The Mid Yorkshire Hospitals
NHS Trust

Laparoscopic excision of endometriosis (LEE) and endometriomas

Striving for excellence

Contents

Who is this information for?

This information is for you if you are having, or have had, laparoscopic excision of endometriosis. This can be mild, moderate or severe, deep infiltrating endometriosis.

About this information

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 and you can read the information on line, download the information, watch a video (with or without subtitles) or watch a video using British Sign Language.

Every woman has different needs and recovers in different ways.

Your own recovery will depend on:

- How fit and well you are before your operation
- The reason you are having a laparoscopy
- The exact type of laparoscopy that you have
- How smoothly the operation goes and whether there are any complications.

What is endometriosis?

The lining of the womb is called the endometrium. 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.

For more information on endometriosis, refer to the Mid Yorkshire hospitals endometriosis page for links to other sources of information.

What is an endometrioma?

Endometriomas are commonly known as Chocolate cysts, these are noncancerous, fluid-filled cysts that typically form within the ovaries. They get their name from their brown, tar-like appearance, looking something like melted chocolate. The colour comes from old menstrual (period) blood and tissue that fills the cavity of the cyst. An endometrioma can affect one or both ovaries, and may occur in multiples or singularly.

What is a laparoscopy?

“Laparo” refers to the whole abdomen (tummy area), “scopy” means to look at. A laparoscopy is a looking at your pelvic organs with a telescope (camera) known as a laparoscope. This is sometimes referred to as keyhole surgery. The main reason for doing a laparoscopy in gynaecology is to look at the female reproductive organs.

What is a laparoscopic excision of endometriosis? (LEE)

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 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.

The skin on your abdomen will be cleansed. A catheter (a fine tube that is inserted into your bladder through your urethra, the opening where your urine normally comes out of) is used to empty your bladder. This is sometimes left in for 24 hours. A small instrument is placed into the womb to allow your gynaecologist to look behind your womb (unless you have had a hysterectomy to remove the womb). Refer to **Uterine manipulation** section in this booklet**.** Harmless gas (carbon dioxide) is put inside your tummy through a small incision (cut) that is made in your belly button (umbilicus) to distend your tummy and create a clear view of the pelvic and abdominal organs, and will give your surgeon more space to operate in. Three other small holes (less than a finger width) are made in your tummy to the left and right side of your abdomen and bikini line. These holes will allow insertion of the instruments required during surgery. After the procedure these wounds will be either glued or stitched and a small dressing applied.

During the procedure the endometrioic disease will usually be cut out (excised) or burned out. It may involve draining or excising any blood filled cyst on your ovaries known as endometriomas (chocolate cyst)

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 (this is 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 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 at a later date 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 contraceptive pill, the contraceptive injection or the Mirena coil 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. Please read “Mirena coil” patient information leaflet.

What are the intended benefits of having this procedure?

The aim is to improve your symptoms based on your clinical condition. Endometriosis when left untreated tends to progress in the majority of cases (ref 1) - hence your symptoms would not settle without any treatment.

Most commonly, excision of endometriosis is performed to help improve

- Painful periods – dysmenorrhea
- Non-cyclical pelvic pain
- Lower back ache
- Pain on intercourse - dyspareunia
- Pain on opening your bowels – dyschezia
- Rectal bleeding
- Pain when emptying your bladder – dysuria
- Difficulty emptying your bladder.

Sometimes the procedure is performed

- To help improve your chances of becoming pregnant or to aid fertility treatment.

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.

Risks of a minor complication (risk greater than 1 in 10 patients) such as wound healing problems, infection of the wound, nausea, shoulder pain, vaginal bleeding/discharge pelvic pain and bruising.

Common complications seen in between 1 in 100 and 1 in 10 patients include urine infection, chest infection or haematoma (collection of blood) urine voiding problems, altered bowel movements

High body mass index (BMI)

An elevated BMI increases your risks of surgical complications, if you are overweight, it can take longer to recover from the effects of the anesthetic and there is a higher risk of complications such as infection and thrombosis.

