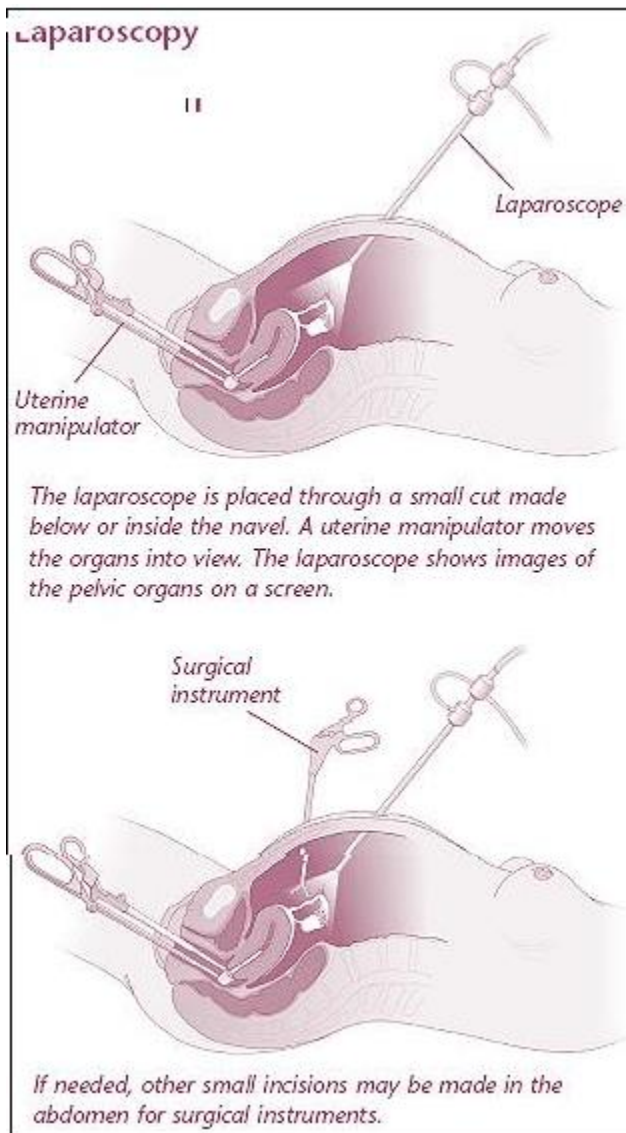


**L**aparoscopy is a type of surgery. It is used to detect and treat many health problems. Over the past 20 years, laparoscopy has become fairly common. It often can be performed as an out-patient procedure. Most patients recover from laparoscopic surgery within days.

This pamphlet explains

- surgery with laparoscopy
- reasons for having laparoscopy
- what happens during the procedure
- what you can expect during your recovery
- risks and benefits of laparoscopy

### What Is Laparoscopy?



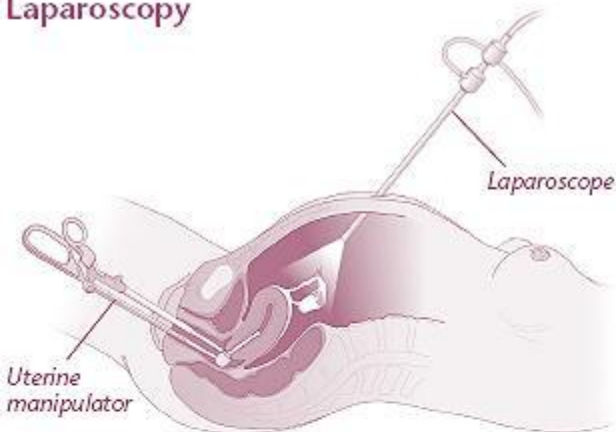
Laparoscopy is a way of doing surgery without making a large incision (cut). A thin, lighted tube—known as the laparoscope—is inserted into the abdomen through a small incision. The laparoscope is a small camera that allows your doctor to see the pelvic organs. If a problem needs to be fixed, other instruments are used. These instruments are inserted either through the laparoscope or through other small cuts in your abdomen.

