Laparoscopy and Dye Hydrotubation

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Introduction

This leaflet explains

- What happens before surgery
- How your operation is performed
- Complications of surgery
- Recovery from Surgery.
- Additional Support and Information

If you have any further questions, please do not hesitate to ask us when you come into hospital.

Why have a laparoscopy?

This operation allows us to look inside your pelvis, to inspect the outside of your uterus (womb), your tubes and your ovaries. We also sometimes inspect other structures in your abdominal cavity: e.g. Bowel, Liver, Appendix and Gallbladder.

It can be used to look for possible causes of pain: -

- Endometriosis
- Fibroids
- Ovarian Cysts
- and, if you are having difficulty getting pregnant, we will check if your tubes are blocked.

What does dye hydrotubation mean?

This is an assessment of your uterus (womb) and fallopian tubes. A harmless blue-coloured dye is inserted through the cervix (neck of the womb) and we check through the telescope to see that this flows through your fallopian tubes and spills out freely. The doctor may need to make a second small (1/2 cm) incision usually just above your pubic-hair line, to insert a small
instrument to lift up your ovaries and tubes to check them thoroughly.

**What if the doctor finds a problem?**

If there is a problem that can be dealt with easily through the telescope, as a minor “key-hole” operation, the doctor may do this at the same time. For example, if there is a band of scar tissue which is restricting the normal mobility of your tubes and ovaries.

If there is difficulty passing dye through your fallopian tubes the doctor will discuss this with you after the operation.

**Complications**

These are very rare but include:

- A urine infection –this risk is reduced by drinking plenty of fluids for 24 hours after your laparoscopy. 2 to 5 in every 100 women may get a urine infection.
- Infection of the port site (where the camera goes in) as above about 2 to 5 in every 100 women.
- Injury to a blood vessel or to the bowel, or bladder which may require an open operation to repair the injury. This risk is below 1 in every 1000 women.
- Risk of re-admission to hospital is about 5 in every 1000 women.
- Pain underneath your ribs and sometimes around your shoulder and neck, is very common for up to 72 hours after your laparoscopy. If this occurs it is best relieved by you lying down on your right side or about an hour.
Before your operation

Do not eat or drink for 6 hours before the operation. Be sure to let the doctor or nurse know if there is a chance of you being pregnant, so they can do a test. However, it is best to avoid trying for a pregnancy in the month when you will be having your laparoscopy.

Fertility patients taking Metformin

If you are taking Metformin as part of your fertility treatment it is important that you stop taking your medication for 48 hours prior to your operation. If you are taking Metformin because you are a diabetic please discuss this with your doctor.

How will I be anaethetised?

The doctor who will be putting you to sleep (the anesthetist) will usually visit you before your operation when you can ask him/her any questions. From the ward you will go to the anaesthetic room where the anaesthetist will put a small needle into the back of your hand. Through this s/he will give you your drugs to make you go to sleep.

How is it done

This operation will be done under a general anaesthetic and usually takes about 20 -30 minutes

A small cut (1cm) is made below your umbilicus (belly button). Some carbon dioxide is gently pumped into your abdomen to create some space to make it easier to see inside. A small telescope is then passed through the cut by your umbilicus. This has a small camera attached to it to allow us to take pictures of what we find.

Once the operation is finished, the gas is let out and one or two stitches are used to close the cut.
After the operation

You will wake up in the Recovery Ward near the operating theatres. You may have an oxygen mask on your face when you wake up. You may have period-like pains and mild vaginal bleeding afterwards. This is normal and should settle within 24 hours. You may also have pain in your shoulder, which is due to the stretching of the lining membrane inside your abdomen when the carbon dioxide gas was inflating your abdomen. We will have released the gas at the end of your operation and you may have a small gas drain tube at your umbilicus when you wake up. The drain tube is removed after about one hour. Any remaining carbon dioxide is absorbed by about 24 hours. Having a slightly sore throat afterwards is also quite common. It is caused by some pressure from the ventilation tube used during your general anaesthetic but this is nothing to worry about.

The staff who look after you, will make sure you recover safely, and will usually let you go home a few hours after returning to the ward.

You will have some small dressings over any little cuts / wounds from the operation. These can be removed after 48 hours. Avoid having a shower for 48 hours, in order to reduce infection (washing at a sink avoiding the wound site is fine). When you resume showers/baths, ensure that you dry the area thoroughly and avoid using talcum powder near any incision sites.

Your stitches will dissolve by themselves within a few weeks.

Follow up

You may need a follow-up appointment in the Fertility Clinic to discuss future fertility treatment. You may also require Gynaecology follow up. We will advise you about any appointment you need, and this will be sent on by post.
References and Further Information


O’Mahony F, Koutoukos I, Menon V. What should we tell women preoperatively? TOG 2006;8:165-9


NHS Constitution. Information on your rights and responsibilities. Available at 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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