LISTER FERTILITY CLINIC

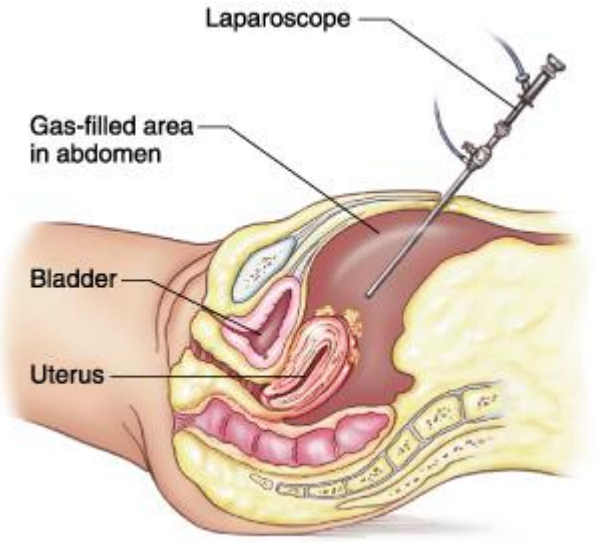
part of HCA Healthcare UK

Laparoscopy-Hysteroscopy

Patient Information

Laparoscopy

The **laparoscope**, a surgical instrument similar to a telescope, is inserted through a small incision (cut) in the belly button during laparoscopy.



The purpose is to visualise the pelvis and assess the tubal patency; as well as surgically treating conditions that could reduce the chance of conception or cause other problems such as pain.

The abdomen is distended with a gas called carbon dioxide. This gas creates a space in the abdominal cavity into which the laparascope can be safely introduced thereby reducing the risk of inadvertently puncturing the bowel, blood vessels or other organs in the abdomen.

- The laparoscope allows the doctor to see the pelvic organs and allows other instruments to be introduced and used under direct vision.
- Once the **laparascope** is in the abdomen, the surgeon will : carefully examine the pelvis looking for conditions such as **endometriosis, fibroids and signs of previous pelvic infection** that may affect fertility.
- **Dye** is inserted through the cervix into the uterus and fallopian tubes to check whether the tubes are open.
- A second small incision at the pubic hairline and sometimes a third one to the side of the abdomen are required for scissors, coagulator or laser to perform major closed surgery at laparoscopy.
- It may be possible to treat conditions such as **endometriosis or adhesions**. If one or both tubes are found to be blocked at the fimbrial end (the end of the tube

furthest away from the uterus near the ovary), it may be possible to open the tube **(salpingostomy**). This depends on the severity of damage to a tube.

- Tubes that are surgically opened may later reclose and become blocked again. A tube that is blocked and full of fluid is called a **hydrosalpinx** which can be found in one or both tubes. The chances of a successful outcome from an IVF cycle are reduced if there is an untreated hydrosalpinx at the time or at a treatment cycle.

- If a **hydrosalpinx** is suspected from a previous ultrasound findings or **hysterosalpingogram (HSG),** the doctor will discuss the possibility of clipping or removing affected tube(s) for these patients at the time of the laparoscopy if consent is given.

- If a hydrosalpinx has not been suspected preoperatively and consent for removal or clipping the tube has not been obtained, it will not be performed at the diagnostic laparoscopy and a second laparoscopy may be recommended.

- The alternative procedure to check tubal patency is **hysterosalpingogram HSG**, which is an x-ray but this gives more limited information about the pelvic anatomy and can not diagnose endometriosis or adhesions reducing the mobility of the tubes.

Hysteroscopy is the use of a small optical tube that is inserted through the vagina into the uterus without incision to visualise the uterine cavity. It is usually performed with laparoscopy in order to determine:

(1) the size and depth of the uterine cavity

(2) the presence of congenital abnormalities within the uterus, such as a septum that divides the inside of the uterus, or a double uterus

(3) the presence of polyps or fibroids in the uterine cavity; and resecting these if possible

(4) whether specific abnormalities of the endometrium (lining of the uterus) are present, e.g. hyperplasia (excessive growth of the lining of the uterus), scarring adhesions or inflammation. D & C (dilatation and curettage) may also be performed to obtain a biopsy of the endometrial lining for microscopic examination.

Pictures may be taken during surgery and used to show you what was seen and done and they will be kept in your medical notes.

Antibiotics, and other medications may be used with surgery to reduce the risk of infection and aid in healing. Although laparoscopy/hysteroscopy is generally a day-case procedure, you may be asleep from 1-2 hours, occasionally longer. About 1 in 40 patients are admitted for overnight stay due to nausea, drowsiness, or needing pain relief.

