GYNAECOLOGY PROGRAM

Pre- and Post-operative Instructions: Laparoscopy and Pelviscopy Procedures
What is a Laparoscopy or Pelviscopy?

Laparoscopy or Pelviscopy is an increasingly common surgery used to detect or treat many health problems. It is a way to perform surgery on many gynaecological problems without having to make a large incision. A thin, lighted tube known as a laparoscope is inserted through a small incision in or below the navel. The laparoscope contains a small camera which allows the surgeon to see the pelvic organs like your uterus or ovaries. When problems need to be fixed, other instruments can either be passed through the laparoscope or through other small incisions in your abdomen.

The most common problems requiring this type of surgery are chronic pelvic pain and/or bleeding. The laparoscope is used to detect and treat endometriosis, fibroids, ovarian cysts and ectopic pregnancy. It can be used to detect barriers to fertility like blockages or cysts. The surgeon may also use the laparoscope as a guide block the fallopian tubes for sterilization.
What are the risks?

Laparoscopy or pelviscopy are safe procedures that have small risk of complications. These may include:

1. Bleeding or a hernia (a bulge caused by poor healing) at the incision sites.
2. Infection. This can usually be treated successfully with antibiotics.
3. Bleeding. Bleeding sometimes occurs and may require an abdominal incision to control and complete the surgery. In extremely rare cases, if a large amount of blood is lost, a blood transfusion is required.
4. A bad reaction to anesthesia. This is minimal in an otherwise healthy person.
5. Damage to a blood vessel or other organ, such as the stomach, bowel, or bladder. If these very rare injuries occur, they are usually repaired at the time of the surgery without any significant long-term problems.
When will I be going home?

You will be going home on the same day as you have your surgery. You must have someone accompany you home and it is preferred that someone stay with you overnight. If no one lives with you, please make arrangements before your surgery. Please be assured that it is safe for you to go home and most people actually prefer to recover at home.

Preparing for Surgery

You are not allowed to eat or drink anything after midnight. This is so you have an empty stomach for your surgery.

If you routinely take medications, ask your doctor which you should or should not take in the morning of the surgery with a sip of water.

On the day of surgery, when you arrive at the hospital, you should report to the admitting department on the main floor. Bring your Mount Sinai Hospital card and your provincial health card with you. Please arrive two hours before your scheduled surgery time.

How will I feel after the surgery and when I am at home?

Many people feel tired, lethargic and unwell following an anesthetic. However, they recover quickly by following the instructions listed below. If you have any questions or concerns, speak with your doctor or the nurses looking after you.

1. You will experience some pain or discomfort around the incisions or cuts made on your abdomen. It may be worse when sitting or standing up. The seatbelt may be uncomfortable on the way home; however, it must be worn and will not cause any damage to the incision sites. Many people feel more comfortable by avoiding tight, restrictive clothing and belts. Any pain should be controlled with the pain medication prescribed by your doctor.
2. For a few days after the surgery you may experience cramping and gas pains in your abdomen. You may also feel pain in your shoulders. This is normal and is caused by the gas used during your surgery. Try to walk as much as possible to assist in moving the gas along.

3. You may vomit or feel nauseated (especially after the car ride home). This often passes quickly. If the nausea and vomiting do not pass after one hour you may take some Gravol by mouth (50 mg every four hours as needed). Gravol is an over-the-counter medication available at your local drugstore. **Remember it is very important to take frequent sips of fluids to keep you hydrated.**

4. Do not use tampons, **use sanitary pads** as long as you are experiencing any vaginal bleeding. Some women experience very little bleeding or none at all. Others may experience bleeding similar to menstruation. Spotting may continue for a few days or up to a couple of weeks.

5. You may shower the next day after surgery. Pat your incisions dry afterwards. Leave the small tapes covering your incision in place and allow them to fall off on their own. The sutures, if used, are dissolvable and will fall off by themselves in a couple of weeks. Avoid tub baths, douching or swimming for two weeks or until the bleeding has stopped and your incisions are well healed.

6. Avoid aspirin. This is a blood thinner and can contribute to bleeding. Tylenol® and Ibuprofen products are okay to take if you have any pain or discomfort after surgery. Your doctor may have also given you a prescription for pain relievers to use if needed.

7. It is important to do deep breathing and coughing exercises. Take some time every hour or two for the first day or so after surgery to take eight to ten nice deep breaths and cough. You want to make sure you do not have any lung congestion after having an anesthetic.
What about the incisions?

You will have a small incision at your navel and perhaps a few small incisions in your abdomen covered with small pieces of tape. You may notice a small amount of bleeding or leakage of clear fluid from the incisions. This is normal and a daily shower with mild soap and water is all that is required to keep your incisions clean. If there is cloudy, pus-like discharge from any incision or redness spreading in the skin this may be sign of an infection, please contact your doctor.

What about activity?

1. You can proceed with normal activity immediately (for example walking, going up and down stairs). Strenuous activity should be avoided for one to two weeks after surgery. Start strenuous activity (like exercise programs) slowly and gradually build up to previous levels.

2. No heavy lifting should be done for two weeks following surgery. This includes lifting/carrying small children.

3. You may return to work within a few days of surgery, provided no strenuous activity or heavy lifting is required. If you have any concerns, please talk with your doctor or nurse.

4. No sexual intercourse until your doctor says it is okay to resume.

What about eating?

You may resume a normal diet upon discharge from Hospital.

Will my bowels function normally?

Some people experience constipation following a surgical procedure. It is important not to be straining hard to have a bowel movement. It is a good idea to eat foods high in dietary fibre such as whole grains, raw fruit and vegetables to help prevent constipation and make it easier to have a bowel movement. Please ensure you are drinking plenty of fluids (especially water), one to two liters per day is healthy.
If your bowels have not moved 48 hours after surgery, you may use a mild laxative like Milk of Magnesia or Agarol. If you are unsuccessful after taking a laxative, repeat after 12 hours if there are no abdominal cramps.

**What should I be concerned about and report?**

- Persistent fever, chills, sweating
- Any difficulty breathing or shortness of breath
- Persistent and increasing abdominal pain
- Persistent vomiting and inability to drink liquids for more than four hours
- Not being able to urinate within the first 12 hours after surgery
- Vaginal bleeding that is more than a normal menstrual period

**In case of emergency:**

Go to the Mount Sinai Emergency Department or, if you live outside of Toronto, go to your nearest Emergency Department.

For non-urgent questions, please contact your surgeon’s office.

**Why are students taking part in my care?**

Mount Sinai Hospital is a teaching hospital affiliated with the University of Toronto and the team includes medical students and residents. This should enhance your hospital experience by providing you with additional care from these doctors-in-training. Your willingness to allow students to take part in your care enhances the experience of those who are eager to learn, helping to ensure well-trained doctors in the future. They are fully supervised, and are only given responsibilities that are appropriate to the level of education they have. Final responsibilities always rest with the staff physician. The people taking care of you should always introduce themselves and ask your permission before commencing any care.