MAVEN CENTRE
ADVANCED GYNAECOLOGY & WOMEN'S HEALTH

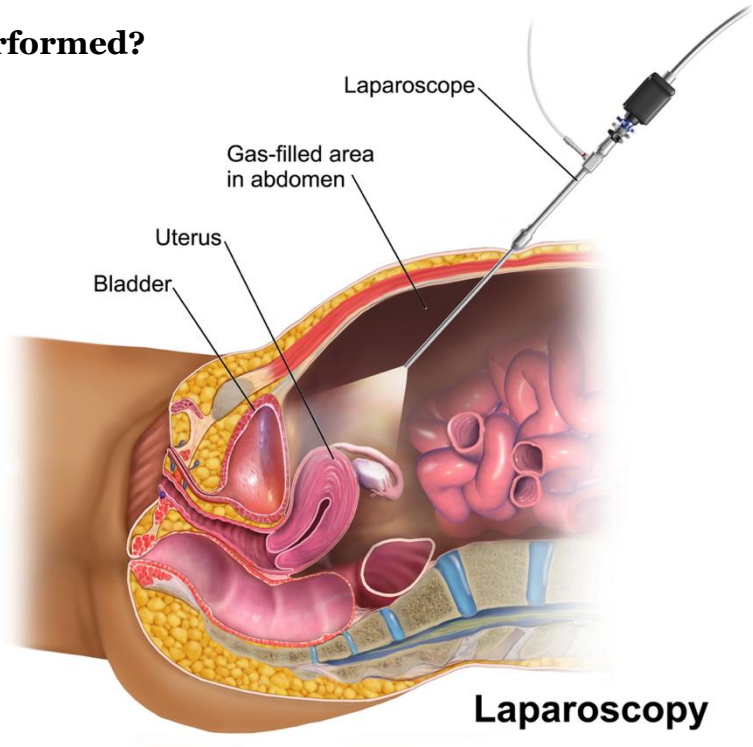
Suite 5.3, Level 5,
Sunshine Private Hospital
145 Furlong Road, St Albans VIC 3021

St Albans | Coburg | Epping

P 03 9958 5636 F 03 9958 5635 E reception@mavencentre.com.au W mavencentre.com.au

Laparoscopic (or 'keyhole') surgery

What is a laparoscopy, and how is it performed?



Laparoscopy (aka. keyhole surgery) is performed under general anaesthetic. Once you are asleep, you won't feel or remember anything. Your gynaecologist will then insert a narrow video camera through a (5 - 10mm) incision (cut) in your belly button to look at your internal organs. Your abdomen is inflated with gas to make your organs easier to view. The laparoscope (the narrow video camera) sends its images to a monitor, so that your gynaecologist can see exactly what's happening, in real time. The planned operation is then performed using long thin surgical instruments, that are inserted through small (5mm) incisions in your tummy.

The Australasian Gynaecological Endoscopy & Surgery Society (AGES) has produced a video about laparoscopy, which you are encouraged to watch if you are planning to have this keyhole surgery. It can be viewed by scanning the QR code at right.

How should I prepare for having a laparoscopy?

It is important that you are not pregnant when you have your laparoscopy, as your operation may inadvertently disrupt any growing embryo, leading to miscarriage. If you are still having regular periods: please use reliable contraception (i.e. condoms) from your most recent period immediately prior to your operation, up until your laparoscopy.

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If you are of childbearing age, you will be asked to undertake a urine pregnancy test as part of their your admission to hospital, to confirm that you are not pregnant on the day of your operation.

Laparoscopy is performed under general anaesthetic. Your anaesthetist and the hospital will provide advice about when to fast (ie. when to stop eating, and stop drinking, prior to your operation). Generally, anaesthetists prefer patients to not eat for at least six hours prior to their operation.

Why has my gynaecologist recommended that I undertake a laparoscopy?

