

alarmed about sudden changes in your heart rate or pattern. This may be caused by interference and are not related to your heart activity. You will be given medicine that will make you drowsy and possibly make your vision



blurry. Shortly after this, you will drift off to sleep. Your physician will discuss the finding

with your family immediately after the surgical procedure is complete. If your relatives leaves the waiting area please have them notify the receptionist regarding how they can be contacted. Medication will be available for pain or nausea/vomiting. Ask your nurse for this medication if you are uncomfortable. Medication will be in the form of injections until you are able to drink. Once you are able to drink, the doctor will change your medication to pills.

Short Throat : you may experience a sore throat. This is caused by irritation from a tube placed in your throat (trachea) during anesthesia. It usually lasts for just a few days and can sometime be helped by throat lozenges. you will remain in the hospital for approximately six hours after the procedure. After you are able to empty your bladder, you will be allowed to go home if you feel alright. If you feel weak or not fit to go, overnight stay may be advised. You will be given prescriptions for medicines to take at home.

Care after Your Surgery At Home :

Incision : you will have an one cm incision at your navel and 2 to 3 tiny incisions in the lower part of abdomen. They may or may not have a suture. They will be covered with small strips of adhesive. These strips may be

removed six to seven days following surgery.

You may have drainage from these incisions for a day or two. It will be watery and pink-tinged. If needed, you may reinforce your dressing or change them if they become saturated. In most cases, this drainage lasts less than 48 hours. You should cover your incisions with a light dressing to protect your clothes or to prevent your clothing from rubbing on your incisions.

Diet : You must consume only clear liquids (juices, barley, dal, vegetable soup, chicken soup etc.) until you pass gas flatus or have a bowel movement. At this time, you may begin to advance your diet. Eat light, easily digested food for a few days. In the event that you have not passed gas the morning after surgery and have no nausea, you may try something light to eat, such as a piece of toast. If you are unable to tolerate this, and experience nausea at this time, please call your doctor.

Activity : Expect to feel sore and "washed out" for a few days following surgery. Remember to get up and move about, even though you may not want to. Increase your activity gradually during this time. For a week or two after surgery expect to tire easily even after the slightest effort to work or exercise. Do not engage in strenuous activity until after your first post-op visit. If you plan to travel, please check with your physician prior to surgery if possible. If an emergency arises and you must travel during the first week of surgery, please notify before you leave. The pain pills do what they are supposed to do, which is to mask your pain. Therefore, you may feel a false sense of wellness due to the pain pills, so even though you feel fine the next day or two, be aware that your body is still recovering and take it easy. Eat and drink carefully. The last thing you will want to do following this type of surgery is choke or cough. Sneezing, laughing, crying and shivering from the cold may also be uncomfortable. So snuggle up and treat yourself well.

Gas Pains : You may experience some gas pains from residual carbon dioxide that may remain in your abdomen following the procedure. This pain usually

presents as shoulder pain or sharp pain underneath your diaphragm. The pain is usually transient and will disappear in a day or two. It helps if you get up and move around while you are having this pain, and also if you drink either hot water or hot tea with fresh lemon. Heat, massage and exercise can also help to alleviate this pain.

Sexual Activity : Sexual activity may be resumed approximately seven days following surgery unless you are told otherwise. However, if you have any pain, vaginal bleeding or discharge, please do not resume sexual intercourse until these symptoms have subsided.

Infection : Please notify if your temperature is above 101.F, if you note increasing redness, swelling, pain or unusual drainage from your incisions. If you experience frequent urination, burning with urination, or spasmodic pain in the lower abdomen above the pubic bone, you may have a bladder infection. Please notify if you have any of these symptoms.



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LAPAROSCOPY

Information for women



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Laparoscopy

Laparoscopic surgery is also called Minimal Invasive Surgery (MIS), Band-Aid surgery or Keyhole surgery. This is a modern surgical technique in which operations in the abdomen are performed through small incisions (usually 0.5 – 1.0 cm) as compared to larger incisions needed in traditional surgery procedures. Laparoscopy is a procedure that allows to look directly at the contents of a patient's abdomen or pelvis, including the fallopian tubes, ovaries, uterus, small bowel, large bowel, appendix, liver, and gallbladder. Many advanced surgeries are now performed through laparoscopy procedures. Gynaecological surgeries which commonly performed through Laparoscopy procedure are :

- Removal of ovarian cyst and tumours
- Treatment of endometriosis/chocolate cyst
- Myomectomy or Removal of fibroids
- Hysterectomy (removal of uterus)
- Sterilization (tubal ligation)
- Ectopic pregnancy
- Lysis of adhesions
- Fertility investigation such as tubal studies
- Diagnosis and treatment of uterine anomalies.
- Tubo-tubal anastomosis (Tubal recanalisation).
- Creation of neo-vagina
- Some microsurgical & rare gynaecological procedures are also performed by laparoscopy.

How the test is performed?

