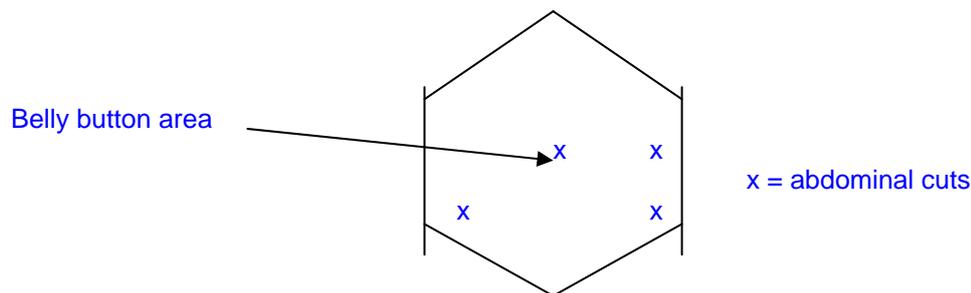


Advanced Laparoscopic Surgery

Laparoscopic (keyhole) surgery combines the benefits of simplicity and short hospital stay (mostly day case) with minimal abdominal scarring and faster recovery.

What is laparoscopy?

Laparoscopy is the technique of inspecting or operating on the inside of the abdomen and pelvis through small 'keyhole' cuts, thereby avoiding open abdominal surgery (laparotomy) for which bigger abdominal cuts are necessary. This is safely achieved by inflating the abdomen with a gas (carbon dioxide) at the beginning of the operation. The cuts made in the abdomen are usually only 0.5-1cm long and normally require only skin glue to close. Laparoscopy has major advantages over laparotomy, including shorter hospital admission, faster recovery and return to normal functioning, reduced post-operative pain, reduced risk of post-operative adhesion formation (fibrous tissue that forms between different abdominal organs), and a more aesthetically pleasing abdominal scar. Laparoscopy usually involves making 2-4 small cuts in the abdomen at the sites indicated below.



What to expect following laparoscopic surgery

Anti-adhesion agents: we take active measures to reduce the risk of forming adhesions from laparoscopic surgery. We do this in two ways: i) by leaving about one liter of a special fluid (called Adept) in the abdomen - this gets absorbed by the body within a week; ii) by spraying a special gel (called Coseal) on the surface of the tissues we have operated on before closing the abdomen. Adept might give rise to a feeling of heaviness and fluid moving around the pelvic area for a few days.

Abdominal wounds: these are normally closed with skin glue which needs to be kept dry for about 48 hours. The glue will eventually wash off after the wound heals. We recommend that you keep the wound surfaces dry and prevent water from getting onto them for about 48 hours. You might notice painless swelling of the tissues around the wound; this is usually nothing to worry about as it usually reflects passage of fluid from the abdomen into the abdominal wall. It should resolve in a few days. Very occasionally, there might be leakage of fluid through one or more abdominal wounds; this is again nothing to worry about and we recommend you simply cover the affected wound with dry plaster. You do not need to do anything special to the wounds and should avoid rubbing any substance into them.

Passing urine: depending on the procedure you had, you might be able to pass urine on your own or you might have a bladder catheter in place for a few days. Most women will have no problems passing urine after the catheter is removed, and in the very few who do, any difficulty is usually overcome by keeping the catheter in place for a little longer.

Pain: the first 24 hours after laparoscopic surgery is associated with significant abdominal and pelvic pain for which we provide strong painkillers. We recommend you use the painkillers to keep on top of the pain so it remains manageable. The pain usually becomes much less troubling by the second day and thereafter resolves gradually.

Hospital stay: this depends on the procedure performed. The vast majority of laparoscopic surgery is performed as day case. Operations needing inpatient hospital stay usually involve 1-2 day hospital stays. We advise women to continue with adequate bed rest and restricted activity for 1-2 weeks on discharge home.

Return to normal routine: this also depends on the procedure performed but is significantly shorter than the time it takes following open abdominal surgery. We recommend staying off work for 1 week after a mild procedure, 2 weeks after an intermediate procedure, and 4 weeks after a major procedure.

Hospital follow-up: this might not be necessary for some women but where indicated is arranged about 4-6 weeks after surgery.

