

Introduction

The procedure helps identify pelvic diseases like endometriosis, pelvic inflammatory disease, adhesions, ovarian cysts, ectopic pregnancy.

The Operation

1. General anaesthesia.
2. Pneumoperitoneum created by insufflation of carbon dioxide.
3. Incisions made on abdominal wall. Laparoscope and instruments inserted into peritoneum. Pelvic organs inspected and biopsy taken as indicated.
4. Incisions closed.
5. Photograph / video may be recorded during the operation for education / research / documentation purpose. Please inform staff if you have any objection.
6. All tissues removed will be sent to the pathology lab or disposed of as appropriate unless otherwise specified.
7. “Associated Procedures” which may become necessary during the procedure:
 - a. To treat pelvic adhesions or endometriosis with electrocautery or scissors.
 - b. To remove a cyst or a mass in the ovary or the fallopian tube.

Preoperative Preparation

1. Admit 1 day before or on same day of this elective operation.
2. Anaesthetic assessment. **Inform your doctors** about drug allergy, your regular medications or other medical conditions.
3. Keep fast for 6 to 8 hours before operation.
4. Empty bladder and change to operation clothes before transfer to operating room.
5. Pre-medication, antibiotic prophylaxis and intravenous line may be required.

Postoperative Instruction

General

1. Mild throat discomfort or pain because of intubation.
2. Mild discomfort or pain over the operation site. Inform nurses or doctors if more analgesics are required.
3. Nausea or vomiting are common after general anaesthesia; inform nurses if symptoms severe.
4. Can mobilize and get out of bed 6 hours after operation. Usually go home on day 2.

Wound care

Keep dressing intact until follow up.

Diet

Resume diet usually 4 hours after anaesthesia, when taking sips of water well.

Common Risks and Complications (not all possible complications are listed)**Anesthesia related complications**

1. Cardiovascular: myocardial infarction or ischaemia, stroke, deep vein thrombosis, pulmonary embolism, etc.
2. Respiratory: atelectasis, pneumonia, asthmatic attack, exacerbation of chronic obstructive airway disease.
3. Allergic reaction and shock.

Procedural related complications

1. Bleeding (may need blood transfusion).
2. Pelvic infection.
3. Wound complications including infection and hernia (with large trocar).
4. Trauma to adjacent organs like bladder, bowels (requiring repair).
5. Risk of conversion to laparotomy.
6. 3-8 patients in every 100 000 undergoing laparoscopy die as a result of complications.

Risk if Procedural not done

Pathology in the pelvic cavity being missed or not accurately diagnosed and appropriate treatment cannot be given.

After the Procedure

1. This is only a diagnostic procedure and has no therapeutic value, unless “Associated Procedures” are performed.
2. Symptoms experienced before the surgery may persist after the operation.
3. The cause of pain/symptom(s) sometimes may not be found.

Alternative Approach

Pelvic ultrasonogram.

Things to take note on discharge

1. Contact your doctor or the Accident & Emergency Department if you find increasing pain or redness around the wound and discharge from the wound.
2. Take analgesics prescribed by your doctor if required.
3. Resume daily activity gradually.

Follow Up

Nil special follow up.

Remarks

This is general information only and the list of complications is not exhaustive. Other unforeseen complications may occasionally occur. In special patient groups, the actual risk may be different. For further information please contact your doctor. Evangel Hospital reserves the right to amend this leaflet without prior notice. We welcome suggestions or enquiries on the information provided in this leaflet. Please contact our Healthcare professionals so that we could follow up and make improvement..

Reference

Cleveland Clinic: “Laparoscopy” (2020)
<https://my.clevelandclinic.org/health/treatments/4819-laparoscopy> (25-07-2023)

