



Patient Information Leaflet

Keyhole (Laparoscopic) Surgery

Produced by:
Department of Obstetrics & Gynaecology

Date: January 2018
Review due: January 2021

If you are unable to read this leaflet because English is not your first language, please ask someone who speaks English to telephone PALS on 01983 534850 for further information and help.

Polish:

Jeśli nie jesteś w stanie przeczytać tej ulotki bo angielski nie jest pierwszym językiem, poproś kogoś, kto mówi po angielsku, o kontakt telefoniczny z (PALS 01983 534850) aby uzyskać więcej informacji i pomoc

Russian:

Если вы не можете прочитать этот буклет на английском языке потому что не является первым языке, пожалуйста, попросите кого-нибудь, кто говорит на английском языке для телефонного (PALS 01983 534850) для получения дополнительной информации и помощи

Turkish:

Eğer İngilizce ana diliniz değilse, çünkü bu broşürü okumak için yapamıyorsanız, daha fazla bilgi için 01983 534850 üzerinde PALS telefon İngilizce bilen birine sormak ve yardım lütfen

Bulgarian:

Ако не сте в състояние да прочетете тази листовка, тъй като английският не е първи език, попитайте някой, който говори английски, за да телефонирам (PALS на 01983 534850) за повече информация и помощ

Czech:

Pokud nejste schopni přečíst tuto příbalovou informaci, protože angličtina není vaším rodným jazykem, zeptejte se někoho, kdo mluví anglicky na telefonní PALS na 01983 534850 pro další informace a pomoc

Bengali:

আপনি ইংরেজি আপনার প্রথম ভাষা না থাকার কারণে এই লফিলটে পড়তে অক্ষম হন, তাহলে আরও তথ্যের জন্য 01983 534850 নভেগিশেন PALS টলেফিে ন ইংরেজি কথা কটে জিজ্ঞাসা করুন এবং সাহায্য করুন

What is keyhole (laparoscopic) surgery?

Laparoscopic surgery is a technique which allows operations to be performed without the need for a large skin incision. It is sometimes called 'key-hole surgery' or 'minimal invasive surgery'. Laparoscopic surgery can be used for various procedures such as:

- Treatment of endometriosis;
- Removal of ovaries or ovarian cysts;
- Division of pelvic adhesions;
- Removal of ectopic pregnancy;
- Sterilisation.

The advantage of keyhole surgery is that compared to traditional 'open' surgery there is:

- Less pain following the procedure;
- A shorter hospital stay and quicker recovery;
- A much smaller scar.

How is keyhole surgery performed?

The operation is performed under general anaesthetic, which means you will be asleep throughout the procedure. It is carried out using an instrument called a laparoscope, which is a type of small telescope. At the start of the operation the abdomen (tummy) is slowly inflated with gas. This makes it easier and safer to see what is happening through the camera.

The laparoscope is then inserted through your tummy button. It is connected to a video camera and television, so that the inside of your abdomen can be seen on the screen.

Two small cuts (each about 1cm long) are then made lower down your abdomen. This allows the surgeon to pass instruments through to the inside of your tummy to perform the operation whilst looking at the television screen.

At the end of the procedure the gas is released from the abdomen and the cuts are sutured with a dissolvable stitch and covered with a small dressing.

What are the risks of keyhole surgery?

Most operations are straightforward and the overall risk of keyhole surgery is no different to traditional 'open' surgery. However as with any surgical procedure there is a small risk of side-effects or complications:

- Accidental damage – can occur to your intestine, blood vessels, bladder or ureter (the tube which runs from your kidney to the bladder) If this happens, you may need emergency treatment to correct it.
- Anaesthetic complications – as with any operation, during a laparoscopy there is a small risk of complications with anaesthesia, such as an allergic reaction or slow recovery time.
- Infection – occasionally, the incision can become infected and, you may need a course of antibiotics.

The overall risk of serious complications occurring during a laparoscopy is small (approximately 2 in 1,000). This risk may be increased depending on the type and extent of surgery being performed. Women who are obese, have had previous surgery or who have pre-existing medical conditions may also be at an increased risk. Your consultant should be able to advise you about your own individual risk.

