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To use the Text Relay service, prefix all numbers with 18001.

اگر نیاز به ترجمہ دارید، لطفاً با شماره 01932 723553 تماس بگیرید۔

ਜੇ ਤੁਹਾਨੂੰ ਤਰਜਮੇ ਦੀ ਲੋੜ ਹੈ ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਇਸ ਨੰਬਰ ਤੇ ਫੋਨ ਕਰੋ: 01932 723553

اگر آپ اس کا اردو زبان میں ترجمہ چاہتے ہیں، تو براہ کرم اس فون نمبر 01932 723553 پر رابطہ کریں

Se precisa de uma tradução por favor contacte: 01932 723553

আপনার অনুবাদের দরকার হলে এখানে যোগাযোগ করুন : 01932 723553

यदि आपको अनुवाद की ज़रूरत है तो कृपया इस नंबर पर फोन करें: 01932 723553

Jeżeli chcemy, aby te informacje w innym języku, proszę zadzwonić 01932 723553

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Enhanced Recovery Programme

How to Recover Quickly from a Laparoscopy



Useful Telephone Numbers

Luz Hughes

Specialist Nurse, Pelvic Pain and Endometriosis: **07824 866696**

Day Surgery Unit, St. Peter's Hospital: **01932 722167**

Day Surgery Unit, Ashford Hospital: **01784 884127 / 1375**

Kingfisher Ward: **01932 722380**

Ashford Hospital: **01784 884488**

St. Peter's Hospital: **01932 872000**

Further Information

We endeavour to provide an excellent service at all times, but should you have any concerns please, in the first instance, raise these with the Matron, Senior Nurse or Manager on duty. If they cannot resolve your concern, please contact our Patient Advice and Liaison Service (PALS) on 01932 723553 or email pals@asph.nhs.uk. If you remain concerned, PALS can also advise upon how to make a formal complaint.

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Hormone Replacement Therapy

- If your operation involves the removal of both ovaries, you may need to consider taking hormone replacement therapy (HRT) at least until the age of 50 to prevent your bones from becoming weak and fragile (osteoporosis) and to help control mood swings and hot flushes. The need for HRT, its benefits and risks should be discussed with your medical team prior to leaving hospital. It may be advisable to delay the start of HRT until a few weeks after your operation (as you may have an increased risk of developing a blood clot immediately following surgery). However, you should be made aware which type of HRT you need and when to start taking it prior to leaving hospital.

Please inform your doctor / nurse if you experience severe abdominal pain and / or a temperature.

Talk to someone if following surgery and discharge home, you have any concerns or any of the following symptoms:-

- **Fever and / or chills**
- **Increased pain that does not respond to simple pain killers**
- **Worsening Nausea and Vomiting**
- **Generally unwell, cold and clammy**

Please contact your GP or use the contact number given to you in hospital (Department / Ward / Specialist Nurse)

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For more information about the treatments available at CEMIG please visit our website at www.cemig.org.uk

Introduction

We look forward to welcoming you to Ashford and St. Peter's Hospitals for your operation.

Our mission is for you to come into hospital as strong as possible, ready for your surgery, and to make a quick recovery. To achieve this, we use an Enhanced Recovery Programme to optimise your nutrition, mobility and pain relief around the time of your operation. There is strong evidence that by following an Enhanced Recovery Programme you will recover faster from your operation, with fewer problems.

Enhanced Recovery involves staff caring for you (Doctors, Anaesthetists, Nurses, and Physiotherapists), helping you to follow a clearly defined programme. Most importantly it requires your help and involvement to make it work.

Together we will use as many parts of the programme suitable for you to achieve the best recovery.

The key parts are:

- Having specific nutritional high energy drinks before and soon after your operation leading to an early return to your normal diet.
- Having good pain relief following your operation.
- Being able to get out of bed and having assistance to walk soon after your operation.
- Getting back to the comfort of your own home soon as possible. Your Consultant should have already discussed this with you, or you can ask how long you will be in hospital at your pre-assessment appointment.

Potential to proceed to open surgery

In certain circumstances, the surgeon may feel that it would be safer to proceed with open surgery.

