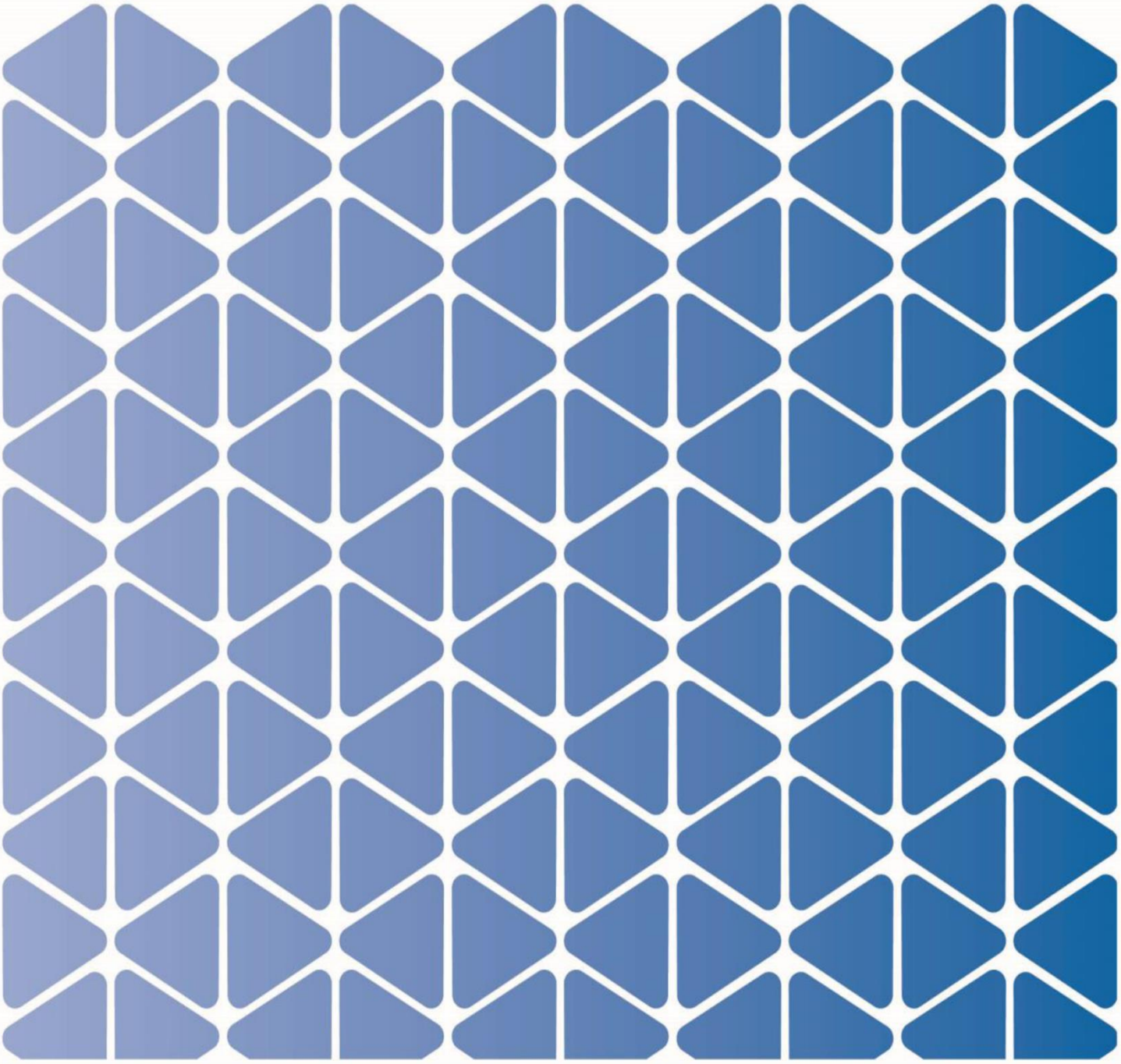
NHS
Worcestershire Acute Hospitals NHS Trust

PATIENT INFORMATION

LAPAROSCOPY AND DYE TEST



As part of your ongoing fertility treatment your consultant has requested that you have a laparoscopy and dye test. A laparoscopy is a telescopic examination that allows the surgeon to assess your ovaries, fallopian tubes and uterus (womb).

This procedure will provide us with information regarding possible further treatment
This procedure is normally carried out as a day case at either Kidderminster or Worcestershire Royal Hospital.

You will receive confirmation of your operation date in the post and you will also receive a date for pre-operative assessment.

Preparation for the day

It is important that you are well prepared for the procedure. There is a risk that your procedure will be cancelled if there is a chance of very early pregnancy. In order to be sure you are not pregnant at the time of the procedure you must not have sex or you must use reliable contraception between the first day of the last NORMAL period to the date of procedure.

Unfortunately, if your period is due around the admission date that you are given please contact the consultant's secretary to reschedule your operation.

Please ensure that you arrange for a family member or friend to transport you to and from the hospital on the day of the operation.

It is very important that by the time you come to be admitted for the procedure you have completed all of your fertility investigations. This includes your partner's semen analysis. This allows the fertility team to formulate an action plan for future treatment following your procedure.