There are several reasons why your gynaecologist may have suggested a laparoscopic operation. These include:

- To have endometriosis excised (cut out); this is called 'laparoscopic excision of endometriosis'
- To check that your Fallopian tubes are open (or 'patent'). This is called a 'tubal patency test' or 'dye studies'
- To have an ovarian cyst removed. This is called an 'ovarian cystectomy'
- To have a Fallopian tube removed. This is called a 'salpingectomy'
- To have your uterus removed. This is called a 'hysterectomy'
- To have a fibroid removed, but your uterus left in place. This is called a 'myomectomy'
- To have internal scarring separated. This is called 'adhesiolysis'

Sometimes, your gynaecologist may complete a combination of the above procedures during the one operation. For example, if you are having keyhole surgery to look for and cut out endometriosis, check your Fallopian tubes, and remove an ovarian cyst, your surgical consent form may read along the lines of: 'laparoscopy +/- excision of endometriosis, tubal patency test, and ovarian cystectomy'.

If you don't understand why your gynaecologist has suggested you have a laparoscopic operation, please clarify this with them!

How long will my keyhole surgery take?

The duration of your keyhole surgery depends on what needs to be done: a simple 'diagnostic laparoscopy' to look at your pelvic organs may only take 20 - 30 minutes. A 'laparoscopic hysterectomy' or 'laparoscopic myomectomy' (keyhole operation to remove the uterus or fibroid(s), respectively) takes approximately 1.5 - 2 hours. An operation to remove severe endometriosis may longer than 4 hours.

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What are the possible complications of a laparoscopy?

Generally, having a laparoscopic operation is extremely safe, with few complications. Approximately 3 in every 1,000 women experience a complication. However, like any procedure, there is a small risk of complications.

Common but less serious complications include:

- Bleeding. There is a small chance that excessive bleeding may occur during your operation. If it does so, your gynaecologist has various medicines they can give you, and surgical techniques they can use to stop the bleeding.
- Infection. If you are having an operation that places you at higher risk of an infection, your anaesthetist will give you antibiotics through your drip. The most common infection after keyhole surgery is a shallow infection around your belly button scar. If you think you may be developing an infection, please either: contact Maven Centre and ask for an urgent in-person appointment with one of our gynaecologists; see your GP; or visit your local Emergency Department.
- Damage to internal organs, such as the bladder, bowels, ureters (the tubes that carry urine from the kidneys to the bladder) and / or blood vessels. The risk of this occurring depends on what sort of operation you are having, but is approximately 1 in 200 operations. If this occurs, the vast majority of the time your gynaecologist will realise at the time. They can then either fix the problem themselves, or 'phone a friend' and ask the appropriate surgical colleague (eg. urologist, colorectal surgeon) to attend to fix any problems.

With any laparoscopy, there is an extremely small chance that (should a severe complication occur during your operation) your surgeon may need to change their approach from a keyhole to an open approach. This would involve making a 10 – 15cm incision (cut) in your tummy, to fix whatever problem has occurred. This is called a 'laparotomy'.

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How long will I need to stay in hospital after my laparoscopy?

The answer to this depends on several factors, such as:

- The extent of the operation that you had done: the bigger the operation, the more likely it is that you will need to stay in hospital overnight.
- The time of day that your operation finishes: the earlier in the day your operation finishes, the more likely it is that you'll be able to go home to sleep in your own bed that night
- How you recover from the general anaesthetic: a small percentage of patients have severe nausea and vomiting after a general anaesthetic, and may need to stay in hospital overnight to receive anti-nausea drugs through a drip

What can I expect afterwards?

After surgery, you'll usually stay in the 'recovery ward' for an hour or two, while you wake up from the general anaesthetic. You can eat and drink as soon as you wake up from your general anaesthetic. Most women are up and walking on the same day as their keyhole surgery, even if a little gingerly.

Given you will have had a general anaesthetic, it won't be safe to drive for 24 hours. So you'll need someone to pick you up from your operation and take you home (if you leave hospital within 24 hours of your operation).

You may have a sore throat for a few days. Try using a throat lozenge to soothe this sensation.

Your tummy will probably feel quite sore, as we need to insert our video camera and surgical instruments through your abdominal muscles. Hence, any movements that require you to use your tummy muscles (eg. sitting up out of bed) will be quite painful. You will probably need to take regular paracetamol and anti-inflammatories (eg. 'Nurofen'), with / without additional stronger pain relief medicines that your anaesthetist will prescribe for you.