Benefits of laparoscopic surgery

1. Reduced operative blood loss and need for blood transfusion.

2. Shorter hospital stay.
3. Faster recovery and return to normal routines.
4. Reduced post-operative pain.
5. Smaller and more aesthetically pleasing abdominal scars.
6. Reduced risk of adhesions and their long-term complications of infertility, pelvic pain and intestinal obstruction.
7. Greater post-operative satisfaction with the treatment.

Risks of laparoscopic surgery

Our current state of knowledge indicates that laparoscopic surgery is not riskier than traditional abdominal surgery; on the contrary it is often safer. Having said that, no operation is completely risk free and so we've listed below common and serious risks of laparoscopy.

Bleeding: the risk of significant bleeding during laparoscopic surgery depends on the type and complexity of the operation. Bleeding can occur during the operation or afterwards and this could lead to a collection of blood in the pelvis; this is known as a haematoma. Excessive bleeding often necessitates a blood transfusion.

Injury to abdominal organs: the organs at greatest risk of injury are the bladder, ureters and intestines. The risks of injury are small, about 1 in 100, and most such injuries are usually obvious and so treatable at the time of the operation.

Adhesion formation: adhesion formation complicates all types of surgery but evidence indicates that this is less with laparoscopic surgery.

Infection: these can affect the pelvis, urinary tract or abdominal wounds. Infections are uncommon, complicating less than 1 in 100 operations. It is not uncommon for women to develop a transient high temperature within 24 hours of surgery; this is usually not due to infection and does not require any special treatment. We use prophylactic antibiotics during surgery to reduce the risk of infection, and those that develop later usually respond well to further courses of antibiotics.

Deep vein thrombosis (blood clots): the risk of blood clots in the veins is much lower with laparoscopic compared to abdominal surgery. Nonetheless, we put in place blood thinning strategies for high risk women to further reduce this risk.

Conversion to abdominal surgery: occasionally, we might decide it is safer to abandon the laparoscopic route and complete the surgery abdominally. The risk of this depends on the complexity of the surgery but averages 1 in every 100 operative laparoscopic procedures.

Our scope of advanced laparoscopic procedures include:

Laparoscopic reversal of sterilisation

This involves reopening the fallopian tubes in women who were previously sterilised but now wish to try for a natural pregnancy. This is achieved by keyhole surgery with a high success rate that makes it very worthwhile. The advantage of this over IVF treatment is that the woman can potentially have more children without the need for further medical intervention. This is normally a day case procedure with about 2 week's recuperation.

Laparoscopic cervical cerclage

This involves placing a stitch around the neck of the womb by keyhole surgery in women who have repeated mid-pregnancy miscarriages and for whom vaginal stitches have been unsuccessful. This is normally a day case procedure with about 2 week's recuperation.

Laparoscopic tubal surgery

This involves reopening the fallopian tubes in women with some types of tubal infertility to assist them in conceiving naturally. The advantage of this over IVF treatment is that the woman can potentially have several more children without the need for more medical interventions. This is normally a day case procedure with about 2 week's recuperation.

Laparoscopic excision of endometriosis

The scope of this type of keyhole surgery ranges from simple excision of mild endometriosis all the way to more complex procedures to remove endometriosis from the rectovaginal septum. We utilise various forms of energy to achieve this including ultrasound and diathermy. This is normally a day case procedure with 2 weeks recuperation for mild-moderate endometriosis and a 1-2 day hospital stay with about 4 weeks recuperation for severe disease.

Laparoscopic excision of ovarian cysts

This involves removal of troublesome cysts from the ovaries whilst retaining the ovary so they continue to function normally. We deal with all types and sizes of ovarian cysts including endometriotic, dermoid,

haemorrhagic and simple cysts. This is normally a day case procedure with about 2 week's recuperation.

Laparoscopic hysterectomy

This involves removing of the entire womb (total hysterectomy) or the womb without the cervix (subtotal hysterectomy) for any reason. This normally involves a 1-2 day hospital stay and about 4 weeks for recuperation.

Laparoscopic myomectomy

This involves removal of uterine fibroids from the womb while conserving the womb and is particularly beneficial for women with fibroids who wish to retain the option for future fertility. This normally involves a 1-2 day hospital stay and about 4 weeks recuperation.

Laparoscopic adhesiolysis

Adhesions are sometimes associated with pelvic pain, delay in conceiving and interference with bowel function. We remove adhesions by keyhole surgery and this is normally a day case procedure with about 2 week's recuperation.