Infection

This can occur in the wound (15 in 100), urine or chest. If an infection occurs you will be given antibiotics.

Risk of blood clots

The risk of blood clots in the leg (deep vein thrombosis -1 in 100) or lung (pulmonary embolus - 4 in 1000) is increased by immobility and if you are overweight.

This risk will decrease by quick mobilisation after the operation and weight loss and smoking cessation prior to your operation.

You will be given support stockings to wear to help prevent clots and given a blood thinning injection if you stay in hospital overnight.

Please inform your doctor or nurse if you experience any swelling or pain in your legs or sudden shortness of breath.

Damage to internal organs

The bladder; ureters (tubes that pass from the kidneys to the bladder); bowel; and blood vessels lie close to the uterus and may possibly be damaged during the operation. These potential but rare complications (ureters/bladder- less than 1 in 100; bowel – 1 in 1,000; blood vessels - 1 in 10,000) would be dealt with and repaired when they are identified, usually at the time of operation. However, damage may not be obvious until after the operation and may result in a further operation (1 in 100).

Follow Up

If there is a need for any further treatment we will arrange a follow up in the hospital with a member of the medical or specialist nursing team.

Otherwise a routine follow up visit may not be needed. In this case we will write to your GP who will then continue with your medical care.

Risks and Complications

Whilst every effort will be taken to ensure your wellbeing, no surgery is without its risks. There are some risks associated with this particular kind of surgery.

Pain

It is quite normal to experience pain or discomfort, but this can be controlled effectively with painkillers. Please let the doctor or nurse know if they are not controlling your pain.

Shoulder tip pain is common after laparoscopy as this is caused by small amounts of gas left in the abdomen after surgery. Early mobilisation after surgery is the best way to improve this type of pain.

Bleeding

This can occur during or after surgery. Major bleeding requiring blood transfusion is uncommon (less than 3 in 100).

You must inform a member of staff if your vaginal blood loss is unmanageable once discharged from hospital.

You may find a video on the website of the Royal College of Obstetricians and Gynaecologists useful. It explains how to recover well from a laparoscopy. To access the video, go to www.rcog.org.uk and click on “patients” at the top right. Under “patient information” click on “recovering after and operation” and find the video on laparoscopy. You can also find many other useful resources within the “patient information” section of the RCOG website.

Laparoscopy

What is a laparoscopy?

A laparoscopy (also known as keyhole surgery) is performed under a general anaesthetic. 3-4 half to one centimetre cuts are made in the abdomen which allows your surgeon to insert a small telescope so that he can see inside your abdomen and your reproductive organs directly. Your abdomen will be filled with gas to allow us some space to gain a clear picture and if necessary to treat any problems as agreed with you before your operation. Before you agree to surgery and sign your consent a surgeon will discuss what is planned (This is called an informed consent).

At the end of surgery as much gas as possible is released from the abdominal cavity and the incisions are closed

Why do you need a laparoscopy?

You have been offered a laparoscopy because conservative or medical treatment of your problem has failed or are not suitable.

Laparoscopy is commonly used in the treatment of various problems which include:

- Endometriosis

- Ovarian cysts
- Fibroids
- Adhesions (this is where internal organs are stuck to each other)
- It may also be used to help diagnose the cause of your symptoms-this is called a diagnostic laparoscopy.

Advantages of a laparoscopy

- Quicker Recovery
- Shorter Hospital Stay
- Less Pain following procedure
- Smaller incisions
- Less scar formation under the abdomen

In most cases you will go home on the day of surgery so you will need to make arrangements for transport home and that someone is at home to help you for the first 24 hours following surgery.

All surgery carries risks, you can see a summary of these risks on page 11, and your surgeon will discuss these with you at your consultation.

Before Your Operation

Having seen your consultant and agreed to surgery, you will need to think ahead and plan your life whilst waiting for the operation and for your recovery afterwards.

Your surgeon will discuss what to expect during your recovery period and how long you will be off work.

Stitches

We usually use stitches that are dissolvable and do not need to be removed. If they become bothersome please contact your GP/ practice nurse. Occasionally a special glue is applied to the wound site, this will wash away of its own accord, or you can gently wipe away the glue after 7 days using warm water and clean gauze..