### Why Is It Done?

There are many uses for laparoscopy. One common use is to find the cause of a health problem, such as chronic pelvic pain (pain that lasts for more than 6 months). Laparoscopy is used for some procedures and to treat some conditions as follows:

- **Endometriosis**—If you have endometriosis, laparoscopic surgery may be done to treat it. During this procedure, the endometriosis tissue is removed with a laser, heat, or other methods.
- **Fibroids**—Fibroids are growths that form inside the wall of the uterus or outside the uterus. When fibroids cause pain and heavy bleeding, laparoscopy sometimes can be used to remove them, depending on how many fibroids there are, how big they are, and where they are located.
- **Ovarian cysts**—Some women have cysts (fluid-filled sacs) that develop on the ovaries. These cysts may cause only mild discomfort. Over time, ovarian cysts often go away on their own. But if they do not, your doctor may suggest that they be removed with laparoscopy.
- **Ectopic pregnancy**—Laparoscopy may be done to remove an ectopic pregnancy in the fallopian tube.

### Laparoscopy

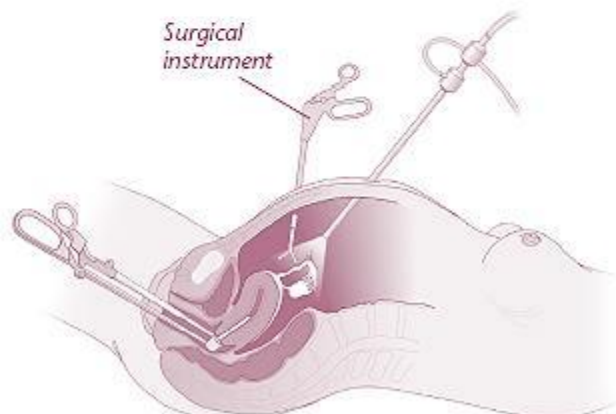


The laparoscope is placed through a small cut made below or inside the navel. A uterine manipulator moves the organs into view. The laparoscope shows images of the pelvic organs on a screen.

- **Sterilization**—In this operation, the doctor uses the laparoscope as a guide to block the fallopian tubes by cutting, clipping, or burning them. After this procedure, a woman can no longer get pregnant. It is meant to be a permanent method of birth control.
- **Laparoscopically assisted vaginal hysterectomy (LAVH)**—LAVH is a type of **hysterectomy** in which the uterus is removed through the vagina. The laparoscope is used to guide the procedure.
- **Laparoscopic hysterectomy**—In this procedure, the uterus is detached from inside the body. Several small incisions are made in the abdomen for the laparoscope and the instruments that are used to remove the uterus. The uterus is removed in small pieces.
- **Pelvic problems**—Laparoscopic surgery can be used to treat urinary **incontinence** and pelvic support problems, such as **uterine prolapse**.

### What To Expect

Laparoscopy often is done as outpatient surgery. You usually can go home the same day, after you recover from the procedure. More complex procedures, such as laparoscopic hysterectomy, may require an overnight stay in the hospital. Before surgery, you will be given **general anesthesia** that puts you to sleep and blocks the pain. **Local anesthesia** instead of general anesthesia may be used. This type of anesthesia numbs the area, but you remain awake.



If needed, other small incisions may be made in the abdomen for surgical instruments.

Your doctor will make a small incision in your navel and insert the laparoscope. During the procedure, the abdomen is filled with a gas (carbon dioxide or nitrous oxide). Filling the abdomen with gas allows the pelvic reproductive organs to be seen more clearly.

The laparoscope shows the pelvic organs on a screen. Other incisions may be made in the abdomen for surgical instruments. These incisions usually are no more than half an inch long. Another instrument, called a uterine manipulator, may be inserted through the cervix and into the uterus. This instrument is used to move the organs into view.