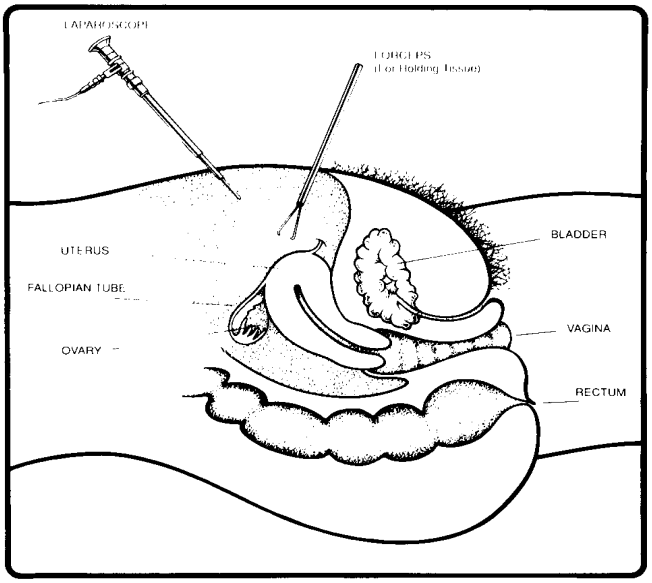
Complications

Complications from laparoscopic/hysteroscopic surgery are very uncommon, but they do sometimes occur. It is also possible that because of complications, or because of the discovery of life-threatening abnormalities, immediate major abdominal surgery might be necessary. The chance of severe complications such as hysterectomy (removal of the uterus), colostomy (bowel bag on the side), is extremely rare. With respect to your life, this operation is six times safer than driving a car and two to three times safer than being pregnant.

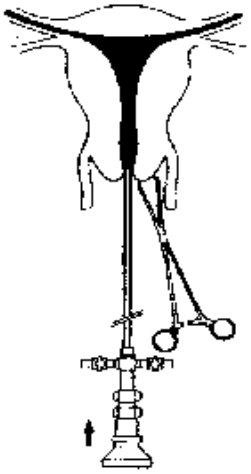
Potential complications – these are uncommon but include:

- bleeding (sometimes needing blood transfusion)
- infection, particularly of the belly button
- poor healing wounds and scarring
- inflammation of the lining of the abdomen
- intra-abdominal adhesions (scarring)
- injury to the intestines
- abnormal gas collections underneath the skin
- hernias in the surgical wound
- burns on the skin and inside the abdomen
- damage to the bladder and ureter (tube carrying urine from the kidney to the bladder)
- blood clots in the pelvis and lungs
- allergies and other reactions to one or more substances used in the procedure

Diagnostic hysteroscopy is a very minor procedure and the risk of serious complication is extremely small. It should not be done if the woman is pregnant or has an infection. Operative hysteroscopy carries a small risk of complications like infection, bleeding, perforation of the uterus, intrauterine adhesions formation and very rarely hysterectomy. Some of these complications may require further surgery



Both a laparoscope and forceps have been inserted.



Hysteroscopy

The alternative procedure to laparoscopic surgery is open surgery. However, this alternative method also carries higher risks and a much longer period to recover and more pain and discomfort.

Therefore, in those patients in whom laparoscopic surgery is possible, the procedures provide the patient with diagnosis and treatment at low risk and less discomfort. Your doctor cannot and does not guarantee the success of this procedure, i.e., that pain will be totally resolved, but believes that the procedure is in your best interest.

The complication rate increases with obesity and if you have had previous abdominal surgery.

Booking a laparoscopy

Laparoscopy or hysteroscopy should be performed during the **first half of your cycle, before ovulation** to minimise the risk of disrupting an early conception. To book the procedure please call the IVF nurses on **020 7881 4040** at the start of your period. The nurses will help you book the procedure in the following 2 weeks.

Pre-operative Instructions

- Do not eat or drink anything after 12:00 midnight the night before surgery. If you are currently any medication, you should inform the doctor.
- You are advised to have a shower or a bath the night before the surgery.
- Nail polish, make-up and jewellery should be removed prior to coming in.
- At 7.30 am please report to The Lister Hospital's main reception located on the ground floor for admission.
- Please bring a dressing gown & slippers.

- Arrangements should be made for childcare for the day of surgery. Make arrangements for someone to pick you up on the day and be there for you at home for the next 24 hours.
- The doctor may advise bowel preparation.
- Immediately prior to surgery, you will be asked to empty your bladder.

Contact lenses and dentures should be removed.

Post-operative Instructions:

You will remain in the hospital for at least four hours after the procedure. **You are unlikely to be discharged from the Hospital before 18.00.** Your doctor will see you before leaving the hospital to discuss the findings with you. If you are unable to empty your bladder or have severe nausea, an overnight stay may be required.

