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Gynaecological laparoscopy

The purpose of this leaflet is to provide the patient with information about the nature, indications, risks and consequences of gynaecological laparoscopy.

Laparoscopy is a surgical method that allows the doctor to look at the abdominal organs for the detection of diseases and alterations, perform operations on the abdominal organs and take samples for investigation.

Preparation for laparoscopy

Take a shower in the early morning on the day of laparoscopy. **To avoid anaesthesia complications, you must not eat for at least six hours before surgery or drink for at least four hours before laparoscopy. Do not smoke or chew gum for six hours before laparoscopy.** Exposure of acidic stomach contents (undigested food or drink) to the lungs during anaesthesia can be life-threatening. Everyday medications can be taken with a little water.

To reduce the risk of complications, before laparoscopy, please inform your doctor of:

- your state of health;
- all of your diseases;
- the medications you take on a daily basis; and
- any known hypersensitivity to medications.

What is laparoscopy?

Laparoscopy is performed by a gynaecologist. Laparoscopy will be performed under general anaesthesia, a small incision is made in the umbilical region on the anterior abdominal wall, the abdominal cavity is filled with carbon dioxide using a special needle and a laparoscope is inserted into the abdominal cavity for visualisation. Another 1-3 small incisions will be made in the anterior abdominal wall to insert the surgical instruments. The laparoscope makes it possible to remove adhesions, ovarian cysts, myoma nodules, endometriosis lesions, the uterus, ovaries and/or oviducts from the abdominal cavity. Laparoscopy is also used in the case of malignant gynaecological tumours. In order to find out the cause of infertility, the surgical instrument is inserted into the uterine canal via the vagina in order to inject a dyeing agent into the uterus to check the permeability of the oviduct. After laparoscopy, the surgical instruments are removed, the gas is removed from the abdominal cavity and the wounds are closed with sutures.

Possible complications

Complications are generally rare during laparoscopy. The risk of complications is higher if you have had previous operations in the abdominal cavity or have adhesions in the abdominal cavity. If a complication occurs during laparoscopy or if it is not possible to complete the operation laparoscopically, it is possible that open surgery will be performed.

As in the case of every operation, during laparoscopy, the following risks include:

- bleeding
- infection in the operation area, abdominal cavity or surgical wound
- blood poisoning on very rare occasions

Injuries to the internal organs – urinary bladder, ureter or intestine – are also possible, which can cause dysfunction of these organs. More common problems include short-term abdominal pain and pain in the shoulder and neck. These symptoms usually disappear within 2-3 days. Medicines used during laparoscopy can cause hypersensitivity reactions from allergic skin rash to anaphylactic shock.

The electric surgery used in laparoscopy might cause the formation of a scar in the electrode area due to skin damage. Occurrence of thrombi in the lungs and pneumonia are also rare post-operative complications.

Nerve damage which might occur during the operation causes weakness and pain in the wound area or in the body trunk or leg.

The formation of adhesions can cause pain in the abdominal cavity, infertility or intestinal occlusion later on.

Hernia is a late post-operative complication caused by the opening of the operation wound from the inside; this is extremely rare in the case of laparoscopy.

Later complications include fistulas between the vagina and bladder or vagina and rectum.

Complications are associated with delayed recovery, visible scars, longer incapacity for work, decreased quality of life and recurrent operations. Fatal complications are extremely rare.

Post-operative period

You will wake up in the operating room after laparoscopy, from there you will be taken into the ward. If you are completely awake and feel good, you will be allowed to drink after a few hours. If you have enough strength, you can stand up from the bed and walk around if you wish. Please ask for a painkiller from the nurse in the case of pain. The wound dressing will be removed the next day after surgery; sutures are usually resorbable. You may wash the wound with water and soap (shower gel) during the healing process (providing you are not told otherwise). Post-operative pain can be alleviated with painkillers available without prescription from the pharmacy.

Vigorous physical activity should be avoided for one month.

It is recommended to have a lighter diet during the first week after laparoscopy. It is not allowed to have sexual intercourse without a condom, take a bath, visit the sauna, swim or use vaginal tampons for one month after surgery.

Please turn to the Emergency Medicine Department of the Women's Clinic (open 24/7) in the event of severe bleeding, abdominal pain or a temperature above 38 °C.

If you have any problems after surgery that you cannot solve yourself, please call the gynaecologist on duty at East Tallinn Central Hospital on [620 7234](tel:6207234).

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