Laparotomy

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What is a laparotomy?

- A laparotomy is an incision made in the abdomen (the tummy). It may be across the bikini line but it can be an up and down scar. Often surgery may start off as keyhole surgery (a laparoscopy), and need to proceed to a laparotomy.

- Laparotomy is performed for a number of different conditions / problems:
  - removal of ovarian cysts
  - removal of fibroids
  - ectopic pregnancy
  - endometriosis
  - excision of scar tissue (adhesions)
  - removal of uterus (womb)

What are the risks of surgery?

<table>
<thead>
<tr>
<th>Risk</th>
<th>Frequency</th>
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<tbody>
<tr>
<td>Infection (especially UTI)</td>
<td>Common, treatable (10 per 100)</td>
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<tr>
<td>Haematoma, skin infection at port site</td>
<td>Less common (up to 5 per 1000)</td>
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<tr>
<td>Later hernia</td>
<td>Uncommon</td>
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<tr>
<td>Oophorectomy (in cases of ovarian cysts)</td>
<td>Common for technical reasons or if no residual ovarian tissue or if heavy bleeding</td>
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<tr>
<td>Heavy bleeding – major vessel injury</td>
<td>Less than 1 per 1000</td>
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<tr>
<td>Bowel injury</td>
<td>Less than 1 per 1000</td>
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<tr>
<td>Injury to the urinary system</td>
<td>20 per 1000</td>
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What preparation will I need?

- Most people come into hospital on the day of surgery, and can eat and drink normally up until 6 hours beforehand. However there are times when bowel preparation will be needed to clear the bowel completely. In some cases you come into hospital the day before your operation.

- On the day of your admission you will need to wear stockings below the knee which help to improve your circulation and reduce the risks of developing clots in your legs post surgery.

- You will be seen by nurses, doctors, the anaesthetist and physiotherapist, each of whom will talk to you about relevant aspects of your operation.

- On the morning of your operation, you may be offered, or need some tablets to relax you.

What happens afterwards?

- You will wake up in the recovery room where you will stay for about an hour. Once your pain is controlled, any sickness eases and you are properly awake, you will go back to the ward.

- On return to the ward you are likely to have a drip in your arm giving you fluids whilst you are not eating and drinking.

- Although unlikely, you may have a wound drain - a tube coming out of the wound which stays in for about 24 hours and drains away any blood and fluid from under the skin.

- It is also possible that you will have a catheter, (a tube to drain the bladder) in place for 24 hours after surgery.

- Most people have additional oxygen to breath after surgery for a while.
Will I be in pain or feel sick?

- Wind-like pain is experienced by most people after surgery and once you are eating and drinking again, peppermint water can help this, as can chewing peppermints. Suppositories can help if the pain is low down in the tummy.

- For sickness we use regular anti-sickness injections, which can be given in the leg, or through the drip in your hand. These days however, a lot of people are not sick after surgery, as anaesthetics have improved so much.

- We will encourage you to take regular painkillers. Tablets and suppositories are commonly used, alongside injections if needed. Occasionally if pain is still not manageable a PCA pump (Patient Controlled Analgesia) attached to a tube in your hand or arm. This contains a painkiller, which is under your control. It is a handset with a button on the top, and when you press the button it delivers a dose of painkiller to you.

When can I eat and drink?

- Usually you can have sips of water soon after returning to the ward.

- If you feel sick, then it is better not to bother with water until you feel better.

- If you feel fine then you can drink water more freely and try a cup of tea / coffee.

- We advise you begin with a light diet and move up to eating and drinking normally.

- As you recover, and when you go home, it is important to eat a good amount of fibre and have a good fluid intake so that you try to avoid constipation after your operation.
How long will I stay in bed?

- You will be in bed on the day of surgery, but then we encourage you to be up and about as soon as possible. You may need help with a wash initially after your operation, but we will encourage you to at least sit out of bed whilst we change your sheets, and we encourage a regular walk as soon as you are able. This is to reduce any risks to you from not being as active as normal. The ward has a yellow line visible on the floor to assist you with an average walking distance to work towards.

- We will be encouraging you to be gently up and about. It is normal to be tired, and rest regularly. Please do ask the staff if you need help with anything.

- If you have a shower, you may want your wound dressing removed.

How long will I be in hospital?

48 hours would be usual, but this does vary in length from person to person. Do remember the operation is done for a number of reasons and they may have an impact on how you feel and how you recover. Naturally, the more complicated your operation the longer you may need to stay. You will not be discharged home until you, the doctors and nurses are happy with your recovery.
Will I bleed after surgery?

- Your wound will have a dressing which stays in place for about 2 days after surgery.
- Stitches are usually dissolvable. If in your case they are not, they will be removed after about 5-7 days.
- Depending on the nature of your operation you may have some vaginal bleeding as well. This is unlikely to be heavy and is most likely to be like the tail end of a period. This will decrease gradually, but can last up to 2 weeks. Do see your GP if your vaginal loss becomes offensive (smelly) or if you have any concerns about how your wound is healing.

Do I need a follow up appointment?

Most people do not require a follow-up appointment. You can visit your GP if you are concerned about anything.