Common Post-Operative Symptoms :

- Shoulder pain from the carbon dioxide gas and abdominal distension are common.
- Your throat may be sore from the endotracheal (anaesthetic) tube.
- You may have some vaginal bleeding or discharge that may continue for one to two weeks. This should not be very heavy.
- You may initially have some difficulty passing urine or opening your bowels.
- Expect to feel sore and " washed out " for a few days following surgery.
- You are advised to get up and move about. Increase your activity gradually during this time.

Common Post-Operative Instructions :

- Plan to avoid any activities that will require concentration for at least 2 days.
- You can usually return to work and moderate activities by the third day.
- You may need 1-3 weeks to return to heavy activities and for full recovery, especially if more extensive surgery has been performed through the laparoscope.
- The small incisions will normally be closed with 1or 2 dissolving stitches. It may take 2-3 weeks for the stitches to dissolve and the ends of the skin surface to drop off
- You may shower or have a bath after the procedure.
- Sexual activity may be resumed approximately two to three days after the procedure unless you are advised otherwise. However, if you experience any

pain, vaginal bleeding, or discharge, please do not resume sexual activity and contact the Unit on **020 7881 4040** Monday – Friday 9am – 4.30pm.

- You should feel better each day after your surgery. If you are worried ring the emergency phone **07860 464100**. Things to be concerned about include increasing abdominal pain, fever, significant bleeding or severe nausea and vomiting.

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Hysteroscopy

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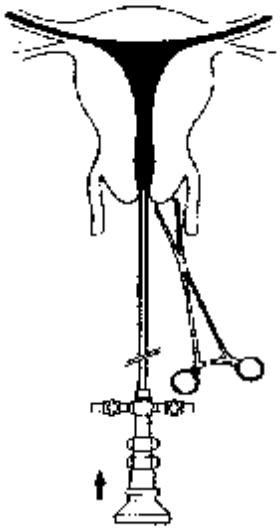

Hysteroscopy

Procedure and indications

Hysteroscopy (the use of a small optical tube that is inserted through the vagina into the uterus without incision to see the uterine cavity) helps determine:

- The **size and depth of the uterine cavity**
- The presence of **congenital abnormalities** within the uterus, such as a septum that divides the inside of the uterus, or a double uterus
- The presence of **polyps or fibroids** in the uterine cavity and resecting them if possible
- Whether **specific abnormalities of the endometrium** (lining of the uterus) are present, e.g. hyperplasia (excessive growth of the lining of the uterus), scarring, adhesions or inflammation.

The procedure is performed with the woman lying on her back with her legs apart, using a speculum (the instrument used for a pap smear). The telescope is passed through the cervix and a liquid is injected to distend the uterine cavity a little so that it is possible to see. Generally a small piece of tissue (biopsy) is taken from the endometrium (lining of the womb) after the hysteroscopy is finished.

Booking a hysteroscopy

Hysteroscopy should be performed during the **first half of your cycle**, before ovulation to minimise the risk of disrupting an early conception. To book the procedure please call the IVF nurses on **020 7881 4040** at the start of your period. The nurses will help you book the procedure in the following 2 weeks.

Pre-operative Instructions

- Do not eat or drink anything after 12:00 midnight the night before surgery. If you are currently any medication, you should inform the doctor.
- You are advised to have a shower or a bath the night before the surgery.
- Nail polish, make-up and jewellery should be removed prior to coming in.
- At 7.30 am please report to The Lister Hospital's main reception located on the ground floor for admission.
- Please bring a dressing gown & slippers.
- Arrangements should be made for childcare for the day of surgery. Make arrangements for someone to pick you up on the day and be there for you at home for the next 24 hours.
- Immediately prior to surgery, you will be asked to empty your bladder. Contact lenses and dentures should be removed.

Postoperative Instructions

- The procedure is normally done as a day case and the woman can go home on the same day, but should not drive or operate machinery for 24 hours. **You are unlikely to be discharged from Hospital before 18.00**. It is quite normal to need simple pain relief and to have some vaginal bleeding for a few days. Antibiotics may be used with surgery and postoperatively to reduce the risk of infection.

- On the day after your surgery you can have a shower and remove dressings from your operation sites. Allow sites to air dry and leave exposed.

- Sexual activity may be resumed approximately two to three days after the procedure unless you are advised otherwise. However, if you experience any pain, vaginal bleeding, or discharge, please do not resume sexual activity and contact the Unit on **020 7881 4040.**

Potential Risks

- Diagnostic hysteroscopy is a very minor procedure and the risk of serious complication is extremely small. It should not be done if the woman is pregnant or has an infection.

- Operative hysteroscopy carries a small risk of complications such as infection, bleeding, perforation of the uterus, intrauterine adhesions formation and hysterectomy.

Alternatives

Hysteroscopy is increasingly replacing **"D & C" (cervical dilatation and uterine curettage or "curette")** because it gives more accurate information.