Laparoscopy: information for patients

Background

A gynaecological laparoscopy is an examination of your pelvic organs (e.g. fallopian tubes, ovaries, womb and bowel) using a narrow, tube-like telescope called a laparoscope. The instrument is inserted through small cuts on your abdomen.

Laparoscopes measure about 5 to 10mm in diameter and have a light and camera lens attached to the tip. The camera lens sends pictures of your internal organs to a video screen. We will view these to find out what is causing your gynaecological symptoms (diagnostic laparoscopy).

The technique can also be used to perform most operations (operative laparoscopy), such as ovarian biopsies, removal of ovarian cysts, treatment for endometriosis, ectopic pregnancy, removal of fibroids, adhesions and hysterectomy.

Laparoscopy treatment is normally carried out as a day-case procedure, requiring no overnight stay, and is usually performed under general anaesthesia. This means you will be asleep during the procedure.

We will explain the benefits and risks of having a gynaecological laparoscopy investigation, and will also discuss the alternatives to the procedure.

About the operation

Your surgeon will make one or two small cuts on the skin, above, or just below, your belly button (navel). Carbon dioxide gas is pumped into the abdomen. This creates more room for your surgeon to work in and makes it easier to see the internal organs.

The laparoscope is then inserted into the cut. The internal organs are examined by looking directly through the laparoscope, or at pictures it sends to a video screen. Another instrument is inserted through a second cut. This instrument is used to move internal structures to see around them.

If any laparoscopy treatment or surgery is performed (operative laparoscopy), additional small cuts are made in order to insert the necessary instruments.

Afterwards, the instruments are removed and the gas is allowed to escape through the laparoscope. The skin cuts are closed with two or three dissolvable stitches. A laparoscopic procedure can last from 30 minutes to several hours, depending on what needs to be done.

After the procedure, you are likely to feel some pain in the abdomen as well as "referred pain" in the tips of your shoulders - caused by the gas used to inflate the abdomen. This usually disappears within 48 hours or so. You may have some abdominal bruising, which usually settles without treatment.

Gynaecological laparoscopy is commonly performed and generally safe. For most women, the benefits in terms of improved symptoms, or from having a clear diagnosis, are much greater than any disadvantages. However, all surgery carries an element of risk.

Specific complications of laparoscopy are uncommon but can include accidental damage to other organs in the abdomen (such as the bowel, bladder or major blood vessels) requiring further surgery to repair the damage.

Occasionally a laparoscopy is not completed successfully and may need to be repeated. The chance of complications depends on the exact type of operation you are having and other factors such as your general health. Ask your surgeon to explain in more detail how any risks apply to you.