Many patients experience shoulder tip pain for a few days after keyhole surgery. This is because we use a gas to distend your belly during your operation, so we can see what we're doing. This abdominal distension stretches and irritates the diaphragm, which causes shoulder tip pain. Try having a warm shower, using a heat pack, or taking a gentle walk.

It's normal to experience light vaginal bleeding (or 'spotting') for up to a month after keyhole surgery. When your normal period occurs, it may be a little late, or heavier than usual.

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If you have any concerns during your recovery, please contact the Maven Centre team.

How do I recover at home after laparoscopic surgery?

While you're recovering at home after your keyhole surgery, there are a few things to keep in mind.

- Don't drink alcohol or drive for at least 24 hours after your surgery
- You can shower or bathe any time after your operation
- Don't lift anything heavier than a full kettle (ie. approximately 2kg) for the first two weeks
- Be guided by your pain: if you do something, and notice tummy pain, back off and take it easier for a day or two
- There are no strict legal limits restricting when you can drive, but you need to be able to respond safely if something happens quickly in front of you. So double check that you can comfortably: slam on the brakes, turn the steering wheel fast, and do a 'head check' before getting back into the driver's seat.

Frequently asked questions

How long will I need to stay in hospital after having laparoscopic surgery?

Many patients will be able to go home on the same day as their keyhole operation. Patients who have had bigger keyhole surgery operations (eg. hysterectomy, severe endometriosis and / or a myomectomy) will probably need to stay in hospital for one night, sometimes two.

When can I shower after having had laparoscopic surgery?

You can have a shower the evening of your keyhole surgery, if you would like to. If not then, the next day is fine. Your scars will be covered with waterproof dressings.
Even if your scars get wet, it's not a big deal. Simply pat them dry gently with a towel.

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When should I remove my dressings?

The nurses in the recovery or surgical ward can provide advice about when to remove your dressings. Different dressings can be removed at different times, as follows:

- Waterproof dressings are thin, see-through dressings, and can be removed after 3 days.
- Steri-strips are narrow (2 – 4 mm wide) white strips that are often placed over surgical incisions. Leave these to fall off of their own accord, which takes a week or two. If they haven't fallen off completely by two weeks after your operation, you can gently remove them.
- Tissue glue. Some surgeons use purple 'tissue glue' to stick the edges of your incisions together. This tends to slowly peel off over the two weeks after your operation.

When can I have sex again?

If you have had a total hysterectomy (ie. the cervix removed), you now have a row of stitches at the top of the vagina. You should let the area heal for six weeks.

If you've had more simple keyhole surgery, we'd recommend waiting at least a week before having penetrative sex again.

Of note, you may be able to fall pregnant during your recovery. So, unless you want to conceive, please use reliable contraception.

When can I go back to work?

The answer to this question will depend what type of work you do. If you work at a desk, you may feel up to going to work within a week of your laparoscopy.

After a major laparoscopic operation (such as keyhole surgery to remove your uterus, fibroid(s) or severe endometriosis), you may need 2 – 3 weeks off work to recover.

If you work a more physical job, that involves heavy lifting, you may need additional time off.

In general, be guided by your tummy pain. If you're doing something, and your tummy hurts, back off and take it easier for another day or two.

When will I get the results of my procedure?

It usually takes 7 – 10 days for a laboratory to finalise the results from the specimens that are sent there (eg. fibroid, uterus, possible endometriosis etc). If you are concerned, please contact Maven Centre and ask your gynaecologist to pass the results on to you.

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When to seek medical advice

Please contact your Maven Centre gynaecologist if you notice any of the following:

- Persistent nausea and vomiting for over 24 hours
- Persistent vaginal bleeding that is bright red and / or getting heavier each day
- Passing large blood clots (eg. the size of a fifty cent piece or larger)
- Severe abdominal pain
- A temperature at or above 38°C
- An abnormally smelly discharge from any of your scars
- Shortness of breath, or any trouble breathing

If you think it is an emergency, and it can't wait until you can see your GP or Maven Centre gynaecologist, please attend your local Emergency Department.

This pamphlet is a general overview of laparoscopy, and may not apply to everyone.
If you have any further questions, please speak to your gynaecologist.