Day of the Operation

Please follow the fasting instructions that you are given at pre operative assessment clinic on the day of your admission. When you are admitted to the hospital you will be shown to a bed area so that you can get changed for the procedure and pre operative checks can be carried out. Before the operation you will be seen by the anaesthetist and the consultant or a member of his team.

You will be given a general anaesthetic and a small cut is made (approx 1cm) just below your navel. Through this incision some carbon dioxide is inserted to improve the view of your reproductive organs into your abdomen. Then a fine telescope is passed through the incision. This allows the surgeon to examine the uterus (womb), fallopian tubes and ovaries. It may also be necessary to make 1-2 more small incisions if further instruments

are required during the operation. At the same time a vaginal examination is performed and a blue dye is injected through the neck of the womb in to the uterus and into the fallopian tubes. This will allow the surgeon to assess whether the tubes are blocked or not. The procedure is very quick and you will be back on the ward as soon as you have recovered from the anaesthetic.

The procedure is not particularly painful but you will be given analgesia whilst you are having your operation and again when you wake up should you require any.

Many women experience lower abdominal discomfort similar to period pain. You can sometimes experience pain in your clavicle (shoulder), due to gas dispersing that was used during the procedure. Simple analgesia such as Paracetamol or ibuprofen should be adequate to relieve this pain.

There is a very small risk of complications with this procedure such as bleeding or injury to the bowel or bladder. If this occurs it may be necessary to perform a laparotomy where a bigger incision is made in you tummy to deal with the problem. This will mean a longer stay in hospital and a longer recovery period. Women who are overweight (obese), patients who have had previous surgery or who have pre existing medical conditions must understand that the quoted risks for serious or frequent complications will be increased.

Frequent risks
Bruising around scar
Shoulder tip pain
Wound gaping
Wound infection

Serious infrequent risks
<u>The overall risk of a serious complication is 1: 500</u>

- Damage to bowel/uterus or a major blood vessel which would require immediate repair by laparotomy.
- NOTE: Approximately 15% of bowel injuries might not be diagnosed at time of laparoscopy.
- Failure to gain entry into abdominal cavity to complete procedure
- Hernia at site of entry
- Death : 3-8 women in every 100,000 die as a result of complications

Extra procedures which may be required include:

- Blood transfusion
- Laparotomy
- Repair of bowel/resection of bowel
- Repair of uterus
- Repair of bladder
- Repair of major blood vessels.

After the operation

After you have recovered from your operation you will be allowed home (approximately 4 hours after operation). A family member or friend which must be an adult will be required to pick you up and transport you home. You should not go home on public transport.

It is important that you do not drive or operate machinery for 48 hours after the operation. Everyone recovers at a different rate but normally most patients require between 2 and 5 days off work.

There are several ways in which your incision may be closed with sutures. Sutures that are used to close your incision are normally dissolvable and you should check with the nurses prior to discharge to ensure that this is the case. Should they not dissolve please see you practice nurse at your GP surgery and have the suture removed. The wound should be inspected regularly for signs of infection. Should you experience any lower abdominal pain, fever or offensive vaginal discharge in the week following your procedure then please see your GP for antibiotics.

It is normal to have some blue vaginal spotting following the procedure; this is simply the dye that has been used to check the patency of the tubes. Some women experience some light vaginal bleeding following the procedure. Please use sanitary towels rather than tampons and the bleeding should settle within a few days.

Test results

Your test results will be discussed with you following the operation. Usually a plan of care is formulated and treatment, if possible, will be commenced at this point. If this is not suitable an appointment will be made for you to discuss your results in clinic.

If your symptoms or condition worsens, or if you are concerned about anything, please call your GP, 111, or 999.

Patient Experience

We know that being admitted to hospital can be a difficult and unsettling time for you and your loved ones. If you have any questions or concerns, please do speak with a member of staff on the ward or in the relevant department who will do their best to answer your questions and reassure you.

Feedback

Feedback is really important and useful to us – it can tell us where we are working well and where improvements can be made. There are lots of ways you can share your experience with us including completing our Friends and Family Test – cards are available and can be posted on all wards, departments and clinics at our hospitals. We value your comments and feedback and thank you for taking the time to share this with us.

Patient Advice and Liaison Service (PALS)

If you have any concerns or questions about your care, we advise you to talk with the nurse in charge or the department manager in the first instance as they are best placed to answer any questions or resolve concerns quickly. If the relevant member of staff is unable to help resolve your concern, you can contact the PALS Team. We offer informal help, advice or support about any aspect of hospital services & experiences.

Our PALS team will liaise with the various departments in our hospitals on your behalf, if you feel unable to do so, to resolve your problems and where appropriate refer to outside help.

If you are still unhappy you can contact the Complaints Department, who can investigate your concerns. You can make a complaint orally, electronically or in writing and we can advise and guide you through the complaints procedure.

How to contact PALS:

Telephone Patient Services: 0300 123 1732 or via email at: wah-tr.PALS@nhs.net

Opening times:

The PALS telephone lines are open Monday to Friday from 8.30am to 4.00pm. Please be aware that you may need to leave a voicemail message, but we aim to return your call within one working day.

If you are unable to understand this leaflet, please communicate with a member of staff.