Diagnostic Laparoscopy and Minor Laparoscopic Treatment
Patient Information
Even if your gynaecologist has told you about your operation, many of us do not take in everything mentioned in the clinic, so this booklet is to help you understand your condition and the reason for the treatment you are going to have.

As we are all different, it is not possible to personalise this information, so there may be differences between your individual case and the information given here.

If there is anything you are not clear about, you should ask your consultant or a member of his/her team (doctors or nursing staff) so there are some phone numbers later in the booklet if you need to contact us.

**Why do I need a diagnostic laparoscopy?**

When gynaecological problems cannot be diagnosed just by a description of the symptoms and a physical examination, a diagnostic laparoscopy may be needed.

This type of operation can be valuable in diagnosing problems associated with lower abdominal and pelvic pain. However, not all causes of pain can be seen during a laparoscopy and irritable bowel syndrome is one example of this. In the investigation of infertility, laparoscopy allows close examination of the fallopian tubes to see whether there are any reasons why you are having difficulty becoming pregnant and sometimes dye is used to see whether one or both of your fallopian tubes are open.

If, during a diagnostic laparoscopy, it can be seen that further surgery is needed, it is sometimes possible for the gynaecologist to go ahead immediately. This would avoid the need for a repeat admission into hospital and a second anaesthetic. If this is a possibility in your case, then the gynaecologist will discuss this with you beforehand.

**Are there any alternatives to laparoscopy?**

It is important you know that laparoscopy is an operation performed under general anaesthetic and has possible risks and complications as described later in this booklet. If you are having tests for infertility, sometimes ultrasound scanning can help to diagnose your problem and it is sometimes possible to check your fallopian tubes are open with a procedure called a hysterosalpingogram which is usually performed in an x-ray department without the need for a general anaesthetic or any incisions (cuts).

If you are having tests for abdominal or pelvic pain, an ultrasound scan can often show the more serious causes of pain. However, a scan will not usually show endometriosis with certainty and will not diagnose adhesions (scar tissue).

If you are having an operation for any of the reasons shown on the next few pages, it could be possible to perform it with a larger incision (cut) known as a mini-laparotomy or laparotomy without using the laparoscope. However, this would involve a longer stay in hospital and a much longer recovery period afterwards.

**Are there any other reasons for having a laparoscopy?**

Occasionally the gynaecologist may already be aware of your diagnosis following investigations such as ultrasound scanning, hysterosalpingogram or a diagnostic laparoscopy as described above, so a laparoscopic approach can then be used to perform a number of treatments, some of which are described in the next few pages.
Removal of fibroids

Fibroids are lumps of muscle that grow in the wall of the uterus (womb). They are not cancerous and have no more likelihood of becoming cancerous than any other part of the womb. They are relatively common and the chances of them developing increases with age. Fibroids can vary in size from that of a small pea to that of a large melon.

No one really knows what causes fibroids to develop but clinical evidence suggests that they are related to the action of female sex hormones, mainly oestrogen. They usually develop during a woman’s reproductive years, although they rarely give rise to symptoms before the age of 25. Fibroids are rarely seen before puberty and tend to shrink in size after the menopause.

Removal of endometriosis

The inside of the uterus (womb) is lined with tissue called endometrium that thickens every month under the influence of hormones, to prepare for pregnancy. If no pregnancy occurs, the endometrium breaks down, passes through the cervix (neck of the womb) then out through the vagina. This is recognised as a woman’s “period”.

Endometriosis occurs when endometrium is found growing outside of the uterus. The most common place for endometriosis deposits to occur is on the surrounding pelvic tissue and structures such as the ovaries, fallopian tubes, bladder and bowel.

These deposits respond to hormones in the same way as normal endometrium does, by bleeding each month at period time but this blood is released directly into the surrounding area and has no way to escape. It may cause painful irritation in the pelvis and some of the blood and tissue may also develop into endometriotic cysts.

