



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 and 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 or laser). Endometriosis in the ovaries usually requires removal of the cyst, which is called an endometriotic cyst (endometrioma).

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.

Which is better – laser or diathermy?

Laser and diathermy are tools the doctor can use to heat tissue. Both can be used for either burning the endometriosis (ablation) or cutting it out. Both methods have advantages and disadvantages. A gynaecologist will use the method they are most experienced and comfortable with.

Burning or cutting

We are currently doing research at the Royal Women's Hospital to find out which is the most effective treatment. In some areas though, cutting it out does seem to be better.

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.

Bowel preparation

A bowel preparation may give the surgeon a better view of your pelvis during the operation (and make the surgery easier). One in three thousand women will suffer an incidental bowel injury during this procedure. A prior bowel preparation will make the repair of the bowel simpler and safer.

Can all endometriosis be treated with this operation?

No! In particular with severe endometriosis or when it is in particular locations (eg 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 sometimes be done using laparoscopy, but mostly it needs to be performed through open surgery. If this were the case a specialist bowel surgeon would 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% of women will have no evidence of endometriosis returning.

Where to get more information

Women's Health Information Centre (Victoria only)

Tel: (03) 8345 3045 or 1800 442 007 (rural callers)

Email: whic@thewomens.org.au

Endometriosis Association of Victoria

Web: <http://www.endometriosis.org.au/>

Related fact sheets

- Endometriosis – information for women
- Treating Endometriosis