

Gynaecology Service – Laparoscopy (procedure)

Introduction

The Covid pandemic has had a significant impact on the NHS ability to provide routine elective services. We recognise that patients are waiting longer than we would all like and it is not always possible to identify when treatment will take place. This document provides you with information on how you are able to support yourself while waiting to attend the hospital. The guidance has been written by clinicians who are responsible for your care.

Please read the following information in conjunction with the staying healthy guidance appropriate for your condition

Guidance for Patients

Laparoscopy is a procedure to look inside your abdomen by using a laparoscope. A laparoscope is like a thin telescope (camera) with a light and can magnify the structures inside the abdomen (tummy). A laparoscope is passed into the abdomen through a small incision (cut) and port (tube) in the skin.

A laparoscopy may be done to find the cause of symptoms such as abdominal pain, pelvic pain, or swelling of the abdomen or pelvic region. It may also be done if a previous test such as an X-ray or scan has identified a problem within the abdomen or pelvis. A laparoscopy enables a doctor to see clearly inside your abdomen. Some common conditions which can be seen by laparoscopy include:

- ☐ Endometriosis
- ☐ Pelvic inflammatory disease
- ☐ Ectopic pregnancy
- ☐ Ovarian cyst
- ☐ Assessing fallopian tubes condition
- ☐ Appendicitis

In addition to simply looking inside, a doctor can also use fine instruments which are passed into the abdomen through another small incision and port (tube) in the skin. The instruments are used to cut, trim, biopsy, grab tissues inside the abdomen. Laparoscopic surgery is sometimes called 'keyhole surgery' or 'minimal invasive surgery' and can be used for various procedures.

Some commonly performed key-hole operations include:

- ☐ Removal of the gallbladder. This is sometimes called a laparoscopic cholecystectomy or 'lap choly' for short. It is now the most common way for a gallbladder to be removed
- ☐ Hernia repairs
- ☐ Removal of the appendix
- ☐ Removal of parts of the intestines (bowel)

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☐ Female sterilisation

☐ Treating ectopic pregnancy

☐ Removal of areas of endometriosis

☐ Division of scar tissues around ovaries and fallopian tubes

☐ Removal of fibroids

☐ Removal of the womb and ovaries

☐ Taking a biopsy (small sample) of various structures inside the abdomen which can be looked at under the microscope and/or tested in other ways

Generally laparoscopic surgery is better than traditional open surgery because there is:

☐ Less pain following the procedure.

☐ Less risk of complications such as hernia (weakness/bulging of the muscle wall).

☐ A shorter hospital stay and a quicker recovery.

☐ A much smaller scar.

Laparoscopy and laparoscopic surgery are usually done whilst you are asleep under general anaesthesia. The skin over the abdomen is cleaned. The surgeon or gynaecologist then makes a small incision (cut) about 1-2 cm long near to the navel (belly button). Some gas is injected through the cut to 'blow out' the abdominal wall slightly. This makes it easier to see the internal organs with the laparoscope which is gently pushed through the incision into the abdominal cavity. The surgeon or gynaecologist then looks down the laparoscope or looks at pictures on a TV monitor connected to the laparoscope.

If you have a surgical procedure, one or more separate small incisions are made in the abdominal skin. These allow thin instruments to be pushed into the abdominal cavity. The surgeon or gynaecologist can see the ends of these instruments with the laparoscope and so can perform the required procedure.

When the surgeon or gynaecologist is finished, the laparoscope and other instruments are removed. The incisions are stitched and dressings are applied.

If laparoscopy will be undertaken done for gynaecological and subfertility indications, please, read the following instructions:

It is most important that you are not pregnant at the time of the laparoscopy.

In addition; you should not be experiencing vaginal bleeding and menstrual period should not be occurring on the day of the laparoscopy operation.

The leaflet on laparoscopy can be accessed below:

[Laparoscopy \(keyhole surgery\) - NHS \(www.nhs.uk\)](http://www.nhs.uk)

What should I do if my health is deteriorating?

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If your health is deteriorating, you may need to be seen by your Consultant for review and further assessment and management. The secretarial numbers of the Gynaecological Consultants are shown below

In an emergency situation we would suggest you attend the Emergency Gynaecology unit for assessment.

Contact Us

Ward 23 emergency Gynae (Gynae A&E) – 02476 962000

Booking Centre – 0800 252060

For more specific enquiries a number will be included within your clinic appointment letter as appropriate.

Secretary to Mr Izzat – 02476 967372

Secretary to Mrs Bulchandani – 02476 967024

Secretary to Mr Dunderdale – 02476 967383

Secretary to Ms Shanbhag – 02476 967410

Secretary to Mr Twigg - 02476 967372

Secretary to Mr Kumar – 02476 967410

Secretary to Mr Keay – 02476 967409

Secretary to Dr Agrawal – 02476 967409

Secretary to Mr Ghobara – 02476 967409

Secretary to Dr Maitra – 02476 966990

Secretary to Ms Jones – 02476 966990

Secretary to Dr Woodman – 02476 967383

Secretary to Dr Sabri – 02476 967406

Secretary to Ms Kandavel - 02476 969397