The continual release of blood into the pelvic cavity each month may also contribute to the formation of adhesions (scar tissue).
**Laparoscopic adhesiolysis**

Adhesiolysis means the removal or division of adhesions. Adhesions are commonly referred to as scar tissue and may occur anywhere in the pelvic or abdominal area where there has been previous damage. Such damage may be due to infection, previous abdominal surgery or because of conditions such as endometriosis. Whether or not adhesions cause chronic (long-standing) pelvic pain is controversial, but it is known that freeing the adhesions may relieve some women of their pain and any associated symptoms such as dyspareunia (painful sexual intercourse). There is no guarantee that the adhesions will not reform, and if this is the case, relief may be only temporary. In many cases, however, adhesiolysis is a cure and women are successfully relieved of troublesome symptoms.

**Ovarian cystectomy**

Ovarian cystectomy means removal of one or more cysts from the ovary. An ovarian cyst usually develops and bursts quite naturally (and painlessly) each month, so that an egg can be released by the ovary. This usually happens on the left ovary one month then the right ovary the following month and so on. It is possible that the cyst does not burst as it should, but keeps filling with fluid and causing discomfort or pain as it gets bigger. Sometimes it is decided to monitor the progress of ovarian cysts by ultrasound scanning over a period of time before performing an operation, as quite often the cyst will eventually burst on its own without requiring surgery.
**Salpingostomy**

A salpingostomy is performed to open a blocked fallopian tube, there is also a similar procedure known as salpingolysis. Either procedure may be used to treat infertility.

**Oophorectomy**

Removal of one (or both) ovaries.

If you are to have both of your ovaries removed during your laparoscopy, or if you have had an ovary removed before and are to have the remaining one removed, your consultant will have discussed the reasons for this with you and you may need information about Hormone Replacement Therapy (HRT). Information about HRT is available from both your GP practice and the hospital.

**Where do I get HRT from?**

If you start HRT tablets or skin applications before leaving hospital, you will be instructed how to use them and be given a supply to take home. Your GP will then take over the care of your HRT therapy and will continue to monitor your general health.
How is a laparoscopy performed?

A laparoscopy is a surgical procedure performed under general anaesthetic. The laparoscope is a long, pencil-slim telescope which is connected to a camera and a television system so that the inside of the abdomen can be seen magnified on a screen.

When you are asleep, a small incision (cut) is made, usually at the bottom of the umbilicus (belly button / navel). At the start of the operation, carbon dioxide gas is pumped through the incision in order to distend the abdomen. This makes sure the surgeon can clearly see the pelvic and abdominal organs during the operation.

The laparoscope is inserted through a second small incision to the site of operation.

If required, further surgical instruments can be inserted through other small incisions.

These instruments may be used to move the bowel around to allow a better view or to carry out a particular surgical procedure and/or treatment.

A diagnostic laparoscopy usually takes about 20 minutes. Once the instruments are removed at the end of the operation, the gas used to inflate the abdomen is released and a stitch, or a small amount of special glue, may be put in each of the small incisions. Quite often the wound requires nothing to seal it.

Are there any complications or risks associated with laparoscopy?

We know there may be complications following various gynaecological operations or procedures, that are not particularly serious but do happen more often. These frequently occurring risks include: Pain, bruising, anaemia, scarring of the skin, scar tissue inside (adhesions), urinary frequency / loss of control, mild infection, fatigue / tiredness.

Are there any ‘more serious’ risks?

It is also known more serious risks are present in certain circumstances in these operations. These risks are rare but some risks are increased if you already have underlying medical problems or if there are very large fibroids, lots of endometriosis and/or scar tissue (from previous operations or disease) which makes the laparoscopy more difficult.
The risks are also increased if you are obese or if you smoke. The more serious risks are as follows:

**Infection** ... This may occur in the pelvis, bladder, incision sites or in the chest. Infections are usually easily treated with antibiotics but occasionally an abscess may form which may require surgical drainage under anaesthetic. Patients are encouraged to follow the recommended post-operative breathing exercises as described at the end of this booklet and to reduce or stop smoking if possible.

