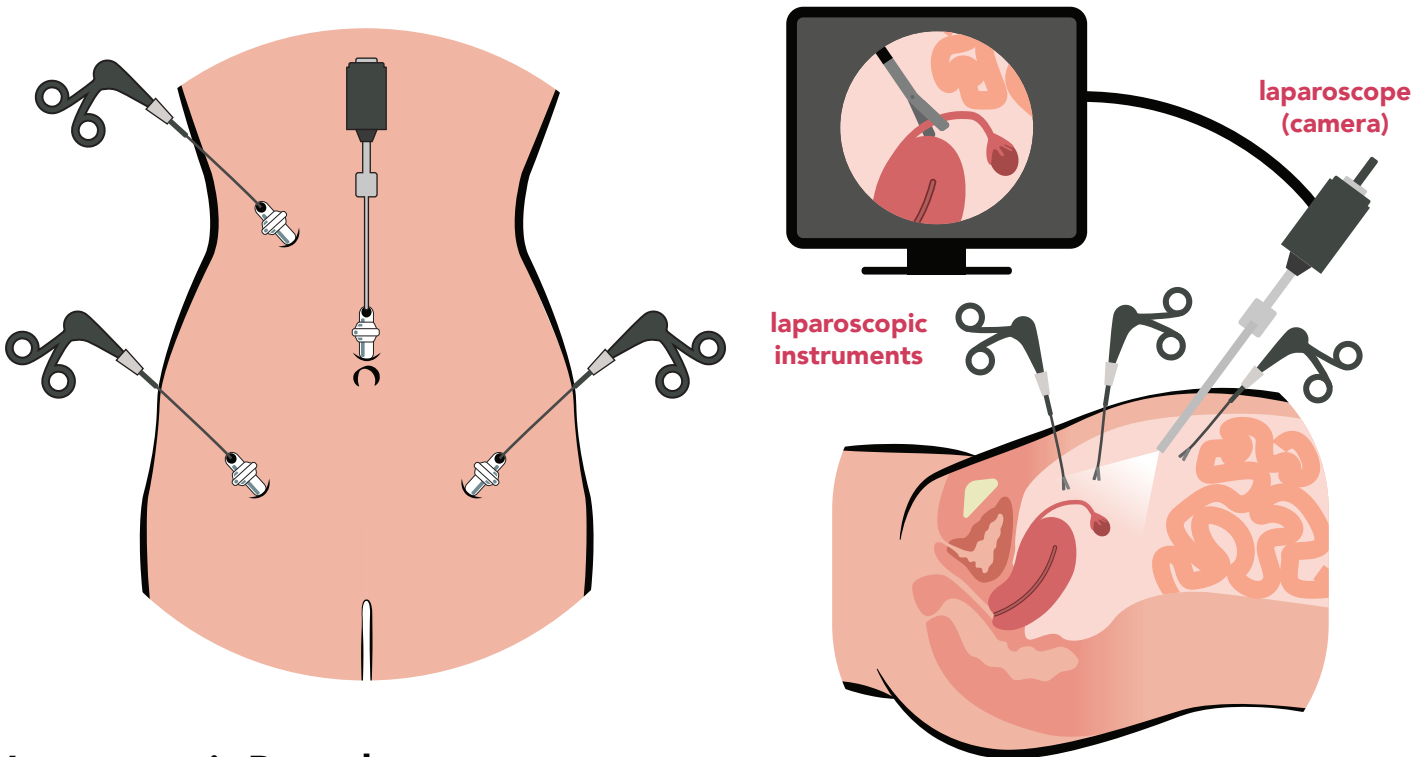


Laparoscopy is a minimally invasive way to perform a surgery in the abdomen or pelvis under general anesthesia. It is performed with help of a *laparoscope* (a slender camera) that is usually placed at the umbilicus (belly button). Depending on the surgery and your past surgical history, the camera may be inserted just above the umbilicus or just below your rib cage on the left side.

Images from the camera are transmitted to a screen allowing the surgeon to see clearly inside the pelvis and abdomen. Additionally, 2-3 other incisions (usually less than 1.0cm in size) are made on the abdomen for laparoscopic instruments to be inserted to complete the surgery.



