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Gynaecology, Uro-gynaecology and Urodynamic Specialist Services

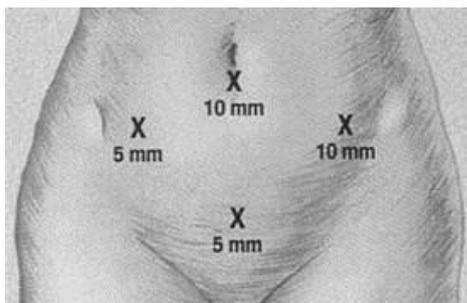
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Patient information leaflet

Laparoscopy

What is this procedure?

Laparoscopy (key-hole) is the term used to describe the process of gaining access into the abdomen for either inspection or operation using small enter points – also called key-hole (s)



How is this procedure carried out?

Laparoscopy involves admission to hospital and the use of general anaesthetic. A few small ports (openings) are made in the abdomen to gain access into it. The image of the abdomen and its contents are projected into a monitor (CCTV) for better viewing and to facilitate the operation. Before most of the instruments are introduced into the abdomen, carbon dioxide gas (CO₂) is introduced into the abdomen through a needle to protect its contents. At the end of the procedure, the CO₂ gas is expelled and the openings are then stitched up.

Why do I need this procedure?

It would depend on your condition and this is to be discussed fully with your doctor. Here are some of the typical reasons for laparoscopy in gynaecology:

- Diagnostic – just to have a look inside and find out what the problem might be.
- Laparoscopic sterilisation – to block the tubes and stop future pregnancies.
- Operative laparoscopy – this might be for conditions such as endometriosis, ovarian cyst, scar tissue removal, removal of organs such as fallopian tubes, ovaries and uterus. It can also be used to fix prolapse.

What are the benefit of this procedure?

Key-hole surgery has the advantage of minimal access into the body. This means that recovery is faster and return to normal activities quicker. In addition, the small cuts made has better cosmetic appeal and causes less scarring.

What are the risk with this procedure?

It is generally a safe procedure and major complications that results in long term consequences are uncommon. The risks to a large extent would depend on the patient's own peculiar risk and the complexity of the procedure. Risks such as minor bleeding, infection and blood clot issues (deep vein thrombosis and pulmonary embolism) may happen as in any procedure. Specific risks of laparoscopy includes injury to abdominal organs such as bowel, bladder, blood vessels and ureters. Some of the CO₂ can also linger in the abdomen and migrate to other sites for some time and cause pain. This however has no long term consequence as it is eventually reabsorbed into the body. Occasionally it may be impossible to gain safe access into the abdomen during laparoscopy and the procedure may be abandoned. It may also be necessary to open the abdomen (laparotomy) to either fix up injuries or to successfully complete the procedure.

The table below based on the Royal College of Obstetricians and Gynaecologist (RCOG, UK) Clinical Governance Advice helps in understanding how risk is discussed in healthcare.

Term	Equivalent numerical ratio	Colloquial equivalent
Very common	1/1 to 1 in 10	A person in family
Common	1/10 to 1/100	A person in street
uncommon	1/100 to 1/1000	A person in village
Rare	1/1000 to 1/10 000	A person in small town
Very rare	Less than 1/10 000	A person in large town

When can I return to work and normal activities, drive, swim, and have sex?

Generally this takes much less time than open procedures but would depend on individual circumstance and you would need to check with your surgeon.

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