BMI is based on your height and weight. This is one way to see if you are at a healthy weight.

Underweight your BMI is less than 18.5

Healthy weight your BMI is 18.9 to 24.9

Overweight your BMI is >25

Infection

This may require treatment with antibiotics. The most common infections are urinary tract infections, umbilical wound infection and chest infections. Please refer to these sections in the leaflet along with vaginal bleeding, stitches and dressings section of this leaflet for advice on reducing your risk of infection.

Bleeding from the vagina

It is expected that you will have a small amount of bleeding from the vagina after the procedure. The time of your next period is difficult to predict and may be delayed.

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 cervix 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 perforation (a small hole) in your womb. Trauma to the womb or perforation is almost always without any consequence, and usually heals easily on its own. You are likely to experience some light vaginal bleeding for a couple of days following your surgery.

Wound bruising and gaping

These are frequent risks but will usually resolve without any intervention.

The incision sites on the abdomen and umbilicus can sometimes cause scarring. Eating healthily will promote good healing.

Hernia

This is when tissue pushes through a surgical wound in the abdomen that has not completely healed.

Retention of urine

Sometimes it may be difficult to pass urine once your catheter is removed and occasionally it is necessary to catheterise you and send you home with a catheter in to return in 1 week to have it removed and try to pass urine independently. During the following weeks or months, you may need to pass urine more frequently. This will usually settle. Drinking 1.5-2.0 litres of fluid each day and converting on to decaffeinated drinks can help to resolve this.

Anaesthetic

Your anaesthetist will be able to discuss with you the risks of having an anaesthetic. Please read “You and your anaesthetic” patient information leaflet.

Rare problems

These are seen in less than 1 in 100 patients

Deep vein thrombosis (DVT)

Blood clots in the legs and lungs can occur after surgery, though the risk is small (less than 1%). Specific steps are taken to minimize this risk such as the use of compression stockings accompanied or not by daily injections into your skin to reduce this risk. By staying active and well hydrated, you can further reduce the risk of clots.

Refer to the section on “Formation of blood clots - how to reduce the risk”

Damage to organs

The operation is safe but in rare instances, damage to internal organs can occur. Many of these complications will be identified during the procedure but sometimes can go unrecognised and only become apparent once you go back to the ward hence it is sometimes necessary for you to return back to theatre to repair any damage.

Once recognised the injury will be repaired, usually by keyhole surgery. A laparotomy- open operation through a larger incision (cut) may have to be carried out to explore and repair the injury when for technical reasons it is not possible to complete the procedure by keyhole surgery. These complications once corrected do not usually lead to any long term problems.

Damage to the bowel

The lowest part of your bowel can sometimes get injured during the procedure. Depending on the size of the injury a simple repair by keyhole may be sufficient but sometimes a laparotomy with a colostomy (stool bag to the skin) may be required for several months.

There is a less than 1 in 100 risk of damage to the bowel in cases of mild to moderate endometriosis.

In cases of deep infiltrating endometriosis (DIE), when the procedure of shaving endometriosis off the bowel is required, the risk of damage to the bowel is 4 in 100. This includes injury caused during the surgery and injury identified post operation.

Damage to the **uterus/womb.** Trauma to the womb or perforation is also a small risk but this usually heals easily on its own.

Damage to the bladder

The bladder is sometimes opened intentionally to remove the disease**.** It can also be opened accidentally. A catheter will be left in your bladder for 10-14 days to allow the repaired area to heal. An Xray will be performed 10 days after the operation to exclude any leakage from the bladder and the catheter will finally be removed.

Damage to the ureters

Ureters are the tubes that connect your kidneys to the bladder on each side of your pelvis. They lie immediately below and behind your ovary and they are frequently found near where the scars of endometriosis are, hence the risk of them becoming injured. If this happens, a laparotomy (up and down incision from your pubic bone to your umbilicus -'belly button') will usually be required to repair the injury and you will have to stay in hospital for several days following the procedure.

Haemorrhage (excessive bleeding)

Haemorrhage during or after surgery due to damage to the larger blood vessels may require a blood transfusion or a second open operation to stop the bleeding.

