

TREATING ENDOMETRIOSIS WITH LAPAROSCOPY



the women's
the royal women's hospital
victoria australia

Your doctor suspects that you may have endometriosis and has offered you the option of having a laparoscopy.

If you would like to know more about endometriosis and the choices you have about your treatment, please see the fact sheets:

- Endometriosis – Information for women
- Treating Endometriosis

The advantage of laparoscopy is that your diagnosis can be confirmed and treatment can be carried out at the same time. The other advantage of laparoscopy is that it can be used to find out where the endometriosis is and how much of it there is, as well as making sure there is no other medical problem that is causing your symptoms.

What is laparoscopy?

It is an operation where a tiny telescope is inserted through a small incision in your naval to see the abdominal cavity and pelvis. More small incisions are necessary so that other instruments can be used to perform the procedure. The incisions are closed with a single stitch or closure tape.

How is it used?

If endometriosis can be seen during the laparoscopy, a sample will usually be taken for biopsy. This will confirm the diagnosis.

The treatment will depend on where it is found and how much is found.

Spots of endometriosis throughout the pelvis can be removed surgically or by burning (using diathermy). Endometriosis in the ovaries are called endometriotic cysts (or endometriomas) and usually requires removal of the cyst(s).

Sometimes endometriosis affects other organs such as the bowel or ureter (the tube from the kidney to the bladder). If this is the case, you may require further surgery at a later date. Further surgery is likely to involve other specialist surgeons.

Do I need any bowel preparation before the laparoscopy?

No particular bowel preparation is required before surgery. It is however important to make sure you are not constipated. You can take mild laxatives such as lactulose or Movicol® for a few days before the surgery if you are constipated.

If you have severe endometriosis with bowel involvement, you may require an enema on admission.

Risks

There are risks with all surgery. With laparoscopy, problems are rare but can be severe. They include:

- infection in the bladder, uterus or cuts on the abdomen
- organ damage or bleeding – (one in five hundred)
- death – (one in twenty thousand).

The specific risks of treating endometriosis with laparoscopy include:

- damage to bowel
- damage to the bladder or ureter.

These complications may require immediate treatment. They can be serious and may require more extensive surgery at a later time.

Other risks include:

- the possibility of the symptoms not improving,
- scar (adhesion) formation.

In some cases, it may not be possible to remove all endometriosis or the endometriosis may come back at a later time.

Before surgery your doctor must discuss the risks with you so when you provide consent for the operation you understand what the risks are. Don't be afraid to ask questions.

Can all endometriosis be treated with this operation?

No! In particular with severe endometriosis or when it is in specific locations (for example, close to bowel or ureter) further surgery may be needed. A laparoscopy will help the doctors know more about your condition and further surgery can be planned more effectively.

If you do need further surgery it is likely to be open surgery rather than laparoscopy.

Endometriosis involving the bowel

If there are no bowel symptoms treatment may not be required. If bowel symptoms are significant, a part of the bowel may have to be removed.

This can mostly be done using laparoscopy, but sometimes it needs to be performed through open surgery. If this is the case a specialist bowel surgeon will need to be involved.

Improving symptoms

In most cases symptoms are improved, usually for a significant period of time. In some cases where symptoms are not due to endometriosis or where it has not been possible to fully remove it all, symptoms may be partly improved.

Sometimes though they won't be improved at all.

Improving fertility

For women with mild endometriosis, who have been trying to fall pregnant, their fertility is likely to be improved in the period after surgery.

In women who have not tried to fall pregnant prior to the surgery the effect of surgery on their fertility is not known.

Will this operation cure me of endometriosis forever?

Studies have shown that over five years, up to 70 percent of women will have no evidence of endometriosis returning.

For more information

Women's Welcome Centre

Royal Women's Hospital

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Jean Hailes for Women's Health

www.jeanhailes.org.au/health-a-z/endometriosis

Related fact sheets on the Women's website

- Endometriosis: Information for women
- Treating Endometriosis