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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



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For more information about the treatments available at CEMIG please visit our website at <https://cemig.info/>

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## **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 [asp-tr.patient.advice@nhs.net](mailto:asp-tr.patient.advice@nhs.net). If you remain concerned, PALS can also advise upon how to make a formal complaint.

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## Useful Telephone Numbers

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**

Early Pregnancy Unit, St Peters Hospital: **01932 722662 (For women who had laparoscopy for ectopic pregnancy only)**

## Introduction

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

Our aim 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.

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](http://www.rcog.org.uk) and click on "patients" at the top right. Under "patient information" click on "recovering after an operation" and find the video on laparoscopy. You can also find many other useful resources within the "patient information" section of the RCOG website.

If your procedure is being performed as an emergency, e.g., for ectopic pregnancy, suspected tubo-ovarian abscess (infection in the tube and/or ovary), then some of the pre-operative preparation may not be possible, but many of the things described in this leaflet will still help you to recover well.

## **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)**

**Attend Accident & Emergency department if very unwell**

have other risk factors, including immobility and if you are overweight.

This risk will decrease by weight loss and smoking cessation prior to your operation and quick mobilisation after the 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. Depending on your risk factors, you may be taught how to give yourself these injections at home for a few days/weeks after the operation.

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 average risk of serious complications at laparoscopy is about 2 in 1000. This includes injury to the bladder, ureters (tubes that pass from the kidneys to the bladder), bowel, and blood vessels. This 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 in 15 out of 100 cases of bowel injury, this may not be obvious at the time of surgery. There is about a 1 in 100 chance of hernia at the site of entry (the incision sites on your abdomen)

## **Laparoscopy**

### **What is a laparoscopy?**

A laparoscopy (also known as keyhole surgery) is performed under a general anaesthetic. 3-4 small cuts (half to one centimetre in length) are made in the abdomen which allows your surgeon to insert a small telescope so that they 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 form, your 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)
- Ectopic pregnancy
- Pelvic infection e.g., tubo-ovarian abscess
- 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 stays
- 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 12. Your surgeon will discuss these risks with you during your consultation.

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.

## **Potential to proceed to open surgery**

In certain circumstances, the surgeon may feel that it would be safer to proceed with open surgery. This will mean you may need to remain in hospital overnight and your recovery will be longer.

## **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**

Having laparoscopic surgery increases your risk of blood clots in the legs (deep vein thrombosis) or lung (pulmonary embolus), with the overall risk being about 1 to 5 in 1000. This risk is higher if you

## 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. Often, a routine follow-up visit is not needed. In these cases, we will write to your GP who will then continue with your medical care.

Women who have had surgical treatment for an ectopic pregnancy may contact the early pregnancy unit for a post ectopic clinic consultation by ringing 01932 722662.

## 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. These are listed over the next 2 pages, with average chances of these happening. Your personal risk of these issues will depend on how complicated your surgery is, and your surgeon will be able to advise you further.

### 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.

## Before your operation

Having seen your doctor 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.

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 height and weight. 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. Signing this form does not stop you from asking questions or changing your mind.

## **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 those undergoing a laparoscopy, but in some circumstances it is appropriate. If you do require bowel preparation medication, you will be given information on how to take it correctly in pre-assessment.

## **Contraception**

If you are sexually active and having regular periods, it is important you are not pregnant at the time of the operation. Please ensure you are using some form of contraception, and see your GP for advice about this if needed.

your diet will minimise the risk of constipation. Remaining mobile will also help with this.

## **Personal hygiene**

It is better to shower than to bath for the first week after surgery. It is advisable to avoid using tampons or menstrual cups 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 to advise you.

## **Exercise**

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



## **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. We may be able to provide a sick note if this is expected to be more than 5 working days.

## **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.

## **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

You may be asked to stop your contraception for a few weeks before the operation if it contains oestrogen (such as the Combined oral contraceptive pill, NuvaRing etc.), as this may increase the risk of developing blood clots after the operation. In this case, you will be advised when to restart it (usually 2 weeks after you are back to your normal mobility). If it is not possible to stop your contraception, please let your surgeon know.

We will perform a urine pregnancy test on the day of the procedure, and your surgery may be cancelled/postponed if you are pregnant. (This may not be applicable if you are having emergency laparoscopy e.g., for ectopic pregnancy)

## **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.

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 by mouth 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. This may be because the operation was more complex than originally

anticipated. Please be re-assured we will arrange admission on your behalf if this is required. This will be to ensure your safe recovery, tailored to your needs, which may change during or after your surgery.

## After your operation

Having a general anaesthetic can make you very groggy. You might feel less co-ordinated or that it's difficult to think clearly. This should pass within 24 hours. In the meantime, don't drive, drink alcohol, operate machinery or sign anything important.

## 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.