Some women may be more at risk of complications. For example:

- Previous major abdominal surgery, particularly if a long midline incision has been made (between the belly button and the pubic line)
- Caesarean section via the bikini line incision
- Previous peritonitis or inflammatory bowel disease.

If your gynaecologist thinks you are at high risk of complications from laparoscopic surgery then they may advise that you have your surgery done through an open operation (through a larger cut) instead, known as a laparotomy.

Refer to the section on "what can slow down my recovery"

Are there any 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.

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

To help you recover from your operation and reduce your risks of complications it helps if you are as fit as possible beforehand. As soon as you know you are going to have a laparoscopy operation, try to:

- Stop smoking
- Eat a healthy diet
- Do regular exercise
- Lose weight if you are overweight.

Periods and pregnancy

The procedure can be done even if you are having a period.

If relevant to you, please use contraception or do not have sex/ intercourse from the first day of your period until your surgery date. If we think that you may be pregnant your operation will be cancelled on the day.

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).

Pre-assessment

You will have to attend a pre-assessment appointment. This will involve having a general health check, anaesthetic assessment and blood tests to make sure that you are fit for surgery.

Fasting

Please follow the fasting instructions either sent out to you by the waiting list office or pre assessment. This includes not being able to suck sweets, chew gum or have a drink. It is important that you fast to ensure you have an empty stomach. If not you may vomit whilst you are anaesthetised and inhale vomit into your lungs and become seriously ill.

Bowel preparation

This is sometimes required because empty bowels facilitate the procedure but more importantly in the event of an injury to your bowel the risk of a generalised infection of your abdomen (peritonitis) is much lower. This is usually taken the day before your procedure. Please follow the instructions given to you by your consultant on when to take this, there will be written information in the box the medication is provided in. You will also need to have a low residue diet the day before your procedure. Information on what this is can be found at the back of this booklet.

Constipation is common after surgery, purchasing some gentle laxatives and stool softeners in preparation is advisable.

Refer to the section on Constipation, Eating a healthy diet.

Medication

Unless you have been advised otherwise, please take your tablets and medication as normal. Some medications increase your risk of bleeding after surgery (asprin, warfarin,clopidogrel, ticagrelor, rivaroxaban, apixaban, dabigatran, diprydamole sometimes called persantin). You will be advised at pre assessment what you need to do about them. Methotrexate suppresses your immune system so

you will need to consult with your rheumatologist and gynecologist as to whether you are able to continue to take this.

Arrange help and prepare your home.

Organise for a friend or relative to help you at home after you leave hospital. Sort out transport to take you to hospital and home from hospital. Prepare your home. Before you go into hospital put your TV remote control, radio, telephone and medication close to where you will spend most of your time. Stock up on food that is easy to prepare during your recovery. Precook and freeze meals that can be warmed up.

Comfort and security

- To reduce the risk of infection, please have a bath or a shower before you arrive. It is advisable to wear loose fitting clothing and underwear as your abdomen will be bloated and tender after your operation.
- Bring a change of night clothes, toiletries, antiseptic hand wipes or gel, a book, magazine, ipad or other things to help pass time during your recovery.
- Do not wear any makeup especially foundation, mascara and lipstick. Foundation and lipstick mask the true colour of your skin which the anaesthetist will want to see. Flakes of mascara could get into your eyes during the anaesthetic causing irritation.
- You will also need to remove any nail polish and jewellery, other than your wedding ring.
- Remember to write down or store in your phone important phone numbers.
- Please bring a supply of sanitary towels with you, as the use of tampons is not advisable.
- Do not take any unnecessary money and valuables into hospital with you.
- Please refer to the section on ‘what can help me to recover’ ‘what can slow down my recovery’.

What can I expect after a Laparoscopic excision of endometriosis (LEE)?

What should I do at home?

You should be able to return to normal activities sex and most sports within 2 - 3 weeks of surgery.

