

Community Reproductive Endocrinology

Laparoscopy

When is a laparoscopy recommended?

A laparoscopy is often recommended to patients who have pelvic pain with or without intercourse, history of abdominal surgery or pelvic infection, and/or menstrual abnormalities.

It may assist in identifying and/or treating problems such as pelvic scarring (adhesions), endometriosis, uterine fibroids, ovarian cysts, and ectopic pregnancies. Often, the physician may inject dye through the uterus during this procedure to see if the fallopian tubes are open.

What is a laparoscopy?

A laparoscopy is usually performed on an outpatient basis under general anesthesia. Once the patient is comfortably asleep, the physician dilates the cervix so that a uterine manipulator may be placed. This manipulator will be used to move the uterus during the procedure to assist in visualization and may be where dye is injected to verify if the fallopian tubes are open.

After the manipulator is placed, the physician will make a small incision, often through the belly button. It is through this incision that carbon dioxide flows into the abdomen, which distends the belly and helps create space within the cavity so that the physician can better see. The laparoscope is then inserted through this incision.

If an abnormality is found that may be addressed immediately, the physician may decide to do an operative laparoscope. At this time, one or two additional small incisions, often along the bikini line, may be made. It is through these incisions that additional instruments may be inserted to assist with the surgery.

Once the surgery is completed, the physician may choose to close the incision in a variety of ways. He may use dissolvable suture, glue, or band-aids.

What is a laparotomy?

During a laparoscopy, it may become necessary to perform a laparotomy. This occurs when the physician makes a larger incision, often along your bikini line. This surgery would involve longer recuperation time. Your physician can provide you with more information about the probability of this occurring.

What are the risks of laparoscopy?

As with all general surgeries, there are risks associated with anesthesia. The physician and anesthesiologist can explain these in more detail. These risks, as well as allergic reactions, are rare. Serious complications from a laparoscopy occur rarely. The most severe complications involve damage to other pelvic organs such as the bowel, bladder, and ureters.

What can I expect after my laparoscopy?

Most patients experience mild to moderate discomfort for 24-48 hours after a laparoscopy. Narcotics are often prescribed, and it is up to the patient's discretion if they are needed. Patients may often return to work in as little as 2-5 days, depending on the physical level required. Activity is often limited for 2-7 days following the procedure. The physician will provide you with more detailed post-operative instruction.