

LAPAROSCOPY INFORMATION

The laparoscope is placed in an **incision in the belly button** in order to see. **Other incisions may also be made** for lasers and instruments for major surgery. Dr. Martin is usually assisted by surgical assistants or by hospital personnel. Other doctors in practice or in training will be introduced to you if they are present.

Laparoscopy is usually an out-patient procedure.

- **You may be asleep from 1 to 4 hours.**
- Common side effects include operative pain, shoulder pain, bloating, bleeding, bladder spasm, itching when shaved, sore throat, and leaking of the flotation fluid.
- Nausea and vomiting may occur following surgery. **Have a plastic bag and towels in your car** in case this happens going home.
- 1 in 150 patients stay overnight due to nausea, drowsiness or pain.

Problems such as bleeding, urinary retention, infection, pneumonia, allergy or leg clots require hospitalization in 1 in 400 basic laparoscopies. Long term pain from scarring, nerve entrapment, or tissue damage can follow any surgery. Major problems may require surgery or blood transfusion. The chance of a major problem is reported at 1 in 1,250 sterilization laparoscopies and 1 in 100 complex laparoscopies. More than 1 in 20 of some difficult cases may require open surgery. Hysterectomy, decreased sexuality, paralysis, colostomy, coma or death is rare. The chance of problems increases with time, difficulty, previous surgery, adhesions and weight. Surgery may be limited or stopped if there is increased risk. Other possibilities exist and I am unable to guarantee a successful completion or outcome of any surgery.

On rare occasion, unexpected cancer may be found. Fertility patients generally benefit by waiting for the accuracy of permanent sections. Patients who are not interested in preserving fertility may wish to proceed to hysterectomy on the basis of a quicker but less accurate frozen section in order to avoid a second surgery.

Pictures may be taken during surgery to show you what was seen and done. They are also used to teach other patients and other surgeons.

After surgery

- You should **avoid any activities that require concentration for 2 days.**
- You may have soreness, tenderness, burning or tingling for 3 weeks to 12 weeks.
- You can usually return to **work and normal tasks by 3 to 10 days.**
- You may take **3 to 10 weeks for your energy to return.**
- You can usually start having sex **after your post-op visit.**

If your tubes are scarred, you will need sonograms and blood pregnancy tests early in pregnancy to check for tubal pregnancy. Treatment by 3 to 4 weeks may save the tubes.

Laparoscopy generally has fewer problems than open surgery (laparotomy). However, some problems can be hard to control at laparoscopy and **open surgery may be needed to care for an emergency and to limit severe damage.** In some situations, open surgery is safer and better than laparoscopy. Additional preparation such as medication, bowel prep or banking your own blood may be useful in some situations. Open surgery generally requires 1 to 5 days in the hospital, 2 to 8 weeks for recovery, and 2 to 6 months for complete return of energy. If there are reasons for this before surgery, we will make plans for decisions about open surgery. Otherwise, we will stop and make decisions later when this can be delayed safely and reasonably.

Your insurance plan may not cover the total cost of extensive operative laparoscopy. In addition, some insurance plans have participating physicians. You should clarify your insurance coverage before you schedule surgery.

Please read this at home and ask questions before the day of surgery.

Dan C. Martin, M.D. UT Medical Group, Inc. 7945 Wolf River Boulevard, Suite 320 Germantown, TN 38138
Phone: 901-347-8331 - Fax: 901-347-8188

POSTOPERATIVE INSTRUCTIONS

LAPAROSCOPY

HYSTEROSCOPY / D&C

After surgery your concentration and energy levels will be low due to the surgery and anesthesia. For the first 48 hours, do not make decisions, drive a car, use electrical appliances or participate in activities that require concentration or energy. If you have stairs to go up, do so when you are rested.

You can usually resume light to moderate activities in one to three days. Major activities and heavy lifting can be resumed two to five days after surgery. You can usually return to work by two to five days.

You may be sore and have less energy than normal for three to ten weeks.

You can usually start having sex after your post-op visit.

Call the office with:

- Vaginal bleeding heavier than a menstrual flow,
- Temperature over 100 degrees for more than four hours,
- Cramping abdominal pain more than a menstrual period,
- Nausea with vomiting, or
- Any questions you have.

LAPAROSCOPY

Expect abdominal swelling for two to six weeks. You may notice a knot in the area of the incision. This is the absorbable stitch before it has had time to dissolve. The incision may be tender for one to four weeks. You may have spotting or bleeding for 10 days.

You may have shoulder pain particularly in the right shoulder. This pain is related to irritation from surgery and from the gas that remains after surgery. This may get better if you lay on your right side to move the gas to the left. A salt water solution is left in the

abdomen to push out the gas; this may leak out of the incision and may have a small amount of blood.

You may experience vaginal drainage of a blue dye if it was used to check the tubes.

You can start on regular diet today / _____.

Your bandaids can be taken off tomorrow. The steristrips should stay on for five days. You can bath or shower with the Steristrips.

HYSTEROSCOPY AND/OR D&C (DILATATION AND CURETTAGE)

A small amount of bleeding is common for several days. Do not have intercourse until after the bleeding has stopped. Call if this is heavier than a menstrual period or lasts more than 10 days.

HYSTEROSALPINGOGRAM (X-RAY)

After a hysterosalpingogram, you may experience vaginal drainage of the dye.

MEDICATION

Pain medication, gas medication, and other medications should be taken as prescribed.

Use Aleve 220 mg or Motrin 600 mg every 6 hours to help with swelling and pain.

Other medication may be used for problems such as bladder infection, etc.

If you are on other medication, please ask Dr. Martin when to restart these.

APPOINTMENT

Please call 347-8331 to set up a follow-up appointment to see Dr. Martin in 4 weeks.

EMERGENCIES

The office or answering service is 347-8331

If you have questions, please be sure to ask.