**Bleeding** ... This may occur during the operation or, rarely, afterwards and may be sufficient to require a transfusion.

**Visceral injury** ... Three in 1,000 women have injuries to the bowel, bladder or blood vessels – needing a bigger operation (mini-laparotomy or laparotomy) to repair the damage. This involves a much larger abdominal (tummy) cut and a longer stay in hospital afterwards. Injury to the ureters (the tubes leading from the kidneys to the bladder) is also possible. These complications would usually be found during the operation and be dealt with immediately. In rare cases the problem may not be found for a few days after the laparoscopy and it may be necessary to go back to theatre for a second operation to resolve the problem.

**Deep vein thrombosis (DVT)** ... following a laparoscopy, it is very rare but possible, for clots of blood to form in the deep veins of the legs and pelvis. If this does occur, a deep vein thrombosis would cause pain and swelling in a leg and can be treated relatively simply with drugs. The risk of developing a DVT is minimal, as many precautions are taken to help prevent and minimise the risks. These include reduction of smoking in the weeks before your operation, the use of special equipment in the operating theatre and if you have any medical indications (such as a previous DVT yourself, or family history of DVT) we would also use support socks or sometimes medication to ‘thin the blood’.

**Pulmonary embolism** ... Once again very rarely, it is possible for a clot to break away and be deposited in the lungs or heart and if this occurs it is a serious situation and will need immediate treatment with drugs. The precautions against pulmonary embolism are the same as for DVT.

**Failure to identify a disease (get a diagnosis)** ... There may be failure to gain entry into the abdomen and a mini-laparotomy cut may have to be done.

**Death** ... One in every 12,000 women dies

If you do have any concerns about the risk of complications, please discuss them with the consultant or a member of his/her team (doctors or nursing staff) and your questions will be answered as clearly and as honestly as possible.

**What happens before the operation?**

You will probably have had some MRSA swabs taken at the end of your appointment with the consultant, then filled in some medical forms for us and had your weight, height, pulse and blood pressure recorded.

Depending on your general health and age, some blood samples and further tests may be needed such as a heart tracing (ECG -Electocardiogram), a chest x-ray or a lung function test. You may also need to see a doctor who may listen to your chest and take a more detailed history of your medical problems for the anaesthetist. Should these be necessary you will receive an appointment in the post for a pre-assessment appointment. You will already have had your operation explained to you by your gynaecologist so he/she is not usually present at the pre-assessment and there is not usually any need for an internal examination. You will however, have the opportunity to ask the nurse any questions you might have.
Shortly before your operation, we will want to make sure your general health has not changed since we last saw you, that you have understood the information you have been given, that your hospital paperwork is complete, and also make sure the arrangements we have made for your return home after the operation are right for you. We call this your pre-admission phone call and it is done in a telephone conversation with a nurse or healthcare assistant.

Your anaesthetist would prefer you to stop, or at least reduce, cigarette smoking in the weeks before your operation as smoking is known to increase the risk of anaesthetic complications, for example breathing difficulties, coughing, nausea & sickness and chest infection.

To reduce the possibility of skin infection, we request you do not shave your bikini-line during the week before your operation.

If you are having infertility tests, we might not be able to perform your operation if you are having a period so if you do start your period please phone your consultant’s secretary for further information. Laparoscopies for other reasons are not affected by this.

Admission into hospital
Do not have anything to eat or drink as instructed in your admission letter. Do not suck sweets or chew gum. As you will be admitted on the day of your operation, you will need to take a bath or shower at home and take off as much of your jewellery as possible although we are able to cover wedding rings/bangles if you are unable to remove them. To reduce the possibility of any damage to your eyes, it is very important you remove all mascara and wear glasses instead of any type of contact lenses. Please wear comfortable clothes that are not tight around the waist.