Laparoscopic Procedures

In gynaecology, laparoscopy can be used to complete a variety of surgeries. **Below are examples of procedures that may be completed laparoscopically.**

- Tubal ligation
- Surgical management of ectopic pregnancies
 - Salpingectomy (removal of the fallopian tube containing the pregnancy)
 - Salpingostomy (removal of the pregnancy through a hole made in the fallopian tube)
- Removal of retained products of conception
- Hysterectomy (removal of uterus)
- Myomectomy (removal of fibroids)
- Ovarian cystectomy (removal of ovarian cyst)
- Endometriosis diagnosis and resection
- Diagnostic laparoscopy can be used for investigating causes of pelvic pain, infertility

There are instances when the above surgeries cannot be completed laparoscopically. Your gynaecologist will tell you whether they believe your surgery can be completed laparoscopically.

Risks of Laparoscopy

Laparoscopy carries a small risk of complications that could happen during or after the surgery. If you have had previous abdominal or pelvic surgeries, the risk of complications is slightly higher.

- Bleeding
- Infection
- Injury to nearby organs or structures (e.g. urinary bladder, ureters, nerves, blood vessels)
- General Anesthetic risks
- Risk of blood clot (*venous thromboembolism*)
- A risk that your surgery cannot be completed laparoscopically, which will require your surgeon to make a larger incision to complete your procedure safely

Recovery From Laparoscopy

Once you wake up from the surgery, you may experience nausea and pain. You will be given medication to alleviate these symptoms. After a laparoscopic procedure, **you will likely be able to go home on the day of your surgery as long as you are able to void and there were no complications related to your surgery.**

Bathing – After the surgery, it is recommended you take showers and avoid bathtubs, swimming pools, and lakes in order to prevent infection. If you had a hysterectomy, also do not put anything in the vagina (e.g. tampons) for at least 6 weeks.

Pain Management at Home – Your gynaecologist will provide a prescription for pain medications that are safe and provide good pain control. You should also use stool softeners to prevent constipation.

Incision Care – Ensure your incisions are gently cleaned and pat-dried. Avoid using any substances apart from soap and water (e.g. no cream). Steri-strips are often placed over the incisions, and these will fall off within a week. If stitches are used, these will dissolve on their own.

Return to Activities

- Gradually return to your routine and activities after the procedure, acknowledging that full recovery takes time. **Talk to your doctor about expected return to work.**
- In the month after surgery, do not engage in exercise that puts tension on your abdomen (e.g. abdominal crunches). In the week after surgery, do not lift objects that are heavier than 10 pounds.
- Do not drive if you are using narcotic medications to manage pain. Pain should be improved before driving.
- Depending on why you had laparoscopy, your doctor may advise you to avoid vaginal sex for 6-8 weeks. Ask your doctor when it is safe to resume sexual activity.



Things to Watch Out For

During this recovery time, it is important to watch out for concerning symptoms for which you should seek medical attention. Reasons to come back to the hospital or see your doctor:

- Heavy vaginal bleeding (1 full pad per hour). *Light vaginal bleeding is normal and can last for a few days*
- Fever (above 38°C) and chills
- Worsening abdominal or pelvic pain despite taking pain medication
- Signs of infection at the incision sites including redness, worsening pain, pus or bloody discharge
- Chest pain, shortness of breath
- Burning or painful urination

References

1. Herrmann A, De Wilde RL. Adhesions are the major cause of complications in operative gynecology. *Best Pract Res Clin Obstet Gynaecol.* 2016 Aug; 35:71-83.
2. Fuentes MN, Rodriguez-Oliver A, Naveiro Rilo JC, Paredes AG, Aguilar Romero MT, Parra JF. Complications of laparoscopic gynecologic surgery. *JLS.* 2014; 18(3).

This material is intended for use by Canadian residents only. It is solely intended for informational and educational purposes. The information presented in these handouts is not to be used as a substitute for medical advice, independent judgement, or proper clinical assessment by a physician. The context of each case and individual needs differ between patients and this material cannot be applied without consultation with a trained doctor. This information handout is not intended for the diagnosis of health concerns or to take the place of the care of a medical professional. This material reflects the information available at the time of preparation.