The Mid Yorkshire Hospitals
NHS Trust

Laparoscopic excision of endometriosis

Striving for excellence

This leaflet has been produced to give you information about having a laparoscopic excision of endometriosis. We hope it will help you and your recovery. It is not a complete guide. If you have any questions or you require further explanations, please do not hesitate to ask a member of staff who is caring for you.

You should read this information together with any other information you have been given about your choices and the operation itself. This information gives general advice based on women's experiences and expert opinion. Please remember to take this information into hospital with you when you have your operation. This will enable you to read it again and ask any questions about your recovery before leaving hospital.

To help your preparation and recovery from surgery, we recommend if possible looking at: *www.rcog.org.uk/recovering* under the heading of Laparoscopic excision of endometriosis.

The information is provided in different formats:

- you can read the information online
- download the information
- watch a video with or without subtitles
- watch a video using British sign language.

What is endometriosis?

The lining of the womb is called the enometrium. Sometimes endometrial tissue grows outside the womb on the ovaries, fallopian tubes and other internal organs. Endometrial tissue bleeds every month like the womb lining does. If the tissue is in the wrong place it can cause inflammation, scarring and pain. If severe, scar tissue (adhesions) can stick adjacent organs together. Endometriosis can also be associated with infertility, although it is often difficult to say whether it is the cause of infertility or just a coincidence.

What is a laparoscopic excision of endometriosis?

This means removal of the disease (endometriosis) from your pelvis with instruments placed through small holes made in the wall of your lower tummy. It does not as is commonly thought, turn a major operation into a minor one. This operation can last from 1 hour to several hours depending on the extent of the disease and the organs involved (bowel, bladder or ureter). It has the advantage of smaller cuts on the tummy and shorter recovery than a bikini line cut.

What are the risks?

The procedure is usually uncomplicated. However some complications can occur (ref 4). It depends largely on which organs are affected by the disease.

- **Pain**
- **Bleeding**
- **Infection**
- **Scarring**

1. Minor complications

Sometimes it may be difficult to pass urine in the first few hours after the procedure. A catheter may be required for 24 or 48 hours. A skin incision may become infected after several days in which case you need to see your GP about it. Sometimes urine can become infected and you will require antibiotics to treat this.

Sometimes it is necessary to make a small cut in the top part of the vagina to ensure full removal of the disease. This will be repaired in theatre. You will be asked to avoid sexual intercourse for 6 weeks afterwards and you will experience some vaginal bleeding, which should settle within a week.

Uterine manipulation

The uterus/womb is mobilized frequently during the procedure by using a “uterine manipulator”, this is an instrument that is attached to your cervicx to allow your uterus/womb to be moved so that the surgeon can get a better view of your endometriosis. This can sometimes cause a hole in your womb. This is almost always without any consequence, you are likely to experience some light vaginal bleeding for a couple of days following your surgery.

2. More serious complications

Many of these complications will be identified during the procedure but sometimes they can go unrecognised and only become apparent once you are back on the ward hence it is sometimes necessary for you to return back to theatre to repair any damage. These complications once corrected do not usually lead to any long term problems. The bladder is sometimes opened intentionally to remove the disease. It can also be opened accidentally (less than 1 in 50). Once recognised the injury will be repaired, usually by keyhole surgery. A catheter will be left in your bladder for 10 to 14 days to allow the area to heal. An X ray will then be done to exclude any leakage from the bladder and the catheter will finally be removed.

The ureter is a pipe that drains the urine from your kidneys to your bladder on both sides of your pelvis. It lies immediately below and behind your ovary and it is frequently found near where the scars of endometriosis are, hence the risk of them becoming injured (less than 1 in 100). When this happens, a laparotomy (up and down incision from your pubic bone to your “belly button”) will usually be required and you will have to stay for several days in hospital following the procedure.

The lower part of your bowels can also get injured during the procedure (less than 1 in 100). Depending on the size of the injury a simple repair by keyhole surgery may be sufficient but sometimes a laparotomy with colostomy (stoolbag to skin for several months) may be required.

A laparotomy (a cut to open your tummy) may also be necessary sometimes when for technical reasons it is not possible to complete the procedure by keyhole surgery. Significant haemorrhage is infrequent (less than 1 in 10) and blood clots (in legs or lungs) are rare.

