Diagnostic Laparoscopy

OG06 Lite - Expires end of January 2027

This fact sheet is for general information about this procedure only. It is not intended to be used as medical advice or to replace advice that your relevant healthcare professional would give you. If you have a particular medical problem, please consult a healthcare professional.

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What is a diagnostic laparoscopy?

A diagnostic laparoscopy is a procedure using keyhole surgery to look at your abdominal and pelvic organs. For some women minor treatments can be performed at the same time.

What are the benefits?

A diagnostic laparoscopy is good for finding out the cause of lower abdominal and pelvic pain, certain period problems and infertility.

The procedure will help to find out if you have one of the following conditions:

- Endometriosis, where the lining of your uterus (womb) grows outside your womb.
- Pelvic infection.
- Tissues that have joined together in an abnormal way.
- Damaged fallopian tubes.
- Ectopic pregnancy, where a pregnancy happens outside your womb, usually in a fallopian tube.
- Ovarian cysts.
- Fibroids, where part of the muscle of your womb becomes overgrown.

Are there any alternatives?

It may be appropriate to try to find the cause of your symptoms using a blood test, x-rays and scans.

What will happen if I decide not to have the procedure?

Your gynaecologist may recommend a scan to find out more but this may not accurately find out the cause of your symptoms. Choosing not to have a procedure will make it more difficult for your gynaecologist to recommend the right treatment for you.

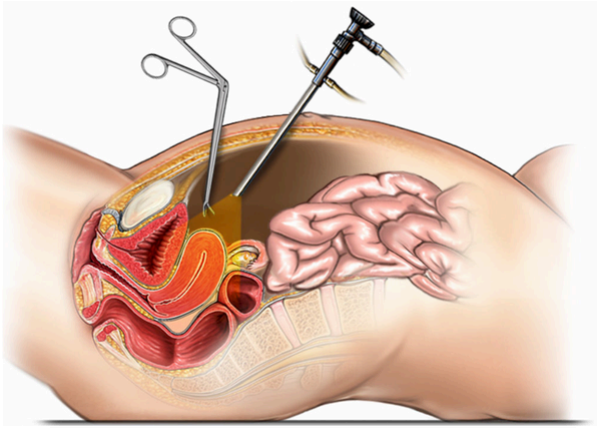
What does the procedure involve?

The procedure is usually performed under a general anaesthetic but various anaesthetic techniques are possible. The procedure usually takes 15 to 30 minutes.

Your gynaecologist will make a small cut, usually on or near your belly button, so they can insert an instrument in your abdominal cavity to inflate it with gas (carbon dioxide). They will usually make a further cut on your 'bikini' line so they can insert tubes (ports) into your abdomen. Your gynaecologist will insert instruments through the ports along with a telescope so they can see inside your abdomen and perform any minor procedures.

Your gynaecologist may make one or two further small cuts so they can insert more ports, depending on any surgery you need. They may need to place instruments through your vagina to help them perform the surgery.

Laparoscopic surgery



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How can I prepare myself for the procedure?

If you smoke, stopping smoking now may reduce your risk of developing complications and will improve your long-term health.

Try to maintain a healthy weight. You have a higher risk of developing complications if you are overweight.

Regular exercise should help you prepare for the procedure, help you recover and improve your long-term health. Before you start exercising, ask the healthcare team or your GP for advice.

Speak to the healthcare team about any vaccinations you may need to reduce your risk of serious illness while you recover. When you come into hospital, practise hand washing and wear a face covering when asked.

What complications can happen?

The healthcare team are trained to reduce the risk of complications.

Any risk rates given are taken from studies of people who have had this procedure. Your doctor may be able to tell you if the risk of a complication is higher or lower for you. Some risks are higher if you are older, obese, have other health problems or you smoke. Health problems include diabetes, heart disease or lung disease.

Possible complications of this procedure are shown below. Some can be serious and may even cause death.

General complications of any procedure

- Feeling or being sick.
- Bleeding during or after the procedure.
- Infection of the surgical site (wound).
- Allergic reaction to the equipment, materials or medication.
- Venous thromboembolism (VTE). This is a blood clot in your leg (deep-vein thrombosis – DVT) or one that has moved to your lung (pulmonary embolus).
- Chest infection. Your risk will be lower if you have stopped smoking and you are free of Covid-19 (coronavirus) symptoms for at least 7 weeks before the procedure.

Specific complications of this procedure

- Surgical emphysema (a crackling sensation in your skin caused by trapped carbon dioxide), which settles quickly and is not serious.
- Developing a hernia near one of the cuts used to insert the ports.
- Damage to structures such as your bowel, bladder or blood vessels when inserting instruments into your abdomen. If an injury does happen, you may need open surgery. About 1 in 3 of these injuries is not obvious until after the procedure.
- Making a hole in your womb or cervix with possible damage to a nearby structure during placement of the manipulator. You may need another procedure.
- Gas embolism. This is when gas (carbon dioxide) gets into the bloodstream and blocks a blood vessel.
- Failure to find out what the problem is, if you do have a problem.
- Failed procedure, if it is not possible to insert the instruments inside your abdominal cavity.
- Infection of the gynaecological organs or bladder (cystitis).

Consequences of this procedure

- Pain.
- Scarring of your skin, which can be unsightly.

What happens after the procedure?

The healthcare team will tell you what was found during the laparoscopy and discuss with you any treatment or follow-up you need.

You should be able to go home the same day.

Rest for 1 to 2 days and take painkillers if you need them.

Regular exercise should help you to return to normal activities as soon as possible. Before you start exercising, ask the healthcare team or your GP for advice.

Summary

A diagnostic laparoscopy is a common gynaecological procedure. It helps to find out the cause of certain gynaecological problems. For some women minor treatments can be performed at the same time.

Keep this information document. Use it to help you if you need to talk to the healthcare team.

Some information, such as risk and complication statistics, is taken from global studies and/or databases. Please ask your surgeon or doctor for more information about the risks that are specific to you, and they may be able to tell you about any other suitable treatments options.

This document is intended for information purposes only and should not replace advice that your relevant healthcare team would give you.

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