Usual length of stay in hospital

In most instances, you will be admitted to hospital on the day of your operation. You may be able to go home within 24 hours or, depending on your circumstances, you may need to stay in hospital for one to three days.

After-effects of general anaesthesia

You will wake up in the operating theatre or the recovery room where a nurse will monitor your observations (blood pressure, pulse and oxygen saturations along with your pain score). You may have an oxygen mask over your face to help you breathe. Nausea is a common side effect with anaesthetic, if you feel sick, tell the nurse. If you have had an anaesthetic in the past and have had side effects mention this to the anaesthetist. Most modern anaesthetics are short lasting. You should not have, or suffer from, any after-effects for more than a day after your operation. You are likely to be in hospital during the first 24 hours but, if not, you need to make arrangements for someone to look after you and any dependent children in the first 24 hours and you should not drive or make any important decisions. During the first 24 hours you may feel more sleepy than usual and your judgement may be impaired. If you drink any alcohol, it will affect you more than normal. Please read “You and your Anaesthetic” patient information leaflet.

Catheter

You may sometimes have a catheter (tube) in your bladder when you come out theatre. This is to allow drainage of your urine. This is usually for up to 24 hours after your operation until you are easily able to walk to the toilet to empty your bladder. If you have problems passing urine, you may need to have a catheter for a few days.

Scars

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.

You will have between two and four small scars/port sites (the holes through which the surgical instruments have been inserted) on different parts of your abdomen. Each scar will be between 0.5cm and 1cm long. You will feel sore around these port sites. If you have had endometriosis removed from within the vagina you will have scar.

Stitches and dressings

Cuts on your abdomen will be closed by stitches or glue. Glue and some stitches dissolve by themselves. Other stitches may need to be removed. This is usually done by the practice nurse at your GP surgery about five to seven days after your operation. You will be given information about this. Your cuts will initially be covered with a dressing. You should be able to take this off about 48 hours after your operation and have a wash or shower (see section on washing and showering). Wound bruising and gaping are frequent risks but will usually resolve without any intervention. Any stitches in your vagina will not need to be removed, as they are dissolvable. You may notice a stitch, or part of a stitch, coming away after a few days or maybe after a few weeks. This is normal and nothing to worry about.

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 the gynaecology reception team, to make an appointment for you to attend a clinic, one week after your surgery to have the stitches removed as an outpatient. This will release your ovary / ovaries and let them fall back into place. This is not a painful procedure.

If you are not contacted please ring: 01977 747420.

Drains

Occasionally a drain may be placed inside your abdomen. This is usually removed after 24 hours. This is so that any fluid inside the abdomen after the surgery can drain away**.**

Vaginal bleeding

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. Some women have little or no bleeding. You should use sanitary towels rather than tampons as using tampons could increase the risk of infection.

Pain and discomfort

You can expect pain and discomfort in your lower abdomen for at least the first few days after your operation. You may also have some pain in your shoulder. This is a common side effect of laparoscopic surgery. When leaving hospital, you should be provided with painkillers for the pain you are experiencing. Sometimes painkillers that contain codeine or dihydrocodeine can make you sleepy, slightly sick and constipated. If you do need to take these medications, try to eat extra fruit and fibre to reduce the chances of becoming constipated. Taking painkillers as prescribed to reduce your pain will enable you to get out of bed sooner, stand up straight

and move around - all of which will speed up your recovery and help to prevent the formation of blood clots in your legs or your lungs.

Trapped wind

Following your operation your bowel may temporarily slow down, causing air or 'wind' to be trapped. This can cause some pain or discomfort until it is passed. Getting out of bed and walking around will help. Peppermint water or peppermint capsules may also ease your discomfort. Once your bowels start to move, the trapped wind will ease.

Shoulder pain

This is not an unusual problem. Some of the gas used to distend your abdomen during the procedure becomes trapped underneath your diaphragm hence causing pain in your shoulder. This settles in most cases within 48 hours because the gas is absorbed by your body without any ill effects.