What are the alternatives?

Laparoscopic excision of endometriosis is one of many treatment options for endometriosis. You will have tried or are unwilling to use medical treatment (tablets and injections) because this has been ineffective or because the side effects have been intolerable or simply you may not have wanted to take tablets or injection on a long term basis. Many patients with endometriosis may not have completed their family and therefore hysterectomy with or without removal of the ovaries is not an acceptable treatment option.

What are the benefits of having this procedure?

Endometriosis when left untreated tends to progress in the majority of cases (ref 1) - hence your symptoms would not settle without any treatment.

Do I need to do anything before coming to the hospital?

It is advisable to have a bath or shower before you arrive. You may be asked to use bowel preparation. This is sometimes required because empty bowels facilitate the procedure but more importantly in the event of an injury the risk of a generalized infection of your abdomen (peritonitis) is much lower. It usually involves taking 2 sachets 12 hours apart one day before your operation and whilst you are still at home. You should receive more detailed information about this when you pick up the medicine. The next day you will be admitted at the short stay surgical unit (usually at Pinderfields Hospital).You should also know that the procedure can be done even if you are having a period.

Should you be trying to become pregnant, it is advisable to have the procedure done in the first 10 days of your menstrual cycle (day 1 being the first day of your period). This is to avoid dislodging a very early pregnancy from inside your womb. Please do inform the waiting list office (contact details below this document) if the planned date of surgery is likely to be in the second part of your menstrual cycle (around ovulation and after ovulation).

Please bring 1 or 2 sanitary towels with you not tampons.

What does the procedure involve?

The procedure is performed under a general anaesthetic. You should receive a separate leaflet explaining general anaesthesia. **You will therefore be asked not to eat or drink anything** for several hours before the procedure. Initially your abdomen will be filled up with gas through a small hole in your belly button. This will make your organs more visible to the surgeon and will give him/her more space to operate in. Three other small holes (less than a finger width) are made in your tummy below the level of your belly button. These holes will allow insertion of the instruments required during surgery.

During the procedure the endometriotic disease will usually be cut out or burned out. Often pelvic organs will be stuck against one another as a result of endometriosis. The organs will be separated gently from one another taking care not to injure any of them (it like removing glue between soft tubes without making a hole in them) - hence this procedure could last anything from one to 6 hours depending on the severity of the disease. Glue or dissolving stitches will usually be used to close the small skin incisions and therefore stitch removal will not be necessary.

How successful is this operation?

Endometriosis unlike a cold or a broken leg is a chronic condition. It has a tendency to recur as time goes on after the operation. About 3 to 4 patients in 10 will require another operation within 5 years of having the first one (ref 2 & 3). Sometimes the womb with or without the ovaries may have to be removed if your symptoms return.

Often you will be offered additional treatment after the operation to keep the disease at bay. This is usually hormonal (the pill, the contraceptive injection or the Mirena device that can be fitted into your womb at the time of the operation). The Mirena is a device with a shape similar to that of a standard coil. The main difference is a thin coating of hormone. This tends to make your periods much lighter whilst reducing the likelihood of endometriosis recurring.

What should I expect afterwards?

On waking up you will have a drip in your arm. Very occasionally a drain may have been placed inside your tummy or a catheter may have been placed inside your bladder. You will feel sore around the port sites (the holes through which the surgical instruments have been inserted) but you will be given pain relief treatment as required. It is not uncommon also to experience some shoulder tip pain as a result of some gas being trapped in the top half of your tummy.

In most situations you will be able to go home within 24 hours of surgery. This means often an overnight stay in hospital, occasionally 2 nights and sometimes you may be allowed home on the same day.

Ovarian suspension stitches

At the end of your operation 1 or 2 of your ovaries are sometimes attached temporarily to the wall of your tummy to stop them from getting stuck to your internal organs after surgery. You will be contacted by Joanne Pursglove, Endometriosis Nurse, to make an appointment for you to attend a clinic, one week after having been discharged to have the stitches removed as an outpatient. This will release your ovaries and let them fall back into place.

