

Laparoscopy in Gynaecology

DEFINITION

Laparoscopy is a procedure that allows visual examination and surgical treatments of the pelvic and abdominal organs pathology. The procedure is performed with a laparoscope, which is a small lighted telescope.

INDICATIONS – When is it necessary

- Evaluation and treatment of women who has difficulty in conceiving.
- Evaluation and treatment of known or suspected endometriosis.
- Pelvic infections
- Removal of diseased fallopian tubes, ovaries, cysts or uterus
- Undiagnosed pelvic pain.
- Uterine fibroids
- Voluntary sterilization (tubal ligation or occlusion for permanent family planning)
- For diagnosis and treatment of a variety of other pelvic or abdominal disorders

BENEFITS OF LAPAROSCOPIC SURGERY

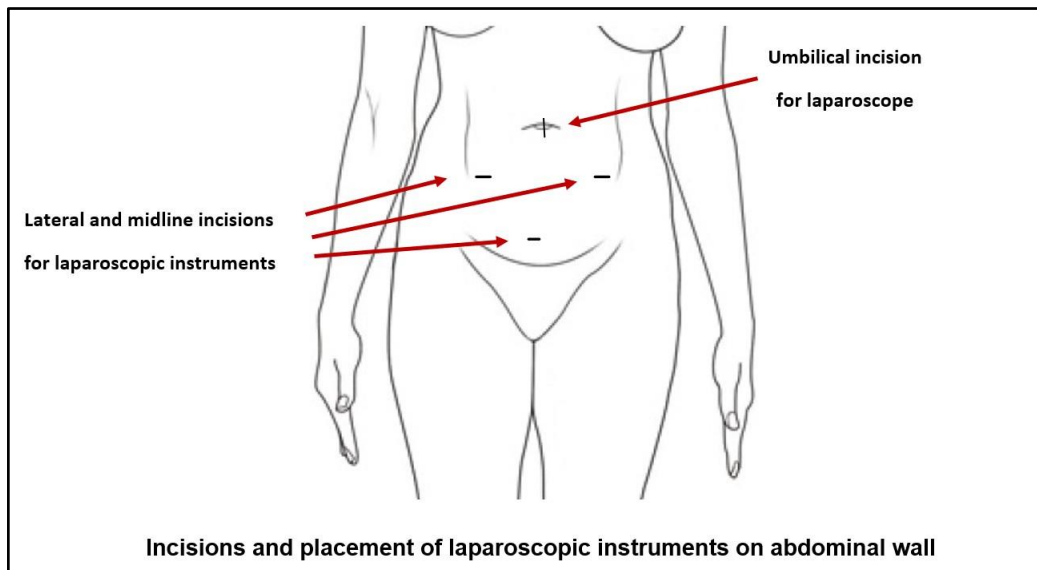
The benefits of the procedure are most apparent when comparing a laparoscopy to an open surgery.

- less pain than an open procedure
- shorter hospitalization
- quicker recovery and return to normal daily activities
- smaller incisions
- less risk of infection or adhesions formation

DESCRIPTION OF PROCEDURE

- A general anaesthetic is administered by intravenous injection and an airway tube will be placed in the windpipe.
- Diagnostic laparoscopy (as a procedure to look inside the pelvis for the purpose of making a definitive diagnosis and maybe performing minor surgery) can be performed as a day-care procedure. This means that you can be discharged from the hospital on the same day.
- For more complex surgery, admission for either overnight stay or few nights of stay is necessary.
- A small tube called a catheter will be inserted into your bladder to empty the urine.
- It is often necessary to place an instrument on the cervix and inside the uterus (uterine manipulator) in order to help move the uterus around and provide an excellent view of the pelvic organs.
- A small incision is made in or below the patient's navel. A needle is inserted to inflate the abdomen with carbon dioxide (called Verres needle). Once the abdominal cavity has been sufficiently inflated, a trocar will be inserted to allow entry of the laparoscope. The length of the skin incision here varies from 5 mm to 12 mm, depending on the size of the laparoscope.
- The operating table is tilted head down to allow the bowel to fall backwards and away from the pelvis. The laparoscope is used to examine the abdomen and pelvis visually. It is connected to a high intensity light and a high-resolution television screen so that the doctor can see what is happening inside of you.
- In order to perform surgery, additional instruments will be required. There will be the placement of either 2 or 3 additional ports into the abdominal wall. Please refer to the diagram for instruments placement. The skin incision length varies from 5 mm to 12 mm.