Bowels

Avoid constipation and straining when opening your bowels. A good fluid intake (1.5-2litres in 24 hours) and increase in fibre in your diet will minimise the risk of constipation.

Personal hygiene

It is better to shower than to bath for the first week after surgery.

It is advisable to not use tampons for about 6 weeks.

Medication

Please finish any course of any antibiotics you may have been prescribed. You should continue to take your current medication as normal unless otherwise instructed.

Sexual intercourse

You can usually resume sexual activity when you feel comfortable.

If you have had more extensive surgery then your surgeon will be able advise you.

Exercise

As you have had a laparoscopy you should be able to return to exercise and lifting as you feel comfortable,

We have the facilities to do this if required as we take every measure to ensure your safest and best recovery, tailored to your requirements which may change during or after your surgery.

After your operation

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. Please check with your insurers.

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.

Return to work

When you can return to work will depend on the extent of surgery performed and what your work entails and whether it involves heavy lifting. This will be discussed at your initial consultation.

Vaginal Bleeding

You should expect some bleeding for a couple of weeks. The initial bleeding should gradually tail off and become similar to a light period. If it becomes painful and / or heavy you may have an infection and should contact your GP.

You will receive an appointment to attend pre-operative assessment clinic. The purpose of this clinic is to prepare you for your admission and discharge from hospital. At this clinic we will have the opportunity to discuss your home circumstances for safe discharge, assess your fitness for anaesthesia and give you a chance to ask any questions you may have. During this appointment the staff will discuss any other illnesses you may have (e.g. diabetes), record your blood pressure and record your BMI. All patients are checked for MRSA (skin swab sample) prior to their operation so any infection can be treated before surgery. The team may arrange blood tests, ECG (heart recording) and / or to see an anaesthetist before your operation date.

Pre assessment will also review any regular medications that you take regularly and will look to see if these will interfere with your operation (e.g. blood thinning medications).

Please bring in all of your medications and a note of any allergies with you. Only stop the medications you have been advised

Consent

You will be asked to sign a consent form which confirms you have agreed to the procedure. If you do not understand anything or would like someone with you, please let the doctor taking the consent know before you sign.

Eating and drinking

You will be advised when you need to stop eating and drinking prior to the procedure depending on the type of anaesthetic.

Bowel preparation

It is not routine for bowel preparation medication to be given to women undergoing a laparoscopy.

But in some circumstances it is most appropriate. If you do require bowel preparation medication, you will be given information on how to take it correctly in pre-assessment.

Preparing for Admission

It is important for you to be thinking about planning your discharge now, before you go into hospital. You can help yourself by arranging help and support before you come into hospital such as:

- Make sure you know who can come and collect you from hospital. Please bring their contact details with you.
- Ask friends and relatives if they can come to stay or visit to help around the house when you get home.
- Arrange for a friend or relative to do some shopping for you or make extra portions of food to freeze.
- Get up to date with any housework before you come into hospital, this will help reduce the load when you get home.
- Arrange additional childcare or help with the school runs where necessary.

Your Operation

The operation is done under a general anaesthetic (you will be asleep).

The operation takes between 1-2 hours but will be longer if there is an additional procedure or extensive surgery planned.

Once your operation is over, you will be taken to the theatre recovery unit. You may wake up with an oxygen mask over your face this is to help remove the anaesthetic gases used during surgery.

Painkillers will be provided but please tell the nurse or doctor if any pain is not relieved by the painkillers you are given.

You may be given fluids through a drip in your arm.

Once you are able to take fluids you will be encouraged to start drinking and eat light meals. Good nutrition is important to your recovery. A good fluid intake (1.5-2 litres in 24 hours) and increase in fibre in your diet will minimise the risk of constipation.

Before you are discharged home the nursing team will make sure that you have passed urine and that you are able to walk comfortably. You will be given a discharge letter containing details of your operation, medications and advice on who to call if you have any problems once home.

You may be transferred to a ward for observation or for a planned overnight stay.

Sometimes it may be necessary to stay overnight for observation even though your surgery was planned as a day case.