

All about laparoscopy

When you learn you may have a medical condition, there's often a new lingo or some tricky terminology to learn along with it. This is definitely the case with endometriosis, also known as 'endo'; not only is the actual name of the condition unfamiliar to many, so too is the procedure used to diagnose and treat endometriosis.

Endometriosis is a condition that affects a woman's reproductive organs and is often characterised by severe period pain. It is estimated to affect one in 10 women worldwide.

A 'laparoscopy' (pronounced *lap-arr-oss-copee*) is the name of the medical procedure used to diagnose and treat endometriosis (and other conditions, as you'll soon learn). It's a new word for many of us, but for women with severe period pain, endo, or other pelvic conditions, it's a term worth knowing more about.

Here we asked Jean Hailes gynaecologist and laparoscopic surgeon Dr Janine Manwaring our top questions all about the laparoscopy, so you can take charge with new knowledge and empower yourself with the facts.

What is a laparoscopy?

A laparoscopy is a surgical procedure used to inspect, and operate on, the organs inside the abdomen (the belly) and pelvis. A laparoscopy is known as 'minimally invasive' surgery. This means it's less taxing on the body than other types of surgery, with smaller incisions (cuts), less pain, lower risk of complications such as bleeding or infection, and a quicker recovery time.

What happens in a laparoscopy, step by step?

The operation is carried out under general anaesthetic, so you are in a sleep-like state and not able to feel pain. Small incisions are made on the abdomen, usually 0.5-1cm long. A thin flexible telescope and other fine instruments are then inserted through these incisions.

During the procedure, the abdomen is inflated with carbon dioxide gas. This allows the organs inside to be seen more clearly. In a standard laparoscopy for endometriosis, the surgeon will check the reproductive organs and pelvis for abnormal deposits of endometrial tissue, scarring or cysts and, if appropriate, remove this tissue from the organs.

At the end of the laparoscopy, the telescope and instruments are removed, the gas is let out and the incisions are closed with surgical stitches, tape or glue.

The number of incisions and how long the procedure takes depends on the amount of surgery that is needed. For example, a standard laparoscopy for endometriosis may involve four incisions and take 45-60 minutes. Frequently, a laparoscopy is a day procedure, which means you don't have to stay overnight in the hospital or clinic.

What conditions or symptoms may require a laparoscopy?

A laparoscopy may be needed to diagnose and/or treat:

- pain – abdominal/pelvic pain or severe period pain
- endometriosis
- infertility
- fibroids
- ovarian conditions such as ovarian cysts
- emergency situations such as an ectopic pregnancy (a pregnancy not in the uterus).

What are the risks?

The overall risk of laparoscopy is small. The most common complication is an infection of the skin wound, which occurs in 5-10% of women. Other infections can occur in the bladder, uterus or chest.

For a straightforward procedure, there is a 1 in 1000 risk of damage to internal organs, such as the bladder, bowel or a blood vessel.

There is a very small risk of a blood clot, blood vessel blockage from the gas used for inflation, or the need for a blood transfusion. As with all surgeries, there are also the very rare events of major anaesthetic complications, heart attack or death.

What do you need to do before the procedure?

Before having a laparoscopy and anaesthetic, you need to fast – ie, not eat or drink anything – for six hours prior. Sometimes an enema or laxative will also be given to you; your doctor will advise on this. Compression stockings may also be put on your legs to prevent blood clots.

What happens after the procedure?

After the procedure, you will be moved to a recovery room, where you will wake up from the anaesthetic and be given pain relief – this usually involves a combination of strong painkillers to keep you comfortable – as well as drink and food. This process occurs over a few hours, until you are well enough to go home.

What can you expect during recovery? How long after can you resume regular activities?

Recovery occurs over the next several days, depending on how much surgery has been required. Usual activities are resumed in about a week, but heavier lifting or exercise may require a few extra days. There should be a gradual reduction in the amount of pain relief required, and a gradual increase in activity.

Eating and drinking should return to normal within a couple of days. Bowels can sometimes take a few days to return to normal, due to the combination of pre-operative fasting, pain relief and inactivity.

If non-dissolving stitches are used in the procedure, these are removed about five days after.

What is the approximate cost of the procedure?

The cost depends on the complexity of the operation and the time involved. As a public patient, the costs are borne by the hospital, and there will be no out-of-pocket cost to you.

If you choose private care in a private hospital, the costs involved include the bed fee, as well as the surgeon, surgical assistant and anaesthetist fees. In total, this can be anywhere from a few hundred to a few thousand dollars, with a proportion of this covered by both Medicare and the private health insurer. One advantage of being a private patient is being able to choose your surgeon.

What else is 'good to know' before having a laparoscopy?

It's good idea to ask your doctor what you can expect from the surgery in the longer term. For example, ask about the rates of recurrence of your condition and how it might be managed if your symptoms return. It's also good to know what signs and symptoms you need to watch out for in the future, so you can give yourself the best possible chance of good health and know when you should seek help if you need it.

Learn more about [endometriosis](#) on the Jean Hailes website and download our endo booklet and period pain diary.

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