You will need to bring a packet of sanitary towels into hospital with you, toiletries, dressing gown, nightgown and slippers, plus any medications that you are currently taking. You may also choose to bring in a book or magazine.

Please be aware that South Tees Hospitals NHS Trust cannot be held responsible for any personal belongings, valuables or money you bring in with you.

Partners or friends may come in to drop you off but unfortunately we do not have the facilities to let them stay with you.

For patient confidentiality, you will be asked if you are expecting any telephone enquiries. If an unexpected enquiry is received, the person calling will be told that you are not present. If you are unsure, you may phone the nursing staff on the contact numbers at the end of this booklet.

What happens on the day of the operation?
You will be provided with a gown on arrival and the nurses will advise you to put it on at the right time.

If you haven’t already signed your consent form for the operation, you will be seen by a member of the surgical team who will explain your operation in detail and answer any questions that you may have. You will then be required to sign the consent form.

Your anaesthetist may also visit you before your operation but if not, you will meet him/her at the time of your anaesthetic. Any pre-medication prescribed by the anaesthetist will be given by the nurse. You might need ‘support socks’ or a small injection of medication to thin the blood to help reduce the risk of a blood clot developing in your legs or lungs. You will then be transferred to the theatre area accompanied by a nurse and/or a porter.
What can I expect after the operation?
When the operation is completed you will be woken up by the anaesthetist and transferred to the recovery area, where a nurse will look after you and stay with you until he/she is satisfied with your condition.

Surgical Admissions Unit at The Friarage Hospital: You will be taken back into the unit on your theatre trolley. Your condition will be assessed then you will either remain on your trolley until your discharge home, or you will be transferred from your trolley to a reclining chair or a bed.

Surgical Admissions Unit at The James Cook University Hospital: You will be taken back into the unit on your theatre trolley. Your condition will be assessed then you will be transferred from your trolley to a reclining chair or a bed.

Women’s Health Unit/Ward 27 at The James Cook University Hospital: You will be taken back to the ward on a trolley then transferred into your bed.

During your recovery in any of the areas mentioned above, you will probably be feeling drowsy for a few hours afterwards. You must get help from the nursing staff when you first try to stand up as you may be very unsteady.

How long can I expect to be in hospital after a diagnostic laparoscopy?
Many patients feel well enough to leave hospital about two hours after a diagnostic laparoscopy but you will be advised to stay until you have passed urine. (You will not be allowed to drive yourself home and if you are planning to take a taxi, you will need to be accompanied by a friend or relative.)

How long can I expect to be in hospital after a laparoscopy with:
- Removal of one / both ovaries
- Removal of endometriosis
- Ovarian cystectomy
- Removal of fibroids
- Ovarian drilling
- Tubal surgery
- Adhesiolysis

Many women are able to go home on the day of operation but after any of the procedures highlighted above, your consultant will advise the nursing staff if he/she thinks that you need to rest overnight in hospital.

What happens when I go home?
Anaesthetic drugs remain in the body for 24 hours and gradually wear off over this time. If you have nobody with you at home for the first 24 hours, you will need to stay in hospital overnight. Our pre-admission staff will arrange an overnight stay should you need it but if a bed is not available, your operation date may be affected. If you do not have pre-admission, please contact the area you are being admitted to, or contact your gynaecologist’s secretary.

As you will be under the influence of drugs it is very important to follow these instructions for 24 hours after your anaesthetic:
- Do not operate machinery or appliances e.g. cookers/kettles
- Avoid alcohol
- Drink plenty of fluids and eat a light diet, avoiding heavy or greasy foods
- Take things easy the day after your operation and do not attempt to go to work
- Do not make important decisions, or sign any important documents
Do not smoke as it may cause nausea, vomiting, dizziness or fainting
Do not drive a car, or any other vehicle, including bicycles
Do have a responsible adult with you in your home
Do not lock the bathroom or toilet door, or make yourself inaccessible to the person looking after you

You may experience some discomfort following the procedure:

- Cramping pains may occur in the shoulders, under the rib cage or in the lower part of the neck, caused by a small amount of gas remaining under the diaphragm after the operation. These symptoms will gradually disappear over the next 24 - 48 hours as the gas is naturally absorbed by the body.
- Some discomfort or bruising in the area of the operation that is usually eased with simple pain relief. Even though the incisions may be closed with stitches, there may be some oozing of blood-stained fluid around the incision sites. This usually stops within 24 hours.
- A sensation of swelling of the abdomen and cramp-like pains similar to period pains.
- A sore throat for several days.
- Some discomfort or bruising in the area of your anaesthetic injection that may last for seven to ten days.
- Sometimes a blue dye is used in the investigation of infertility, to see whether one or both of your fallopian tubes are open, and the dye is often seen on your pad after the operation, which is normal and nothing to worry about.

The day after your operation, you may remove your wound dressings and have a shower or bath if you wish. There is usually no need to replace the dressings.
You may feel well enough to return to work as soon as three to four days after your operation, depending upon the extent of your treatment. Please read the information about driving, supplied by the Royal College of Obstetricians and Gynaecologists, later in this booklet.

There may be a dissolvable stitch in each of the small incision sites and after seven to ten days your skin will have healed underneath. The top part of the stitch usually falls away by itself but if there are any still there after two weeks, you should be able to rub them away from your skin while soaking in the bath. If you are unable to do this successfully, please contact your GP’s surgery and arrange to have them removed by the practice nurse.

If you have any of the following symptoms, you should contact your GP:

- Vaginal bleeding, which is heavy and fresh, bright red or the passing of clots.
- Pain which is severe and not controlled by your recommended painkillers.
- A smelly vaginal discharge.
- Feeling unwell, hot and feverish.
- Pain in the calf muscles or chest.
- Redness or oozing from the wound sites.
The following information is from the publication, "Recovering Well", produced by the Royal College of Obstetricians and Gynaecologists:

**About this information**
You should read this information along with any other information you have been given about your choices and the operation itself.
This information gives general advice based on women’s experiences and expert opinion. Every woman has different needs and recovers in different ways. Your own recovery will depend upon:

- how fit and well you are before your operation
- the reason you are having a laparoscopy
- the exact type of laparoscopy that you have
- how smoothly everything goes and whether there are any complications.

**What can I expect after a laparoscopy?**

**Talking with your gynaecologist after your operation**
Your gynaecologist or another member of the surgical team may come and talk with you after your operation. Because you may still be coming round from the effects of the anaesthetic, it may be helpful for someone to be with you during this discussion. That way, you can both ask questions and talk later on about what was said.

**Usual length of stay in hospital**
If you are having a diagnostic laparoscopy, you should be able to go home on the same day. This operation is usually done as a day case. When you wake from the anaesthetic, your nurse will want to make sure that you are not in pain, that you have had something to eat and drink and that you have passed urine before you are discharged. This usually takes between three to four hours. When you go home, make sure you are not alone and someone can stay with you overnight.
If you have had a simple procedure as part of an operative laparoscopy, you may be able to go home on the same day or you may be asked to stay in hospital overnight.

**After-effects of general anaesthesia**
Most modern anaesthetics are short-lasting. You should not have, or suffer from, any after-effects for more than a day after your operation. During the first 24 hours you may feel more sleepy than usual and your judgement may be impaired. If you drink any alcohol after you leave hospital during this time, it will affect you more than normal. You should have an adult with you during this time and should not drive or make any important decisions.

**Scars**
You will have between one and four small scars on different parts of your abdomen – one scar will usually be in your tummy button. Each scar will be between 0.5 cm and 1 cm long.

