Laparoscopy is a minor operation under general anaesthesia lasting 15 to 20 minutes and allows us to directly visualize the organs within the pelvis and abdomen.

Why?

Laparoscopy can simply be a **diagnostic procedure** in order to establish the underlying cause of many pelvic symptoms for pain, heavy bleeding, etc.

Alternatively it is possible for us to perform a number of **therapeutic procedures** through the laparoscope. These include sterilization, treatment of ectopic pregnancies and often at times removal of endometriosis, removal of ovarian cyst and pelvic adhesions etc.

**The Procedure**

The laparoscope itself is a small instrument that is introduced through the umbilicus (navel) by a small incision, its approximate thickness is that of a pen. It is through this telescope that we are able to visualize the pelvis with some detail. Further small incisions are usually made in the pubic hairline or just above to allow us to introduce other instruments to move around some of the organs to allow us to have a better view. A moderate amount of gas is also inserted into the abdomen to allow us to obtain a better more optimal view.

It may be necessary at times to continue on with surgery and treat the appropriate cause of your symptoms. If this is a possibility then that will be entertained prior to your operation. This may include diathermy of endometriosis or division of adhesions. If the procedure is much more serious than originally expected, then you would be informed of this following the operation to better plan how you would like to proceed.
Associated Procedures

Often associated with the laparoscopy, a small instrument is inserted into the uterus to allow us to move the uterus about during the course of the operation. This sometimes does cause some bleeding after your procedure but it is usually not heavy. At the same time, often the hysteroscopy can be performed as well as a diagnostic curettage.

Again, these may cause some period like cramping and a small amount of bleeding. Equally, a dye study can also be performed where blue dye is passed through the cervix into the uterus and hopefully out through the fallopian tubes. This is usually utilized to establish whether your tubes are patent or not.

All of this is usually performed as a day procedure under general anaesthetic. This of course means that you would need to be there just prior to the start of the operation and would need to stay for a number of hours afterwards. The amount of time allocated for you to stay after the operation depends on your degree of discomfort afterwards and any effects you have from the anaesthetic.

Post Operatively

It is essential that someone collect you from the hospital and be attendance with you for 24 hours following. You are NOT under any circumstances allowed to take public transport home.

Equally, for the 24 hours following, you should not drive yourself or perform any other tasks that may cause injury to yourself. It is very common to experience some shoulder or neck pain and this relates to the gas that was placed in your stomach to allow us to better visualize the pelvis. The gas irritates the diaphragm which in fact has the same nerve supply as the tip of your shoulder and the brain perceives as it is coming from the shoulder rather than your diaphragm. You will therefore require some pain killers when you return home, the most appropriate would be Panadeine or Panadol and should at any time the pain become severe, then you should contact me.
**Risks?**

As with any operation, there are a number of risks.

Firstly, these may include an adverse reaction to the anaesthetic which may represent increased sensitivity to the usual dose of drugs or an allergic reaction. Also, there may be some nausea and vomiting due to the anaesthetic after the procedure has finished. As far as the operation is concerned, there is the risk of bleeding and infection in both the wound or inside the abdomen itself. There is also the very rare risk of damage to internal organs such as bowel, bladder or ureter (the tube that runs from the kidneys to the bladder). If this were to occur, then further surgery would be required by a formal incision into the abdomen which would require a longer hospital stay.

You may also experience some numbness around the incision site initially and also some bruising both of which are relatively normal. Puncture of major blood vessels within the abdomen also can occur but also are extremely rare. This would equally necessitate further surgery. Obviously all precautions are undertaken to prevent any of these complications from occurring and of course you can reduce the risk further by not smoking prior to surgery and ensuing that you are in the best possible physical state.

**Follow Up**

Post-operatively, you will experience the discomfort or pain as I outlined earlier. You will have a stitch in the small abdominal wounds that you will be informed about as to whether it will require removal or not. You should be able to resume activity within your pain limitation the following day and usually you will require a couple of days off work depending on the vocation which you undertake. Normal sexual activity can be resumed when bleeding and the discomfort has settled and you feel well enough yourself. I would usually make it fairly clear when I would like to see you again for follow up advice, however, should you have any concerns in the interim, you should contact me earlier.
Hysteroscopy is a technique which allows me to look directly inside the womb (uterus). This is done by passing a small telescope (hysteroscope) which is passed through the neck of the womb (cervix) so that I can see into the womb itself.

A camera can also be fitted to the end of the hysteroscope to obtain a clear view of all its contents. If any disease processes are identified, then a small sample of tissue (a biopsy) can be taken if necessary. There are two main reasons for doing hysteroscopy.