After the procedure, the instruments are removed and the small incisions are closed with stitches or tape. There will be small scars that usually fade over time.

### **Your Recovery**

If you had general anesthesia, you will wake up in the recovery room. You will feel sleepy for a few hours. You may have some nausea from the anesthesia. You must have someone drive you home.

For a few days after the procedure, you may feel tired and have some discomfort. You may be sore around the incisions made in your abdomen and navel. Sometimes, the tube put in your throat to help you breathe during the surgery may give you a sore throat for a few days. If so, try throat lozenges or gargle with warm salt water. You may feel pain in your shoulder or back. This pain is from the gas used during the procedure. It goes away on its own within hours or a day or two. If pain and nausea do not go away after a few days or become worse, you should contact your doctor.

Your doctor will let you know when you can get back to your normal activities. For minor procedures, it is often 1–2 days after the surgery. For more complex procedures, it can take longer. You may be told to avoid heavy activity or exercise.

### **Risks and Benefits**

As with any surgery, there is a small risk of problems with laparoscopy (see [box](#)). Sometimes the problems do not appear right away. The risk that a problem will occur is related to the type of surgery that is performed. The more complex the surgery, the greater the risk. Be sure to ask your doctor about the risks associated with your specific surgery. There also may be other ways to treat your condition besides surgery, such as medications.

#### **Risks Associated With Laparoscopy**

Laparoscopy is a safe procedure, but there is a small risk of the following complications:

- Bleeding or a hernia (a bulge caused by poor healing) at the incision sites
- Internal bleeding
- Infection
- Damage to a blood vessel or other organ, such as the stomach, bowel, or bladder
- Problems caused by anesthesia

In some cases, the surgeon decides that a laparoscopy cannot be done during the surgery. An abdominal incision is made instead. If this happens, you may need to stay in the hospital for a day or two. Your recovery also will take longer.

Laparoscopy has many benefits. There is less pain after laparoscopic surgery than with open abdominal surgery, which involves larger incisions, longer hospital stays, and a longer recovery. The risk of infection also is lower. You will be able to recover from laparoscopic surgery faster than from open abdominal surgery. It can be done as outpatient surgery, so you usually will not have to spend the night in the hospital.

The smaller incisions that are used allow you to heal faster and have smaller scars.

### Finally...

Laparoscopy is a way to perform surgery without making a large incision. It has many benefits over other types of abdominal surgery but also carries some risks. Also, keep in mind that laparoscopy is still surgery. You will need time to rest and recover afterwards.

### Glossary

**Ectopic Pregnancy:** A pregnancy in which the fertilized egg begins to grow in a place other than inside the uterus, usually in one of the fallopian tubes.

**Endometriosis:** A condition in which tissue similar to that normally lining the uterus is found outside of the uterus, usually on the ovaries, fallopian tubes, and other pelvic structures.

**General Anesthesia:** The use of drugs that produce a sleep-like state to prevent pain during surgery.

**Hysterectomy:** Removal of the uterus.

**Incontinence:** Inability to control bodily functions such as urination.

**Local Anesthesia:** The use of drugs that prevent pain in a part of the body.

**Uterine Prolapse:** Sagging of the uterus into the vagina.

This Patient Education Pamphlet was developed by the American College of Obstetricians and Gynecologists. Designed as an aid to patients, it sets forth current information and opinions on subjects related to women's health. The average readability level of the series, based on the Fry formula, is grade 6–8. The Suitability Assessment of Materials (SAM) instrument rates the pamphlets as "superior." To ensure the information is current and accurate, the pamphlets are reviewed every 18 months. The information in this pamphlet does not dictate an exclusive course of treatment or procedure to be followed and should not be construed as excluding other acceptable methods of practice. Variations, taking into account the needs of the individual patient, resources, and limitations unique to the institution or type of practice, may be appropriate.

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