

Gynaecology Keyhole Surgery

Information for patients

This leaflet is written to help inform you about your operation, its potential risks and what to expect before and afterwards.

What is keyhole surgery?

Keyhole surgery (laparoscopy) is used to assess, diagnose or treat various gynaecological problems. It is performed under a general anaesthetic- where you will be asleep for the operation.

A small cut is usually made under your belly button and carbon dioxide gas is used to inflate your abdomen. A small telescope is passed through this cut. This is connected to a camera so the surgeon can see inside your tummy and pelvis. Further small cuts are made in the lower part of the tummy, through which keyhole instruments are inserted to allow the surgeon to look at your pelvis and provide any treatment or perform the operation.

It is important that there is no chance you could be pregnant at the time of your operation. Please use contraception or abstinence for at least one month before your operation. A urine pregnancy test will be done before the operation.

You may be asked to come to a pre-operative assessment appointment. You will be asked some questions about your general health and pulse, blood pressure measurements or blood tests may be needed. You may not have to attend in person.

How long will I be in hospital?

If the operation is straightforward, you will usually go home later the same day or early the following morning. Some procedures require a longer stay in hospital.

What are the risks of the surgery?

All operations have risks of complications. Your surgeon will discuss any risks particular to your operation with you. The following are risks of surgery which you should be aware of:

- **Pain:** There will be some discomfort. This usually settles in the process of healing.
- **Infection:** The most common infections after keyhole operations are around the cuts on your tummy or in your urine. You may need antibiotics to treat this. Rarely, you may develop a serious or deep infection which may require another operation and/or prolonged antibiotics.
- **Bleeding:** It is normal to have some vaginal bleeding for a few days following your operation. Occasionally, heavy bleeding during the operation can occur which may need a blood transfusion (where you will be given blood to replace the blood that you have lost). The likelihood of this happening depends on the type of operation you are having. Rarely, there may be a need for a second operation soon after the first to stop the bleeding. This may need open (not keyhole) surgery.

- **Damage to other organs in your pelvis:** Occasionally (2 in 1000 patients), there can be damage to the bladder, bowel or the ureters (the tubes coming from the kidneys to the bladder). This may need open (not keyhole) surgery and several operations to fix. Very rarely, the best way to mend the bowel is to first form a colostomy (stoma bag) which will help with your bowel function. This is usually temporary and an operation to mend the bowels would be arranged in 4 to 6 months.
- **Blood clots:** Keyhole surgery increases the risk of blood clots in the legs or lungs. You will be given “flight stockings” to reduce the risk and you may be given blood thinning injections afterwards.
- **Hernia:** Occasionally (less than 1 in 100 patients), you can develop a lump at the site of one of the cuts on your tummy. The lump might be because your bowel or fatty tissue is pushing on the underside of the cut. This might need a second operation to fix.

If there are any unexpected complications which happen whilst you are under anaesthetic, you will be informed of these after the operation. These are extremely rare.

What happens on the day of surgery?

Before the operation

You will be seen by the nurse, surgeon and anaesthetist and you will have time to ask any questions you have. You will be asked to provide a urine sample. You will be given a hospital gown to change into and ‘flight stockings’ to put on (to reduce the risk of a blood clot forming).

In the Anaesthetic Room

A drip will be put into a vein in your hand, and blood pressure and heart rate monitors put on. You will be given oxygen to breathe through a mask, and then you will be drifted off to sleep.

After the operation

You will wake up in the recovery area. You may have fluids connected to your drip and an oxygen mask. You will have dressings on the cuts on your tummy. After some operations you may have a catheter (flexible tube) in your bladder to drain urine. When you are ready, the nurses will move you to the Day of Surgery Ward or Gynaecology Ward. You will be given something to eat and drink and you will be encouraged to get up and move about as soon as you feel able.

Your surgeon will see you to explain your operation, how it went and what follow up is needed. Due to the anaesthetic, you may not remember everything that is said. The key information will be written down for you.

You will be able to go home when you are able to eat and drink, have passed urine, have good pain control, and your surgeon and nurse are happy for you to go home. You will be given a supply of painkillers to take home with you and a note for work (if needed).

What can I expect during my recovery?

You usually have stitches in the cuts on your tummy. Some stitches dissolve by themselves while others need to be removed by the Practice Nurse at your GP surgery about 1 week following your operation. You can take the dressings off and have a shower 24 hours after your operation. Rarely, stitches take longer than expected to dissolve. If they are causing problems they can be removed by the Practice Nurse at your GP Practice.

You should expect some discomfort in your abdomen for the first few days after your operation. Discomfort in your shoulder can also be common. You may have some light vaginal bleeding for several days. Use sanitary towels rather than tampons. The amount of time recommended before having sex will vary for each operation.

You should not drive, nor operate machinery during the 24 hours after your operation. Aim to be as mobile as you can to reduce the risk of blood clots in your leg or lung. Do not return to work until you feel well enough. This could take 2 to 6 weeks depending on the operation performed.

When should I seek medical advice?

There are not normally any issues with recovery following keyhole surgery. A straightforward recovery is expected after a straightforward operation.

You should get a little better every day.

Please contact your GP or the hospital if:

- You do not get better every day, or start to feel worse
- You have signs of infection:
 - Redness or worse pain around the cuts on your tummy
 - Burning when you pass urine, or passing urine more frequently
 - Feel feverish or sweaty or unwell
- You have increasing pain
- You have vomiting, or your tummy becomes more swollen
- You have heavy vaginal bleeding.

Contact details for your hospital can be found below.

What follow up can I expect?

This will depend on the operation that was performed. The hospital labs can take up to several weeks to report results. Usually you will receive a letter with these results. You may be offered an appointment at a Gynaecology Clinic. You may be discharged from the Gynaecology Department and asked to see your GP if you have any problems.

Contact Details

Royal Infirmary of Edinburgh		Phone Number
Day Surgery Unit	In Office Hours	0131 242 3273
Pregnancy Support Centre	In Office Hours	0131 242 2438
Edinburgh Fertility and Reproductive Endocrine Centre (EFREC)	In Office Hours	0131 242 2460
Ward 210 (Gynaecology)	Open 24/7	0131 242 2101
St John's Hospital		
Day of Surgery Admissions	In Office Hours	01506 524 105
Early Pregnancy Unit	In Office Hours	01506 524 015
Ward 12 (Gynaecology)	Open 24/7	01506 524 112
NHS 24	Evenings and Weekends	111

Additional information for you

To be completed by your surgeon

ID Sticker

Date: _____ **Surgeon:** _____

Operation: _____

What we found: _____

Your Follow Up: _____

Signature: _____

A letter from the hospital summarising your operation is also sent to your GP.