1. As an investigative procedure to see if any uterine problems are the cause of infertility, recurrent miscarriage, heavy or irregular bleeding, postmenopausal bleeding, unexplained pain, fibroids or to check or remove an intrauterine contraceptive device.

2. Operative Hysteroscopy - This allows us to perform a number of operations under direct vision through the telescope. These include endometrial ablation, removal of polyps, removal of fibroids, division of scar tissue and removal of uterine septum.

Both of these procedures require you to spend a short time in hospital. This can usually be done as a day case procedure. General anaesthesia is usually undertaken so no pain is felt during the course of the procedure.

Whilst asleep, a small speculum is passed to visualise the cervix and the cervix itself is gently dilated to allow admission of the telescope. Fluid is then used to distend the uterine cavity a little so it is possible to see the walls of the uterus as these normally lie together. The shape, length and any irregularities in the uterine cavity can then be seen. It is also possible to see the openings of the fallopian tubes. As mentioned previously, a small tissue biopsy can be taken.

After the procedure, you may expect to get a small amount of bleeding and some period like cramping which may persist for up to 24 hours. The bleeding may persist longer than that and may last as long as a week, as long as this bleeding is not particularly heavy or fresh, there is little need for concern. As far as the operative hysteroscopy goes, obviously this is a more extensive procedure and may take upwards of an hour to perform. It equally has a separate risk profile.

RISKS:

A diagnostic hysteroscopy is a minor procedure and the risk of any serious complication or death is extremely small. It should not however be performed if you are pregnant or have evidence of recurrent uterine infection. As with any operation, there is always the risk of anaesthetic complication. Added to this, are the risks of operative hysteroscopy where because the procedure takes longer, fluid imbalance may develop because of the fluid that is used to distend the uterus. It is also possible to damage the surrounding structures to the uterus such as bladder, bowel or blood vessels. All of these are extremely rare and if you have any particular concerns about these, I would be only too happy to speak to you at length about this. Given this is a day surgical procedure, you do need someone to care for you for the 24 hours following your procedure and someone should certainly be at hand to take you home. You should call me if you have excessive vaginal bleeding as mentioned previously or if you get severe abdominal pain that is unrelieved by simple Panadol or Aspirin. You should also let me know if you have a fever above 38 C.
Dilatation and Curettage (D&C) is one of the most commonly performed gynaecological procedures.

It is used in two main areas.

1) As a **Diagnostic Procedure** in combination with hysteroscopy where an actual sample of the uterus is sent away for review by the pathologist. A D&C is a similar procedure to that outlined for the hysteroscopy in that the procedure is done under a general anaesthetic so no pain is felt during the course of the procedure. This can usually be done as a day case procedure. Whilst asleep, a small speculum is passed to visualise the cervix and the cervix itself is gently dilated to allow admission of the curette (a small open spoon like structure). The shape, length and any irregularities in the uterine cavity can often be felt. As mentioned previously, a small tissue biopsy can be taken. It usually takes 3 to 7 days for this result to come back from the pathologist.

After the procedure, you may expect to get a small amount of bleeding and some period like cramping which may persist for up to 24 hours. The bleeding may persist longer than that and may last as long as a week, as long as this bleeding is not particularly heavy or fresh, there is little need for concern.

2) As a **Therapeutic Procedure** where the procedure is undertaken to remove the tissue of pregnancy (products of conception ie miscarriage), polyps, IUCD (intrauterine contraceptive device) etc. Often a suction apparatus is utilised to perform a more complete operation.

**RISKS:**

A Dilatation and Curettage is minor procedure and the risk of any serious complication or death is extremely small. It should not however be performed if you have an ongoing pregnancy or have evidence of current uterine infection. As with any operation, there is always the risk of anaesthetic complication. It is also possible to damage the surrounding structures to the uterus such as bladder, bowel or blood vessels. It is also possible to damage the uterus itself by perforating (penetrating all the way through the uterine wall), this can lead to excessive bleeding necessitating opening your abdomen to control the bleeding scenario possibly requiring removal of the uterus. Pelvic Infection may also occur requiring antibiotic usage. Sometimes excessive amounts of the lining may be removed making it difficult for the lining to grow back and sometimes the walls of the uterus can stick together as in Ashermans Syndrome, both of which may reduce future pregnancy possibilities. All of these are extremely rare and if you have any particular concerns about these, I would be only too happy to speak to you at length about this.

Given this is a day surgical procedure, you do need someone to care for you for the 24 hours following your procedure and someone should certainly be at hand to take you home.

You should call me if you have excessive vaginal bleeding as mentioned previously or if you get severe abdominal pain that is unrelieved by simple Panadol or Aspirin. You should also let me know if you have a fever above 38 C.
Dilatation & Curettage (D&C)