

## Indications

Ectopic tubal pregnancy.

## The Operation

1. General anaesthesia.
2. Pneumoperitoneum created by insufflation of carbon dioxide.
3. Laparoscope Incisions made on abdominal wall and instruments inserted into peritoneum relevant operation done.
4. Specimen removed with zipper bag via incision on abdominal or vagina.
5. Abdominal (and vaginal) wounds closed.
6. All tissues removed will be sent to pathology lab or disposed of as appropriate unless otherwise specified.
7. Photograph / video may be recorded during operation for education / research / documentation purpose. Please inform staff if you have any objection.
8. “Associated Procedures” may be referred: Blood transfusion, Removal of tubes, other adnexal organs and uterus.

## Comparison with the Open Procedure

1. Similarities: Same pathology removed, Same sequelae.
2. Differences: 3-4 smaller abdominal wounds ± vaginal wound; Less painful; Faster recovery; Earlier discharge, shorter sick leave required.

## 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 operation 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.
5. Usually go home on day 2 after the operation.

### Wound care

Keep dressing intact.

### Diet

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

## Common Risks and Complications (not all possible complications are listed)

### Anesthesia related complications

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

### Procedure related complications

1. Bleeding (may require blood transfusion).
2. Injury to neighbouring organs like bowels, bladder, may require repair.
3. Wound complications including infection and hernia.

### Specific Complication

1. Risk of laparotomy (less than 5% chance).
2. Trauma to peritoneal organs and blood vessels.
3. Risk of incisional hernia with large trocar.

## Risk of Not Having the Procedure

May die as a result of massive internal bleeding.

## Alternative Treatment

1. Laparoscopic salpingotomy.
2. Open abdominal approach.
3. Medical treatment.

## 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.
4. Increase risk of ectopic pregnancy in future.

### 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

Outpatient Hysterectomy Centre: *"What is laparoscopic Salpingectomy"* (2020)  
<https://outpatienthysterectomy.com/procedure/outpatient-laparoscopic-salpingectomy/> (25-07-2023)