**Stitches and dressings**
Your cuts will be closed by stitches, staples, clips or glue. Glue and some stitches dissolve by themselves. Other stitches, clips or staples need to be removed. This is usually done by the practice nurse at your GP surgery about five to seven days after your operation. You will be given information about this. Initially, your cuts may be covered with a dressing. If so, you should be able to take this off about 24 hours after your operation and have a wash or shower.
Washing and showering
You should be able to have a shower or bath and remove any dressings 24 hours after your operation. When you first take a shower or bath, it is a good idea for someone to be at home with you to help you if you feel faint or dizzy. Don’t worry about getting your scars wet, just ensure that you pat them dry with clean disposable tissues or let them dry in the air. Keeping scars clean and dry helps healing.

Pain and discomfort
You can expect some pain and discomfort in your lower abdomen for the first few days after your operation. You may also have some pain in your shoulder. This is a common side-effect of the operation. When leaving hospital, you will usually be provided with painkillers for the pain you are experiencing.

If you are prescribed painkillers which contain codeine or dihydrocodeine, these can make you sleepy, slightly sick and constipated. If you do need to take these medications, try to eat extra fruit and fibre to reduce the chances of becoming constipated.

Vaginal bleeding
You may get a small amount of vaginal bleeding for 24 to 48 hours.

Formation of blood clots – how to reduce the risk
There is a small risk of blood clots forming in the veins in your legs and pelvis (deep vein thrombosis) after any operation. These clots can travel to the lungs (pulmonary embolism) which could be serious. You can reduce the risk of clots by:
- being as mobile as you can as early as you can after your operation
- doing exercises when you are resting, for example:
  - pump each foot up and down briskly for 30 seconds by moving your ankle
  - move each foot in a circular motion for 30 seconds
  - bend and straighten your legs – one leg at a time, three times for each leg.

You may also be given other measures to reduce the risk of a clot developing, particularly if you are overweight or have other health issues. These may include:
- a daily injection of a blood thinning agent; your doctor will advise you on the length of time you should take this for
- graduated compression stockings; the stockings should be worn day and night until your movement has improved and your mobility is no longer significantly reduced
- special boots that inflate and deflate.

Starting HRT (hormone replacement therapy)
If your ovaries have been removed during your operation you may be offered HRT. This will be discussed with you by your gynaecologist and together you can decide the best way forward.

Tiredness
You may feel much more tired than usual after your operation as your body is using a lot of energy to heal itself. You may need to take a nap for the first few days. Very often feeling tired is the last symptom to improve.

What can help me recover?
A daily routine
Establish a daily routine and keep it up. For example, try to get up at your usual time, have a wash and get dressed, move about and so on. Sleeping in and staying in bed can make you feel depressed. Try to complete your routine and rest later if you need to.
Eat a healthy balanced diet
Ensure your body has all the nutrients it needs by eating a healthy balanced diet. A healthy diet is a high fibre diet (fruit, vegetables, wholegrain bread and cereal) with up to two litres a day of fluid intake, mainly water. Remember to eat at least five portions of fruit and vegetables each day.

Stop smoking
Stopping smoking will benefit your health in all sorts of ways such as lessening the risk of a wound infection or chest problems after your anaesthetic. By not smoking, even if it is just while you are recovering, you will bring immediate benefits to your health.
If you are unable to stop smoking before your operation, you may need to bring nicotine replacements for use during your hospital stay. You will not be able to smoke in hospital. If you would like information about a smoking cessation clinic in your area speak with the nurse in your GP surgery.

A positive outlook
Your attitude towards how you are recovering is an important factor in determining how your body heals and how you feel in yourself.
You may want to use your recovery time as a chance to make some longer term positive lifestyle choices such as:
• starting to exercise regularly if you are not doing so already and gradually building up the levels of exercise that you take
• eating a healthy diet. If you are overweight it is best to eat healthily without trying to lose weight for the first couple of weeks after the operation. After that you may want to lose weight by combining a healthy diet with exercise.

