How can I help to reduce healthcare associated infections?

Infection control is important to the well-being of our patients and for that reason we have infection control procedures in place. Keeping your hands clean is an effective way of preventing the spread of infections. We ask that you, and anyone visiting you, use the hand sanitiser available at the entrance to every ward before coming into and after leaving the ward. In some situations hands may need to be washed at the sink using soap and water rather than using the hand sanitiser. Staff will let you know if this is the case.

www.buckshealthcare.nhs.uk
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What is a Laparoscopy?
Laparoscopy is an investigation which allows the inside of the abdomen and pelvis to be examined with a telescope called a laparoscope. The laparoscope is about 30cms long and approximately 5-10mm in diameter. The gynaecologist inserts a fine needle into the abdominal cavity, usually by the umbilicus (tummy button). Carbon dioxide gas is used to distend the abdomen. It allows a clear view of certain abdominal and pelvic organs when the laparoscope is passed through a small cut usually in the umbilicus (belly button). A small camera is attached to the laparoscope and the image obtained is then displayed on a TV screen in theatre. One or two further cuts are made in the lower abdomen for additional instruments to be inserted.

Why is it performed?
Laparoscopy is used to investigate and sometimes treat pelvic pain, painful periods, infertility and ovarian cysts.

What can be seen?
During the examination it is possible to inspect the pelvis and to carefully examine the uterus (womb), the uterine (Fallopian) tubes and the ovaries. Conditions such as endometriosis, pelvic infections, adhesions, cysts and fibroids may be seen. Additionally, the appendix, liver, gall bladder and the outside of the bowel may be inspected. A photograph of the findings may be taken which is kept in your notes as part of the hospital record.

What else may be done?
Some women may be having the procedure carried out to investigate potential problems with their fertility. In such cases it is common to check for any blockage of the uterine tubes and this is done by injecting a small volume of blue dye into the uterus, from the vagina. The dye can be seen passing along the tube - trickling freely from the end of each tube if there is no blockage.

Useful Contact Numbers
Stoke Mandeville Hospital
Consultant Gynaecologists 01296 316239/6548

Wycombe Hospital
Consultant Gynaecologists 01494 425009/425724

We are always trying to improve the quality of information given to patients. If you have any comments or suggestions regarding this information booklet, please contact:

Division of Women, Children & Sexual Health
Buckinghamshire Healthcare NHS Trust
Stoke Mandeville Hospital
Mandeville Road
Aylesbury
Buckinghamshire
HP21 8AL
Finally - is it safe?
Yes in the vast majority of cases. This is a very common procedure carried out in gynaecological practice. However, as with any surgical operation there is an element of risk.

There are very small risks associated with having a general anaesthetic. If you have any concerns, please ask the anaesthetist.

The surgery involves inserting surgical instruments into the abdomen and this can result in bruising or infection around the wounds. More serious injury such as damage to a major blood vessel, the bowel or bladder can occur but this is rare. If such a complication arose during the procedure then it would be dealt with immediately and could mean a more major abdominal operation, with a longer stay in hospital. Research indicates that such complications occur in about 2-3 cases per 1000 patients.

Risk in general tends to be increased by factors such as co-existing medical problems (e.g. diabetes, high blood pressure or certain drug treatment) or previous abdominal surgery. Being overweight does make the procedure more difficult and therefore increases the risk of pelvic and urinary infections.

Please Note:
This leaflet explains some of the most common side-effects that some people may experience. However, it is not comprehensive. If you experience other side-effects and want to ask anything else related to your treatment please speak to Ward 16B on 01296 418111 or call 01494 526161 and ask for Day Surgery.

Laparoscopy can also be used to carry out female sterilisation, by applying a small clip to each uterine tube.

Certain conditions may be treated at the time of the laparoscopy using special equipment and instruments. If there are adhesions (scar tissue) then they may be separated using fine scissors, simple ovarian cysts can be drained or removed and areas of endometriosis can be treated with cautery (heat) or laser. A further one or two small cuts on the abdomen may be necessary to allow the use of appropriate surgical instruments.

Sometimes more major surgery can be carried out using laparoscopic equipment but that is not within the scope of this leaflet.

Where is it carried out?
This procedure is carried out in the operating theatre. It is carried out under general anaesthetic. It is a relatively short procedure and normally lasts 30 minutes. This may be longer if additional procedures are carried out. You will be seen by both your gynaecologist and anaesthetist before the operation is carried out. The procedure will be explained, questions answered and written consent obtained.

How long is the hospital stay?
The procedure is often carried out as a day-case. This means that you are admitted, undergo the procedure and then return home the same day. However, there may be situations where overnight stay is advised. This may be as a result of a pre-existing medical condition requiring additional observation after the procedure, or perhaps where your laparoscopy is carried out in the late afternoon or evening. If you have no-one to be with you at home after your operation, overnight stay is essential.
Am I told of the outcome immediately?
Usually, yes. When you have recovered from your anaesthetic, the findings will be explained to you. If a biopsy is taken or other tissue (e.g. a cyst) is removed, these results take longer to return as they are sent for analysis in the pathology laboratory. They will be discussed later, either at your next outpatient appointment or with your GP. You will be advised what to do before you go home.

How do I feel afterwards?
After your anaesthetic you will probably feel a little drowsy. Everyone responds in a slightly different way and some patients may feel sick. You should not drive, operate machinery or consume alcohol within 24 hours of a general anaesthetic. A responsible adult should accompany you home.

After laparoscopy you will probably experience some abdominal pain and discomfort - this varies enormously between individuals and also depends on any additional procedures carried out during the laparoscopy. Pain around the middle of the abdomen is common, as is pain felt in the shoulder-tip area. The distension of your abdomen with gas during laparoscopy probably causes much of this discomfort - even though the gas is released at the end of the operation. The symptoms may persist for 48 hours or more and then gradually subside. You will be advised to buy a supply of painkillers such as paracetamol or ibuprofen to have at home for you to take, following the manufacturer's instructions.

Sometimes you may experience abdominal cramps, a bit like period pain. You may have moderate vaginal blood loss to begin with. Within 24-48 hours this loss usually reduces to a light discharge and sanitary protection may be needed for a week or so. This is particularly so if a hysteroscopy has been carried out at the same time.

Sanitary towels/pads are best, avoid using tampons if possible.

When can I get back to normal?
You may feel a little under the weather for a few days afterwards. We recommend that if you do return home on the day of the operation you should spend the rest of that day in bed. Thereafter you should avoid anything too strenuous or active for 2-3 days. Be guided by how you feel and use common sense in resuming normal activities. You should make arrangements for some extra help at home for 2-3 days, particularly if you are responsible for younger children. Sexual intercourse may be uncomfortable for 1-2 weeks and is best avoided during this time.

Problems?
If you are menstruating or are due to be menstruating at the time of your laparoscopy—don't worry. Unless you have particular objection it is usually still possible to proceed.

Please inform us if you are, or think you could be pregnant as it is essential that the procedure is not carried out (apart from certain emergency problems). If your period is late or there is a possibility of pregnancy, then a pregnancy test can be carried out preoperatively. If doubt still remains then the operation will be postponed.

If you have any concerns about the procedure beforehand then please ask. If you have any problems after discharge then please contact your GP in the first instance.