

Laparoscopy and Hydrotubation

Information for Patients

This leaflet will help to inform you about your operation, its potential risks and what to expect afterwards. If you have any questions, you may find it helpful to write them down so that you can ask your surgeon on the day of surgery.

About the procedure

Laparoscopy and hydrotubation is an investigation carried out as a day case procedure under a general anaesthetic, which means that you will be asleep during the procedure. This investigation is part of your infertility assessment to look for causes. The tubes and ovaries are examined and dye is used to see if your fallopian tubes are open.

This is done by laparoscopic method which is often referred to as "key-hole surgery" or minimally invasive surgery. This investigation can be carried out at any time during your monthly cycle.

It is also important that you should avoid the chance of pregnancy, either by avoiding intercourse, or by using barrier contraception (condoms) from the time of your last period. If you have had unprotected sex since your last period, your procedure may need to be cancelled.

The operation is performed under general anaesthetic. A small cut is made inside your navel or "tummy button". Carbon dioxide gas inflates the abdomen and makes it easier to see what is happening through the camera. After this gas is introduced, a small telescope, called a laparoscope, is passed through the little cut. The telescope is connected to a video camera and a television so that the inside of the abdomen and particularly the uterus, fallopian tubes and ovaries can be seen on screen. One or two further small cuts are made on the abdomen so that narrow instruments can be inserted to allow the surgeon to carefully look at the tubes and ovaries. If you are having tests to check if the fallopian tubes are open, some blue dye is injected through a tube inserted via the vagina into the cervix (neck of the womb) to see if it spills out at the ends of the fallopian tubes. After your operation you may notice this blue dye on your pad. The operation itself normally takes about half an hour and is usually uncomplicated.

How long will I stay in hospital?

If your surgery is uncomplicated you will be able to go home later that day or the following morning. Someone should take you home and stay with you overnight.

The risks of surgery

As with any operation, this procedure has a small risk of complications. Although the most common complications are:

- Infection – in the cuts on your abdomen or in the urine
- Haemorrhage – more bleeding than usual, during or after the procedure
- Very rarely it may be necessary, to perform open surgery (laparotomy) to repair any damage caused by a complication
- Occasionally the operation is not able to be completed successfully due to technical or physical difficulties.
- Damage to the bladder, bowel or the ureters (these are the tubes coming from the kidneys to the bladder).
- Occasionally the operation is not able to be completed successfully due to technical or physical difficulties.
- Hernia, Returns to theatre, Blood clots – all rare complications.

After your operation

- You will wake up in the Recovery Room and be taken back to the ward on your bed
- You may have an oxygen mask to help you breathe until the anaesthetic wears off and you are more awake
- You may have an fluid drip in your arm until you are able to drink enough fluids
- You can eat and drink as soon as you feel able.
- You can also get up and move around the ward as soon as you feel comfortable

You may experience some discomfort both in your abdomen and shoulders. This is because the gas used during the procedure creates pressure on a nerve which is also connected to the shoulder area. In some situations, this can last up to a week, although it normally settles more quickly. You will be given pain relief as required in hospital and will be given some painkillers to take home with you. Please follow the instructions.

If you feel sick after your anaesthetic, we can give you medication to help with this.

You may experience some vaginal bleeding. This should not be heavy and should only last a couple of days. You should use sanitary towels rather than tampons

whilst this bleeding lasts to avoid the risk of infection. You may also notice some blue dye on your pad from the dye test.

Your wounds should be kept covered for 24 hours. You will be given instructions about your stitches; they usually dissolve by themselves but if instructed, can be removed by your practice nurse after 3-5 days. If you notice your wounds becoming red, swollen, tender, bleeding or producing pus or discharge, you should consult your GP. One of the doctors involved in your operation will come and see you in the ward to explain what was found. If necessary, they will arrange to see you for a review appointment at the infertility clinic to discuss the results and any further tests or treatments required.

You will be given a discharge letter that you should hand in to your GPs surgery as soon as possible.

Going home

The effects of the anaesthetic drugs can remain in the body for up to 24 hours. A responsible adult should escort you home and you also require to have an adult at home with you overnight in case you feel unwell.

You should not have a bath/ shower the same day as your operation. You should not drive a vehicle or ride a bike or operate machinery including kitchen equipment.

You should feel progressively better every day after surgery, if you are feeling increasingly unwell / a high fever / increasing pain please seek medical help urgently.

You should not drink alcohol. You should try to rest for a few days after your operation. You could feel tired and will probably ache for 48 hours, so are advised not to return to work until you feel well enough (this could take up to a week). You can resume any other activity once you feel ready.

Contact numbers

Day Surgery Unit (Monday to Thursday, 8am to 8pm and Friday 8am to 5pm)

☎: 0131 242 3273

Ward 210 Inpatient Gynaecology Department:

☎: 0131 242 2101 or 0131 242 2104

NHS 24 (for urgent out of hours , when your GP is closed)

☎: 111

Cancellation

While we make every effort to avoid this where possible, there is always a risk that your operation may be cancelled at short notice. This is due to either emergency patients who require urgent surgery or other reasons which are beyond our control. We realise that this can cause distress and inconvenience, but in the event that your surgery is postponed, you will be offered a new date as soon as possible.

Keeping your Appointment

If you cannot keep your appointment, or have been given one that is unsuitable, please change it by phoning the number on your appointment letter. Your call will give someone else the chance to be seen and will help us keep waiting times to a minimum.

Public Transport and Travel Information

Bus details available from:

Lothian Buses on **0131 555 6363** or www.lothianbuses.co.uk

Traveline Scotland on **08712002233** or www.travelinescotland.com

Train details available from:

National Rail Enquiries on **03457 484 950** or www.nationalrail.co.uk

Patient Transport

Patient Transport will only be made available if you have a medical/clinical need. Telephone **0300 123 1236** *calls charged at local rate up to 28 days in advance to book, making sure you have your CHI Number available. Hearing or speech impaired? Use text relay: **18001-0300 123 1236*** (calls charged at local rate). To cancel patient transport, telephone: 0800 389 1333 (Freephone 24 hour answer service).

Interpretation and Translation

Your GP will inform us of any interpreting requirements you have before you come to hospital and we will provide an appropriate interpreter. If you are having this procedure as an existing in patient, staff will arrange interpreting support for you in advance of this procedure. This leaflet may be made available in a larger print, Braille or your community language.