



Laparoscopy is another term for keyhole surgery. It is an exploratory operation performed under general anaesthetic that allows the gynaecologist to inspect your pelvic organs - the uterus, ovaries and fallopian tubes.

Why is laparoscopy required?

Laparoscopy may be done to find a cause or symptom that cannot be diagnosed by ordinary questioning and examination. A laparoscopy may be recommended if you have:

- pelvic pain
- infertility
- suspected ovarian cysts
- suspected ectopic pregnancy
- endometriosis.

Laparoscopy may also be used in performing operations such as:

- tubal sterilisation
- hysterectomy
- treatment of incontinence or prolapse
- removal of fibroids.

How to prepare for a laparoscopy

Preparation for this surgery includes fasting and no smoking. For some surgery you may be required to take medication to help empty your bowels. You will be told if this is necessary.

About the operation

You will have a general anaesthetic. This means you are asleep throughout the operation.

A small cut is made below the belly button. First, the doctor will place a small needle through the cut to inflate your abdomen with carbon dioxide gas. This makes it easier for the doctor to see your pelvic organs. Sometimes, after the operation, women feel some pain in the shoulder or chest from the gas left behind. This eventually passes.

Once your abdomen is inflated, the doctor will place a tiny telescope (called a laparoscope) through the cut. The laparoscope has a video attached so the doctor can clearly see inside. Other instruments are also used to gently move the pelvic organs and allow the doctor a better view. You will notice after the operation that you have small cuts just above your pubic hairline which is where other instruments have been used. An instrument is also put through the vagina and into the uterus so the doctor can move your uterus. If you have never been sexually active and your hymen is still in place, this could cause your hymen to stretch and you may have a little bleeding.

At the end of the operation, all the instruments that were used in the operation are removed, the gas is let out and the skin cuts are closed using tape, sutures or clips.

Complications

No surgery is without risk, but the risks associated with this surgery are very small. The risk is greater for women who smoke, who are significantly overweight or who have other health problems.

Some complications that may occur are:

- bleeding
- damage to the bowel, bladder, blood vessels or other organs
- infection of the uterus, bladder or insertion sites.

What happens afterwards?

After your surgery you may feel:

- some degree of nausea
- discomfort and tiredness is common for up to five days
- pain where the cuts were made
- aching of the muscles
- pain in the shoulder tip and rib cage.
This is due to small amounts of gas remaining under the diaphragm
- there may also be period type pains and a few days of vaginal bleeding or discharge.

Pain relieving tablets may be taken if required.

Once the symptoms have settled and you feel better you may commence your usual physical and sexual activity. If the symptoms do not settle, you should contact your local doctor.

The results of the laparoscopy will be discussed with you before your discharge from hospital. If necessary further treatment will be arranged. An appointment will be made for you in the Gynaecology Outpatients Clinic or the Post-Op Clinic as soon as it is convenient for you.

If you have sutures or clips they need to be removed by your local doctor (GP) 3 to 7 days after your operation. Your dressings may be removed after 2 days.

If you need urgent attention after discharge you should contact your local doctor or the Emergency Department of The Royal Women's Hospital on (03) 8345 2000.