Follow up

You will usually be given a routine follow up appointment at 4 to 6 months. You will have had several periods by then and this will give your doctor an idea of how successful the operation has been. Should you have any concerns in the mean time, we suggest you contact the Gynaecology Assessment Unit (GAU) on 01924 541135, Endometriosis Nurse Joanne Pursglove on 07803 440236, or you can ring Mr Kremer's secretary (see contact details at the back of this leaflet). An appointment can be arranged for you to be seen sooner.

You should be able to return to normal activities (work, driving, sex and most sports) within one week of surgery.

What should I do at home?

- It is important to leave your dressing on for 48 hours after the procedure. You can then bathe and shower as normal. This regime has been recommended by the infection control team to reduce the risk of infection.
- It is best to use plain warm water, do not add salt, anti-septic or bath foams etc. as they can cause irritation and delay wound healing. Dry the wounds thoroughly with a clean towel - for your use only and then leave the wounds uncovered.
- Any vaginal blood loss should lessen and turn brown over the next few days. You can usually expect your period when it is normally due, though it may be altered by the laparoscopy.
- Do not use tampons after the laparoscopy, as there is an increased risk of infection. You may use tampons on your next period.
- Some people have a little bruising around the wounds, which will settle after a few days.
- You should be able to return to normal activities (sex and most sports within one week of surgery.
- Avoid any heavy lifting for 2 weeks following a laparoscopic excision of endometriosis.

When can I return to work?

You should be able to return to work within 1 week.

When can I drive?

You should not drive for at least 24 hours following a general anaesthetic. This may be longer depending on the type of operation you have had, especially if you are taking strong painkillers. After that, you should only drive when you are comfortable as pain reduces concentration. Do bear in mind that if an accident occurred when you could be considered unfit to drive, your car insurance may not be valid please check with your own insurance company.

What symptoms would require me to seek advice?

- Severe pain, particularly if the discomfort was decreasing.
- Large swelling around the wound(s).
- Wound(s) appearing inflamed and/or sticky.
- Heavy, red vaginal blood loss for more than a few days.
- Passing large blood clots.
- A vaginal discharge which is persistent and/or smells offensive.
- High temperature (fever).
- Urine infection (if you have been catheterised).

References

1. Mahmood TR The impact of treatment on the natural history of endometriosis.
   Human Reproduction 1990 5:965-70
2. Vercellini P et al. The effect of surgery for symptomatic endometriosis: the other side of the story Human Reproduction Update 2009 Mar-Apr;15(2):177-88.
3. Shakiba K et al. Surgical treatment for endometriosis: a 7-year follow-up on the requirement for further surgery Obstet. Gynecol. 2008 Vol 111:1285-92
4. Kaloo P et al. A prospective multi-centre study of major complications experienced during excisional laparoscopic surgery for endometriosis. Eur J Obstet Gynecol Reprod Biol 2006 Jan 1;124(1):98-100.

Further information can be obtained by contacting the following:

1. Endometriosis UK
   50 Westminster Palace Gardens
   Artillery Row, London, SW1P 1RR
   Tel 0808 808 2227
   enquiries@endometriosis-uk.org
   www.endometriosis-uk.org
2. Royal College of Obstetricians and Gynaecologists
   www.rcog.org.uk/womens-health/clinical-guidance/endometriosis-what-you-need-know
3. Pelvic Pain Support network
   POBox 6559
   Poole, BH12 9DP
   Telephone: 01202 604 749
   Website: *www.pelvicpain.org.uk*

Contact details

Karen Field (Mr Kremer's secretary):	**01924 543811**
Joanne Pursglove, Endometriosis Nurse: or email: Endometriosis@midyorks.uk	**07803 440236**
Cental waiting list office:	**01924 542991**
Short stay/ Day Surgical Unit at Pinderfields Hospital:	**01924 541854 / 541855**
Short stay/ Day Surgical Unit at Pontefract Hospital:	**01977 747520**

We are committed to providing high quality care. If you have a suggestion, comment, complaint or appreciation about the care you have received, or if you need this leaflet in another format please contact the Patient Advice and Liaison Service on: **01924 542972** or email: **pals@midyorks.nhs.uk**

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