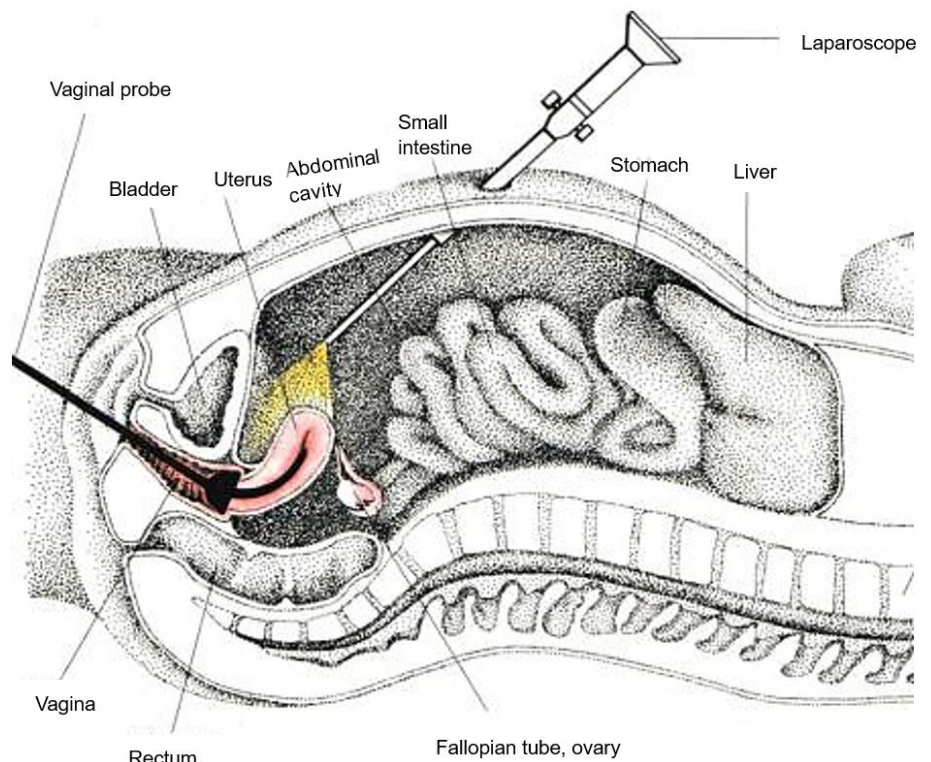


## Laparoscopic surgery

A laparoscopy is a type of surgical procedure in which the abdominal cavity is not opened, but special instruments are introduced into the abdominal cavity through small incisions (1-1.5 cm) in the abdomen. A laparoscopy can be used to remove samples of tissue for histopathologic evaluation, check the patency of the fallopian tubes, eliminate adhesions, and remove tumours of the uterus or ovaries. The procedure has several other indications. It allows for the diagnosis of various conditions of the abdominal organs, such as endometriosis, blocked fallopian tubes, and developmental disorders of internal genital organs. Compared to open surgery, laparoscopic surgery has the advantages of less tissue trauma, faster postoperative recovery, reduced pain, and smaller scars.

### Description of the procedure

The procedure is performed under general anaesthesia. First, the abdominal cavity is inflated with CO<sub>2</sub> gas using a special needle. The gas expands the cavity allowing for greater visibility. The procedure involves making 2-4 small incisions in the abdomen. One incision is made in the umbilical region. Through this incision, a laparoscope is inserted into the abdominal cavity. Another 1-3 small incisions are made in the lower abdomen to insert the surgical instruments. Abnormal tissue removed during the procedure is sent for histopathologic evaluation. The results come back after two weeks.



### Postoperative period

After the procedure, you will be taken to the intensive care unit or a general ward. The average hospital stay is 1-3 days. If you are having minor surgery, you will likely be able to go home on the same day. If necessary, you will be given a prescription for painkillers or anti-inflammatory drugs. A follow-up and the removal of the sutures is required 5-8 days after the procedure. The period of incapacity for work depends on the scope of the procedure and your condition. It can vary from 2-3 days to 2-3 weeks. After the procedure, it is recommended to eat easy-to-digest foods that do not cause gas or constipation. Sexual intercourse should be avoided until vaginal bleeding has stopped. Be sure to consult a doctor if you experience:

- Increase in body temperature above 37.5 °C
- Severe pain in the abdomen or lumbar region
- Gastrointestinal disturbances such as vomiting, diarrhoea, bloating
- Abnormal urination, including urinary retention, low urine output
- Excessive foul-smelling vaginal discharge

## Possible complications

Common complications following laparoscopic surgery include **short-term abdominal pain or pain in the shoulder and neck caused by trapped CO<sub>2</sub> gas and the resulting irritation of the diaphragm**. These symptoms usually disappear within 1-2 days. Rare complications of laparoscopy include postoperative infection of the uterus and the uterine appendages, intra-abdominal bleeding, thrombosis (formation of a blood clot inside a blood vessel), and embolism (blockage of a blood vessel by an air bubble). Other rare complications include mechanical or electrosurgical injuries to nearby organs (intestines, bladder, blood vessels). If these complications occur during surgery, opening of the abdominal cavity is necessary. However, it is also possible that these complications manifest later (especially in the case of electrosurgical injuries). Therefore, if the complaints listed above should appear during the first week after surgery, you should seek immediate medical attention. Complications associated with anaesthesia usually include hypersensitivity to medications. Sometimes, vomiting during anaesthesia and subsequent aspiration of stomach contents and suffocation may occur due to failure to comply with fasting instructions. To reduce the risk of complications, please inform your doctor before the procedure about:

- any known illnesses and medications you are taking regularly. On the day of surgery, take only the medications you were instructed to take by your doctor.
- your state of health on the day of surgery (e.g., viral infection);
- any known hypersensitivity to medications.

To avoid vomiting and prevent the acidic stomach contents from entering the lungs, **you must not eat or drink for at least 6 hours prior to the procedure**. You should also not smoke or chew gum. Follow your doctor's recommendations regarding diet and the use of laxatives before surgery.

During laparoscopy, a situation may arise where the planned procedure is technically not feasible. For example, there are intra-abdominal adhesions that prevent access to the abdominal cavity, or the instruments do not reach the surgical site due to excess abdominal fat. Also, the disease process may be more extensive and require wider access to surgical region. In such cases, the surgeon needs to switch to an open surgery.

### Additional risks and notes:

#### Planned procedure:

I have read the information sheet and understand the procedure that is planned for me. I have received answers to my questions.

Patient's name		Signature	
Doctor's name		Signature	

Date: ..... 20..... y

The information sheet is filled out in two copies, one of which remains with the patient and the other with the medical record.

Material used: "Laparoscopy" The Women's Clinic of Tartu University Hospital