What can slow down my recovery?
It can take longer to recover from a laparoscopy if:
• you had health problems before your operation; for example, women with diabetes may heal more slowly and may be more prone to infection
• you smoke; some women who smoke are at increased risk of getting a chest or wound infection during their recovery: smoking can delay the healing process
• you were overweight at the time of your operation; if you are overweight it can take longer to recover from the effects of anaesthesia and there can be a higher risk of complications such as infection and thrombosis
• there were any complications during your operation.
Recovering after an operation is a very personal experience. If you are following all the advice you have been given but do not think you are at the stage you ought to be, talk with your GP.

When should I seek medical advice after a laparoscopy?
While most women recover well after a laparoscopy, complications can occur – as with any operation. You should seek medical advice from your GP, the hospital where you had your operation, NHS Direct or NHS 24, if you experience:
• burning and stinging when you pass urine or pass urine frequently: this may be due to a urine infection. Treatment is with a course of antibiotics.
• red and painful skin around your scars: this may be caused by a wound infection. Treatment is with a course of antibiotics.
• **increasing abdominal pain:** if you also have a temperature (fever), have lost your appetite and are vomiting, this may be caused by damage to your bowel or bladder, in which case you will need to be admitted to hospital.

• **a painful, red, swollen, hot leg or difficulty bearing weight on your legs:** this may be caused by a deep vein thrombosis (DVT). If you have shortness of breath, chest pain or cough up blood, it could be a sign that a blood clot has travelled to the lungs (pulmonary embolus). If you have these symptoms, you should seek medical help immediately.

• **there is no improvement in your symptoms:** you should expect a gradual improvement of your symptoms over time. If this is not the case, you should seek medical advice.

**Getting back to normal**

**Around the house**

While it is important to take enough rest, you should start some of your normal daily activities as soon as you feel able. You will find you are able to do more as the days pass.

If you feel pain you should try doing a little less for another few days.

Remember to lift correctly by having your feet slightly apart, bending your knees, keeping your back straight and bracing (tightening or strengthening) your pelvic floor and stomach muscles as you lift. Hold the object close to you and lift by straightening your knees.

**Exercise**

The day after your operation you should be able to go for a short 10 to 15 minute walk in the morning and the afternoon, having a rest afterwards if you need to. You should be able to increase your activity levels quite rapidly over the first week.

There is no evidence that normal physical activity levels are in any way harmful and a regular and gradual build-up of activity will assist your recovery. Most women should be able to walk slowly and steadily for 30 to 60 minutes by the middle of the first week and will be back to their previous activity levels by the second week.

Swimming is an ideal exercise and if you have had no additional procedure you can start as soon as you feel comfortable.

If you have had other procedures with the laparoscopy you may need to avoid contact sports and power sports for a few more weeks, although this will depend on your level of fitness before your surgery.

**Having sex**

For many people, being able to have sex again is an important milestone in their recovery. It is safe to have sex when you feel ready. If your vagina feels dry, especially if you have had both ovaries removed, try using a lubricant. You can buy this from your local pharmacy.

**Driving**

You should not drive for 24 hours after a general anaesthetic. Each insurance company will have its own conditions for when you are insured to start driving again. Check your policy.

**Before you drive you should be:**

- free from the sedative effects of any painkillers
- able to sit in the car comfortably and work the controls
- able to wear the seatbelt comfortably
- able to make an emergency stop
- able to comfortably look over your shoulder to manoeuvre.
It is a good idea to practise without the keys in the ignition. See if you can do the movements you would need to for an emergency stop and a three-point turn without causing yourself any discomfort or pain.

When you are ready to start driving again, build up gradually, starting with a short journey.

Travel plans
If you are considering travelling during your recovery, it is helpful to think about:

- The length of your journey: journeys over 4 hours where you are not able to move around (in a car, coach, train or plane) can increase your risk of deep vein thrombosis (DVT). This is especially so if you are travelling soon after your operation.
- How comfortable you will be during your journey, particularly if you are wearing a seatbelt.
- Overseas travel:
  - Would you have access to appropriate medical advice at your destination if you were to have a problem after your operation?
  - Does your travel insurance policy cover any necessary medical treatment in the event of a problem after your operation?
  - Are your plans in line with the levels of activity recommended in this information?