Occasionally, the surgeon may need to convert the operation to an open laparotomy, which involves making a larger incision in the abdomen. This can happen if the operation cannot be carried out safely using the laparoscope. However, this is fairly rare occurrence and happens in about 3–5% of cases.

Before the procedure

You will have an appointment at the pre-assessment unit (PAAU) where they will make various general health checks and explain the procedure. If you are suffering from any significant medical conditions, your case will be discussed with an anaesthetist who will decide if any additional investigations or assessments are required before the operation.

Information about when you need to stop eating and drinking in preparation for your anaesthetic will be given at this appointment. There is no need to change your contraception prior to surgery.

The day of surgery

On the morning of your operation, you will be seen by both the anaesthetist and the surgeon. The procedure will be explained again and you will be asked to sign a consent form.

Usually the procedure is done as a day case, which means that most women will be admitted and discharged on the same day. Occasionally patients are admitted overnight if there are any medical problems or complications from the surgery.

If you think that you may be pregnant, even just prior to the operation, you must let the doctor or nurse know when you arrive.

Recovery after the procedure

After a laparoscopy, it is normal to feel some pain and discomfort around the cuts in your abdomen and there may be some bruising. However, this will improve after a couple of days. You may also feel some pain in your shoulders. This is caused by trapped gas in your tummy affecting particular nerves.

Before you go home, you will be advised about how to keep your wounds clean and if you need to come back for a follow-up appointment. On discharge from hospital, you will require a responsible adult to collect you and remain with you for the 24 hours following surgery in case there are any problems.

If in the first few days after your operation you feel you have a fever, chills, vomiting or severe pain you should seek medical advice. In the first 48 hours after surgery you can phone the ward to which you were admitted for advice. After this time you should contact your GP.

Wound care

You should keep the wound clean and uncovered. It is fine to have a bath but make sure that the wounds are dried thoroughly. The stitches usually used will dissolve over a period of weeks and do not require removal. You will be told if you have stitches that need to be removed.

If your wound becomes red and hot during the first 48 hours after your operation, please contact the ward, as this may be a sign of infection. After this time, please contact your GP.

What if I have problems after leaving the hospital?

If you have any problems in the first 10 days after discharge from hospital, please contact the staff on the ward to which you were admitted. The telephone number will be provided to you on your discharge from hospital. The nursing staff on the ward will always be happy to answer any queries you may have.

As part of agreed protocols, routine follow-up appointments are no longer made for uncomplicated patients where no problems have arisen or are expected. You will, however, have the opportunity for a hospital review in your consultant's clinic if you have any problems, by replying to a letter that will be sent to you 5 weeks after the operation.

When can I drive?

You can start driving again when you feel able to do an 'emergency stop', but certainly not for the first 24 hours.

When can I go back to work?

You can return to work within a week if you feel comfortable.

When can I resume sexual activity?

You may feel sore initially, but apart from this, it is safe to start again when you feel ready, unless your surgeon advises otherwise.

Please use this space for notes

If you have any queries or concerns about the content of this leaflet please call (01983) 524081 and ask to speak to the relevant department.

If you require this leaflet in another language, large print or another format, please contact the PALS Team, telephone **01983 534850**, who will advise you.

Valuables should not be brought into the hospital. If patients have to bring in valuable items they should ask a nurse to store them safely and request a receipt for the items. You may not be able to have the valuable items returned if the time of discharge from hospital is out of hours.

We are sorry but the Trust cannot accept responsibility for loss or damage to items not given for safe keeping.

You can get further information on all sorts of health issues online at: **www.nhs.uk**

For Health advice and out of hours GP service please call the NHS 111 service on: **111**

We Value Your Views On Our Service

If you wish to comment on the care which you, your relative or friend has received, we will be pleased to hear from you. Please speak to the person in charge of the ward, clinic or service in the first instance or ask them to contact the PALS Team. If you wish to contact them directly, telephone on **01983 534850**.

Alternatively you may prefer to write to:

Chief Executive
Isle Of Wight NHS Trust
St Mary's Hospital
Newport, Isle of Wight, PO30 5TG

You can also share any concerns you have about our services with the Care Quality Commission (CQC) on **03000 61 61 61** or at **enquiries@cqc.org.uk**

All NHS sites are no smoking areas.

If you would like help and advice to stop smoking please call: Freephone 0800 169 0 169 to talk to the NHS Smoking Helpline.