



CENTRE FOR ADVANCED  
REPRODUCTIVE ENDOSURGERY

# Laparoscopic Surgery

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## What is laparoscopic or keyhole surgery?

Laparoscopic or keyhole surgery describes a type of operation in which doctors use a viewing telescope (laparoscope) attached to a camera and light source to see inside the abdomen.

Compared to open surgery, laparoscopic surgery offers many benefits which include small skin incisions, better cosmetic scars, less postoperative pain, shorter hospital stay often day-only, faster recovery and earlier resumption of normal activities and employment.

*In experienced hands, laparoscopic surgery is a safe alternative to open surgery for the treatment of most gynaecological conditions.*



## What is laparoscopic surgery used for?

Broadly speaking, laparoscopy can be divided into two types:

- **Diagnostic laparoscopy**

Looking directly at the organs inside the abdomen and pelvis, a diagnostic laparoscopy may be recommended following non-invasive tests such as x-rays or ultrasound. Being able to inspect the inside of the abdomen directly helps doctors find out the causes for abdominal or pelvic pain, the reasons behind infertility, the nature of pelvic mass or cyst. The information gained allows doctors to make a diagnosis and to help you choose an appropriate treatment for the underlying problem.

- **Operative laparoscopy**

There are many conditions which can be treated via laparoscopy. These include:

- hysterectomy (removal of the uterus)
- endometriosis
- ovarian cysts
- tubal damage
- fibroids
- pelvic floor prolapse
- urinary incontinence
- division of adhesions
- severe period pain
- certain types of cancer of the uterus, ovary, and cervix.

## What are the risks or complications with laparoscopic surgery?

Laparoscopic surgery is generally considered safe. However, like with any form of surgery, there are potential risks and complications. Complications are uncommon, however, if they occur, the consequence can be serious and may require further surgery for rectification. The level of risks varies from one case to another. Always discuss the risks and benefits of operation with your doctor before making a decision to proceed with elective surgery.



The following list covers the known potential risks and complications associated with **any form of surgery** including open and laparoscopic surgery:

- Risks associated with general anaesthesia: intubation difficulties, drug allergy, heart problems, lung infection.
- Wound infection.
- Bleeding: surgical entry wound or at the site of surgery.
- Blood clots in leg veins (thrombosis) with possible clots to the lungs (pulmonary embolism).

There are some potential risks and complications which are **specific** to laparoscopic surgery:

- Injury to abdominal wall: bleeding, port site hernia.
- Injury to internal abdominal and pelvic organs: bowels, bladder, ureter, blood vessels. This may



occur during the insertion phase of the laparoscope or during surgery. Any of these complications may mean further surgery for correction of the injury. In the case of the bladder or ureter, this may mean the use of urinary catheter. In the case of bowel injury, this may result in leakage of bowel contents, peritonitis, septicaemia. Corrective surgery for bowel may require the use of diversion (ileostomy or colostomy).

- Conversion to open surgery in case of unexpected complications or findings such as malignancy.

## **What to do before the laparoscopy?**

- Ensure that you understand clearly the indication for surgery.
- Ensure that you have had time to discuss and consider the risks and benefits of the recommended procedure and that you clearly understands what is going to be done.
- Ensure all paper work and admission forms are in order.
- Check with the hospital to find out the time you are to be admitted.
- Fast for six hours before surgery as laparoscopy requires that you have a general anaesthesia.

## **What kind of anaesthesia is required for laparoscopic surgery?**

With few exceptions, laparoscopic surgery is only carried out under general anaesthesia.



## What happens in a diagnostic laparoscopy?



Once general anaesthesia is administered, the doctor makes a small incision at the base of the umbilicus through which the laparoscope is inserted into the abdomen. The abdomen is then inflated with gas. This helps to expand the abdominal cavity making it possible to see the abdominal and pelvic organs clearly. Sometimes another small incision is required to allow the doctor to hold and thoroughly inspect the various organs.

## What happens in an operative laparoscopy?

In operative laparoscopy, doctors set out to remove disease, for example a cyst or endometriosis, or to repair a damaged organ, for example a blocked tube. This generally requires doctors to make two or more small incisions in order to operate with specially designed long instruments to carry out operations as in open surgery.

## Post operative care

### Wound care

The Laparoscopic sites will have stitches that dissolve and be covered with small paper tapes (Steristrips). The waterproof dressings are to be removed two days after your operation. Keep the sites clean and dry. You may remove the Steristrips after five to six days.



## Post-operative symptoms

- Expect some soreness and pain around the incision sites for several days. You may also experience some shoulder tip or rib cage pain. This is due to a small amount of residual gas under the diaphragm. Peppermint tea, paracetamol and a hot pack applied for a short time to the painful area may be helpful. Anti-inflammatory medication may be required.
- Abdominal bloating will settle over the next few days.
- You may have vaginal bleeding and spotting or discharge for up to six weeks following surgery. Sanitary pads are to be used, not tampons.

## Activities

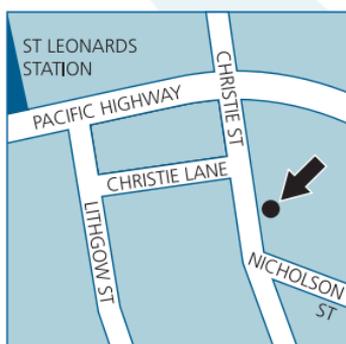
- You should avoid vigorous activities for the first week after your operation.
  - Increase your physical activities over the next few weeks. Avoid exercises such as sit-ups or lifting heavy objects until after your first post-operative review.
  - You may resume sexual intercourse six weeks following surgery unless your doctor states otherwise.
  - Avoid driving a car for up to two weeks, or until you are not suffering any affects from strong pain relievers and feel comfortable to drive. If you have any concerns, check with your insurance company for their guidelines.
  - You may need one to two weeks off work. This varies depending on your work activities and the type of surgery performed.
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## Patient services

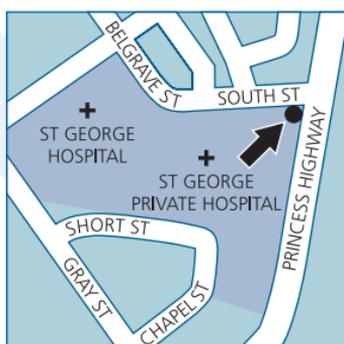
Patients are referred to CARE specialists for treatment and management of the following conditions:

- endometriosis
- pelvic organ prolapse
- urinary incontinence
- uterine fibroids
- ovarian cysts
- menstrual disorders
- adhesions.

## CARE locations



AMA House  
Level 4, Suite 408  
69 Christie Street  
St Leonards NSW 2065  
Phone: (02) 9966 9121  
Fax: (02) 9966 9126



St George Private Hospital  
Level 4, Suite 7  
1 South Street  
Kogarah NSW 2217  
Phone: (02) 9966 9121  
Fax: (02) 9966 9126



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