If you have concerns about your travel plans, it is important to discuss these with your GP or the hospital where you have your operation before travelling.

Returning to work
Most women feel able to return to work one to three weeks after a laparoscopy.

- If you have had a diagnostic laparoscopy or a simple procedure such as a sterilisation you can expect to feel able to go back to work within one week. Although you will not be harmed by doing light work just after surgery, it would be unwise to try to do much within the first 48 hours.
- If you have a procedure as part of an operative laparoscopy, such as removal of an ovarian cyst, you can expect to return two to three weeks after your operation. If you feel well, you will not be harmed by doing light work on reduced hours after a week or so.

When you go back to work will depend on the type of job you do. If you do heavy manual work or are on your feet all day, you may need longer than someone who can sit down at work. You do not need to avoid lifting or standing after this type of operation but you may feel more tired if you have a physically demanding job.

If you are off work for less than one week, you should be able to complete a self-certificate for the time you have been off work. If it is longer than one week, you will need to obtain a certificate from the hospital where you had your operation.

You might also wish to see your GP or your occupational health department before you go back and do certain jobs – discuss this with them before your operation. You should not feel pressurised by family, friends or your employer to return to work before you feel ready. You do not need your GP’s permission to go back to work. The decision is yours.
Breathing exercises
The recommended breathing exercises mentioned should help maintain a clear chest, tone up muscles and ease wind pain following surgery. Start this exercise as soon as you wake up from the anaesthetic and do regularly until you increase your walking.

Bend your knees up with feet flat on the bed, breathe in through your nose until your lungs are as full as possible, then relax as you breathe out through your mouth. Repeat five times every half hour or so, and follow with two huffs.

Huff: Position as above with hands or pillows supporting any area of discomfort. Take a medium breath in, then force the air out quickly through an open mouth, as though you are trying to mist up a large mirror. Follow this with a cough – take a big breath in first, and do not worry about this doing any damage in the area of your surgery.

Foot and knee exercises: These should help the circulation and help prevent clots from forming in your legs. Repeat every time you do your breathing exercises and until you are walking about. Bend feet up and down at the ankle firmly and quickly. Draw circles with your feet. Press back of the knees into the bed and tighten up the thigh muscles.

The James Cook University Hospital
Appointments Desk: 01642 854861 / 282714 / 854883
Gynaecology Outpatients Dept. (Including Pre-admission Service): 01642 854243
Surgical Admissions Unit: 01642 854603
Women’s Health Unit / Ward 27: 01642 854527

The Friarage Hospital
Appointments Desk: 01609 764814
Gynaecology Outpatients Dept: 01609 764814
Pre-admission Service: 01609 764845 / 01609 763769
Surgical Admissions Unit Reception: 01609 764847 Nursing Staff: 01609 764657
From 7am Mondays until 5pm Fridays, Allen POS.D.U.: 01609 764405
From 5pm Fridays until 7am Mondays, Allerton Ward: 01609 764404

Your notes
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Comments, compliments, concerns or complaints

South Tees Hospitals NHS Foundation Trust is concerned about the quality of care you receive and strives to maintain high standards of health care. However we do appreciate that there may be an occasion where you, or your family, feel dissatisfied with the standard of service you receive. Please do not hesitate to tell us about your concerns as this helps us to learn from your experience and to improve services for future patients.

Patient Advice and Liaison Service (PALS)

This service aims to advise and support patients, families and carers and help sort out problems quickly on your behalf. This service is available, and based, at The James Cook University Hospital but also covers the Friarage Hospital in Northallerton, our community hospitals and community health services. Please ask a member of staff for further information.

Authors: The Gynaecology Medical and Nursing Team at The James Cook University and Friarage Hospitals.

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More patient information is available on their website:
www.rcog.org.uk/womens-health/patient-information

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