



Laparoscopy and dye hydro-tubation tests

Yeovil fertility unit



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Laparoscopy

(as day case)

The term laparoscopy comes from the Greek 'laparo' meaning abdomen and 'scopy' - to look for, therefore laparoscopy means to look in the abdomen.

It is used to investigate and diagnose abnormalities. It allows us to look at the outside of the uterus (womb), the tubes and the ovaries. We also sometimes see other structures in the abdomen, eg. bowel, liver and gallbladder.

Some abnormalities, which might be seen, are endometriosis, fibroids or ovarian cysts. We will be able to check whether your tubes are blocked.

How is it done?

This operation will be done under general anaesthesia and usually takes about 20 minutes.

A tiny cut (1cm) is made below your umbilicus (belly button). Gas is pumped into the abdomen to make it easier to see things, and then a telescope is passed through the hole. A further small cut is made at the level of the bikini line.

A blue dye is passed through the neck of the womb and if the tubes are patent (clear) the dye will be seen to pass through them.

Complications

These are rare. There is a one per cent risk of damaging the bowel or bladder when inserting the laparoscope. There is also a risk of bleeding. Both of these may mean us making a bigger cut in your abdomen to repair the damage. Obviously, a longer period of hospital stay will be required if there are complications.

After the operation

After the operation, you may be aware of some discomfort in your abdomen, shoulders and under your ribs for a few days. This is quite normal. Pain relief medication such as paracetamol should help. Your abdomen may feel and look bloated - this is to

be expected and will return to normal in a few days. There will be two plasters on your abdomen where the small cuts were made. You will be able to drink fairly soon after being brought back to the day ward.

Discharge advice

Most women go home the same day. The small plasters on your abdomen can be removed the day after your operation. You may bath or shower. Carefully dry the cut areas and do not re-cover them. You may experience some slight vaginal bleeding. This should settle after a few days. You may also notice blue colouration of vaginal discharge as a result of the dye which was injected through the neck of the womb. Use sanitary pads, not tampons, until the bleeding or discharge stops.

If you have stitches to be removed, you will be advised by the nursing staff to make an appointment with the practice nurse at your GP surgery for approximately 5 days after your operation. Your nurse will give you a letter to take with you.

Once the general tiredness and discomfort wears off, you may return to work (usually in the next two or three days).

Arranging an appointment

The gynaecology secretary will contact you when you have nearly reached the top of the waiting list. Your procedure needs to be carried out between day five and 14 of your period. These instructions will be mentioned in your records, but it will be useful also to mention this to the secretary as a reminder. It is also useful if you could have the dates of when your following two periods are likely to start.

Follow up arrangement

An appointment will be made for you to attend the fertility clinic after your laparoscopy and dye to discuss the results of the procedure and possible future treatment. It will not be possible to have a full discussion about your results before you leave the ward as you will still be under the effects of the anaesthetic.

If you would like this leaflet in another format or in a different language, please ask a member of staff.

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Ref: 14-16-141
Review: 03/18