Going home

You might find the following information useful. If you have any questions or worries about your recovery at home, your GP should be the person you contact, however, the ward is contactable if you are unable to find the help you need.

Don’t be surprised if you feel low and tearful once you get home - this is a normal reaction to the stress of leaving hospital and travelling home - you may like to warn your family about this. It can be unnerving leaving the security of the hospital.

It is important to take it easy when you get home, although it is also recommended that you do regular walking each day. Do not lift anything too heavy for the first few weeks as your body needs time to heal.
Resting
Everyone will tell you to rest when you get home. During the first week or so it is helpful to have someone at home with you to help cook, clear up, keep you company and do any heavy lifting. It can be uncomfortable to stand for any length of time. If you feel a ‘dragging’ pain lie down till it stops.

You may continue to feel unexpectedly tired for a several weeks, so you need to make time to relax and put your feet up whenever necessary. Bear in mind exercise is also important to prevent complications after surgery.

If you can, let your family take care of the household chores, or simply leave them undone!

Do what you feel able to do - little and often is the best advice. Pace yourself.

Exercise and Lifting
If might seem contradictory, but exercise is as important as rest. You should continue any exercises the physiotherapist taught you in hospital. Increase exercise gradually. If you enjoy it, you can go for a gentle swim in a few weeks, when any bleeding has stopped. Leave any more strenuous sports until after six weeks, and start gradually.

Pain
You may need painkillers for a couple of weeks or so. You will be given some painkillers to go home with but if your pain continues or gets worse do see your GP.
For all surgery
After your operation avoid lifting anything heavy for at least four weeks, e.g. shopping, laundry, and children.

When you do lift anything, remember to bend your knees, keep your back straight, and hold the object close to you. This avoids straining your abdomen.

The best advice is, if it hurts don’t do it!

Most people overdo it at some time in their recovery. If you do, wait a while, try again a few days later. It is unlikely you will harm yourself.

With abdominal surgery, people worry that their scar is weak and may give way, but once the skin has healed, there is no need to be anxious about this. Your scar will fade gradually and will only be visible as a fine white line by 6 - 12 months after the operation.

Hygiene
It is quite safe to use bubble bath if you like it, and there is no need to put salt in the bath water.

Avoid using tampons for any bleeding.

When you go to the toilet, make sure your bladder is completely empty - try to get rid of every last drop of urine. This will reduce the risks of cystitis or infections. If your urine seems to smell offensive, or if you feel pain or burning when you go the toilet, go to see your GP.

In order to improve muscle tone, do your pelvic floor exercises following the information you will have been given separately.
Diet
Try to eat a variety of foods, with lots of fresh fruit and vegetables. High-fibre foods like wholemeal bread and brown rice will help prevent constipation, good fluid intake helps.

Avoid fatty foods, excessive alcohol, cakes and sweets if you don’t want to gain weight. It is important, to control your calorie intake while you are less active than usual.

Work
You are the best judge of when you feel ready to go back to work. Some jobs are more strenuous than others. Some women are able to return to work within 4-6 weeks. Return to work will depending on how you feel and what type of surgery you had. You may be away from work for longer than this, as it can take longer to recuperate fully, and recovery rates vary.

Driving
You should be able to drive again when you feel able to concentrate fully and can do an emergency stop comfortably: usually about 4 weeks after the operation. Do check with your insurance company that you are covered. Start with short journeys.

Resuming Intercourse
It is normal to feel tired or indifferent to sex after a major operation, but things will gradually return to normal. You or your partner may feel anxious about pain after the operation. It is advisable to refrain from full penetration for about six weeks, but do not worry if you have gentle intercourse before this time. If you feel any pain, stop what you are doing and try another time. Some women feel that their libido is reduced; other women find that their interest in sex improves.

To avoid the risk of infection, it would be better if you were to avoid intercourse until your discharge settles.
Feelings
Some women who have had surgery feel relieved, as difficult symptoms that have hindered their life will have gone. However other women feel depressed and lethargic, and may need a period of time to get over this.

It is sometimes difficult for friends and family to understand how you are feeling. Indeed, your husband or partner may have his own worries about the effect of the operation. It is therefore important for you both to talk about your feelings concerning the operation and seek and accept help and support from elsewhere if necessary. The hospital’s nurses, doctors and your own family doctor will be able to help.

Remember, after any surgery
Tell your family you may not be your usual self for a while after getting home. Rest whenever you feel tired. Avoid lifting anything heavy for at least a month. Get some gentle exercise each day. Make sure your bladder is empty when you go to the toilet. Don’t go back to work until you really feel ready.

There is a separate leaflet on physiotherapy after gynaecological surgery. If you have not been given one, do ask for it.
References and Useful Information


www.rcog.org.uk/womens-health/patient-information

Well Women Clinic


Women’s Health Concern

[www.womens-health-concern.org](http://www.womens-health-concern.org) [last accessed February 2007]

A charity organisation that provides advice and information to women about different health issues. In addition to producing books and leaflets, they provide telephone advice.

NHS Constitution. Information on your rights and responsibilities. Available at [www.nhs.uk/aboutnhs/constitution](http://www.nhs.uk/aboutnhs/constitution)
If you or the individual you are caring for need support reading this leaflet please ask a member of staff for advice.

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