Laparoscopy requires admission to hospital. It is performed under general anaesthesia. Usually it is a day care procedure (diagnostic laparoscopy). Under general anaesthesia, a small cut (about 1 cm) is made in the umbilicus (belly button). A special needle is inserted in the abdomen through this cut. Carbon dioxide (CO₂) gas is put in to the abdomen through this needle. This gas helps to separate the organs and make space inside abdominal

cavity, making it easier for the surgeon to see and operate on reproductive organs. The gas is removed at the end of the procedure.

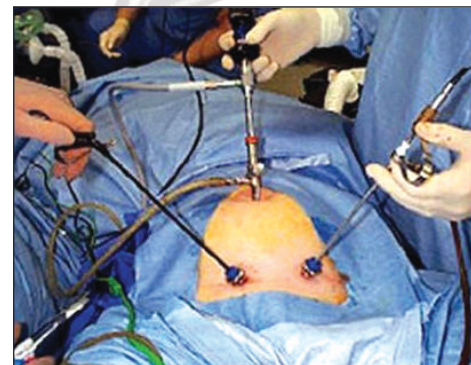
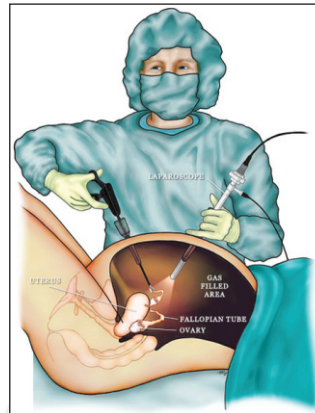
Next a tube (cannula) is passed through the cut in the belly button. A tiny video camera (Laparoscope) is introduced through this tube. The video camera is used to see the inside of abdomen on special monitors. Additional one to three small cuts (3-5 mm) are made which allow different laparoscopic instruments to be introduced to perform the laparoscopic surgery.

After the procedure is over the laparoscope and other instruments are removed. CO₂ gas is released from abdomen. The cuts are closed/sutured and bandaged.

What are the risks?

As full general anaesthesia is required, so usual risks relating to anaesthesia will be there as in all other surgical procedures. Laparoscopy is considered to be a low risk procedure with fewer complications. Rarely there is a

risk of puncturing other abdominal organs such as bowel, bladder or blood vessels. Such complications could lead to immediate open surgery (Laparotomy). Sometimes the Laparoscopy may be difficult technically and the surgeon



may not be able to view the pelvis adequately. Under these circumstances an open surgical procedure may need to be done.

The risk of complications increases with more



complex laparoscopic surgery. Risk is greater for women who are overweight, who had previous abdominal surgery or other medical problems.

What after effects should I expect?

Nausea, discomfort, and tiredness are not uncommon for the first three days after Laparoscopic surgery. Pain may be experienced where the cuts were made. There may be aching of the muscles, shoulder tip and rib cage pain because of the small amount of gas remaining under the diaphragm. Pain relief tablets should help relieve any discomfort.

You may experience period type pain and a few days of vaginal bleeding caused by the instruments, which were attached to your uterus during the surgery.

Advantage of Laparoscopic surgery

There are a number of advantages to the patient with laparoscopic surgery versus an open procedure. These include :

- Reduced bleeding, which reduces the chance of a blood transfusion.
- Smaller incision, which reduces pain and shortens recovery time.
- Less pain, leading to decreased pain medication.
- Although procedure times are usually slightly longer, hospital stay is less, and often with a

- same day discharge which leads to a faster return to everyday living.
- Reduced exposure of internal organs to possible external contaminants thereby reduced risk of acquiring infections.

Prior to Surgery :

Diet : Do not eat or drink anything after 12.00 midnight the night before surgery. Do not smoke or chew gum after 12:00 midnight. If you are currently taking medication, ask if you should stop taking it or should you continue.

Bowel Preparation: Instructions regarding this are given during preoperative office visit. Liquid diet for one or two days, purging agent like PEGEC on the day prior to surgery along with some medication are usually given as a part of bowel preparation. While unpleasant, this makes laparoscopy easier for the surgeon and minimizes the risk of surgical complications from bowel during your surgery.

Bath : Patient must shower or bath the night prior to surgery.

Make-up : Nail polish, Mehendi, make-up and jewelry should be removed the night before surgery.

Cloths : Wear loose-fitting clothes to prevent any unnecessary pressure on the umbilicus on the day of surgery.

Immediately Before Surgery :

You will take off all your clothing and put on a patient gown, robe and slippers. Immediately prior to surgery, you will be asked to empty your bladder. Glasses, contact lenses, dentures and jewelry should be removed. Valuables should be left with the person who accompanies you or should be left at home.

In the operation Room :

One of the nurses will walk you in to the operation room. The nurse anesthetist or anesthesiologist will place four adhesive tabs on your back or your chest to monitor your heart rate. While watching the monitor, do not be