- The laparoscope provides an excellent view for the doctor to use the instruments to perform diagnosis and treatment of ectopic pregnancy, tubal ligation, aspiration and excision of ovarian cyst, fibroids or uterus removal, and multiple other abdominal or gynaecological conditions. The specimen can be removed either via one of the abdominal port or via the vaginal route.
- At the end of the surgery, the laparoscope is removed, and the carbon dioxide is released from the abdomen.
- Small sutures are used to close the skin incision and a waterproof adhesive bandage are used to cover the wounds. A local anaesthetic can be injected into the wound for post-operative pain relief. Normally, absorbable sutures will be used and do not require removal. It will dissolve after a few weeks.



POST OPERATIVE CARE

- If schedule as day-care, you can go home on the same day.
- You may experience slight discomfort for 24 to 48 hours. You may have aches in your shoulders and chest from the carbon dioxide that was used to inflate your abdomen. No treatment is necessary. Allow 5 to 7 days for full recovery from surgery.
- Expect some soreness around the incision sites; this is normal. Your pain symptoms should improve every day.
- Bathe and shower as usual.
- You may have slight vaginal bleeding for a few days after the surgery. This is normal. Use sanitary pad (and not tampons) for this.
- Pain medication should generally only be required for 3 to 5 days
- On discharge, pain relief medications will be given. Antibiotics is usually not required. Appointment for follow-up visit is usually on the 7th post-operative day for wound inspection and review of the histology report if there was specimen sent. The skin wounds will be left exposed and you can wash the incision gently with mild soap while at home.
- Avoid carbonated beverages for 48 hours after surgery. Other than this, there is no specific dietary restriction. As usual, consume a healthy and balanced diet.
- To help recovery and aid your well-being, resume daily home activities as soon as you are able. Hospitalization leave ranges from 1 to 3 weeks, and this depends on your pre-operative diagnosis and the complexities of the laparoscopic surgery.
- You can resume driving after a few days if you are comfortable, pain-free and does not require any pain relief medication.

- Sexual relations may be resumed if you are pain free, comfortable with it and has no more vaginal bleeding. This may take 1 to 2 weeks.

RISK OF SURGERY AND ANAESTHESIA INCREASES WITH

- Obesity or extremely thin
- Smoking
- Heart or lung disease
- Previous abdominal surgery, especially open surgery
- Previous bowel surgery
- Severe endometriosis

POSSIBLE COMPLICATIONS

Although laparoscopy is a minimally invasive surgery, it is still considered a major surgical undertaking. The associated risks are:

- Adverse reactions to anaesthesia
- Bleeding and infection.
- Damage to a pelvic or abdominal blood vessel, the bladder, the bowel, the uterus, nerves and other pelvic structures
- May require open surgery when difficulties arise or develop complications
- Post-operative adhesions
- Blood clots
- Problems with urinating
- Hernias especially the navel (umbilical) incision

SEE YOUR DOCTOR IF:

- You develop signs of infection such as headache, muscle aches, dizziness or a general ill feeling and fever.
- You have excessive bleeding or discharge from either the surgical area or the vagina.
- You experience abdominal swelling or pain, with poor oral intake.

Disclaimer

This is for informational purposes only and is not intended to be a substitute for professional medical advice, diagnosis, or treatment. It is important for readers to seek proper medical advice when necessary.

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