Starting to eat and drink

After your operation, you will have a drip in your arm to provide you with fluids. When you are able to drink again, the drip will be removed. You will be offered a drink of water or cup of tea and something light to eat. If you are not hungry initially, you should drink fluid. Try eating something later on.

Constipation

You may experience constipation following your surgery; this can be caused by the effects of the anaesthetic, your reduced mobility, reduced appetite and food intake, low fluid intake, and the effects of some types of analgesia (pain relief tablet) in particular codeine and tramadol. It is advisable to drink 1.5-2.0 litres of fluid a day and increase fruit, vegetables and fibre in your diet. If this doesn't help speak to your general practitioner.

Washing and showering

You should be able to have a shower or bath the day after your operation. 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. Don't worry about getting your scars wet – just ensure that you pat them dry with clean disposable tissues or a clean towel - for your use only or let them dry in the air. Keeping scars clean and dry helps healing.

Formation of blood clots

You can reduce the risk of clots by:

- being as mobile as you can as early as you can after your operation
- doing exercises when you are resting, for example:
  - Pump each foot up and down briskly for 30 seconds by moving your ankle, move each foot in a circular motion for 30 seconds, bend and straighten your legs - one leg at a time, three times for each leg.

You may also be given other measures to reduce the risk of a clot developing, particularly if you are overweight or have other health issues.

These may include:

- Daily heparin injections (a blood thinning agent) - you may need to continue having these injections daily when you go home; your doctor will advise you on the length of time you should have these for
- Graduated compression stockings, which should be worn day and night until your movement has improved and your mobility is no longer significantly reduced
- Special boots that inflate and deflate to wear while in hospital.

Tiredness and feeling emotional

You may feel much more tired than usual after your operation as your body is using a lot of energy to heal itself. You may need to take a nap during the day for the first few days.

When will I be able to go home?

In most situations, you will be able to go home within 24 hours of your surgery This means often an overnight stay in hospital, occasionally 2 nights and sometimes you may be allowed home on the same day. Your individual needs will be considered and you will not be discharged from hospital until you are ready. This will be when you are mobile, able to eat and drink and can control your pain by taking tablets. The team will make sure you get pain relief to allow you to do your activities comfortably. Before you leave hospital, you will be given instructions about who to contact if you have any worries.

What can help me recover?

It takes time for your body to heal and for you to get fit and well again after a laparoscopic excision of endometriosis. There are a number of positive steps you can take at this time. The following will help you recover.

Rest

Rest as much as you can for the first few days after you get home. It is important to relax, but avoid crossing your legs for too long when you are lying down. Rest does not mean doing nothing at all throughout the day, as it is important to start exercising and doing light activities around the house within the first few days.

A daily routine

Establish a daily routine and keep it up. For example, try to get up at your usual time, have a wash and get dressed, move about and so on. Sleeping in and staying in bed can make you feel depressed. Try to complete your routine and rest later if you need to.

Eat a healthy balanced diet

Ensure that your body has all the nutrients it needs by eating a healthy balanced diet. A healthy diet is a high fibre diet (fruit, vegetables, wholegrain bread and cereal) with up to two litres per day

of fluid intake, mainly water. Remember to eat at least five portions of fruit and vegetables each day! As long as you are exercising enough and don't eat more than you need to, you don't need to worry about gaining weight.

Stop smoking

Stopping smoking will benefit your health in all sorts of ways, such as lessening the risk of a wound infection or chest problems after your anaesthetic. By not smoking - even if it is just while you are recovering - you will bring immediate benefits to your health. If you are unable to stop smoking before your operation, you may need to bring nicotine replacements for use during your hospital stay. You will not be able to smoke in hospital. If you would like information about a smoking cessation clinic in your area, speak with the nurse in your GP surgery.

Support from your family and friends

You may be offered support from your family and friends in lots of different ways. It could be practical support with things such as shopping, housework or preparing meals. Most people are only too happy to help - even if it means you having to ask them! Having company when you are recovering gives you a chance to say how you are feeling after your operation and can help to lift your mood. If you live alone, plan in advance to have someone stay with you for the first few days when you are at home.

A positive outlook

How your body heals and how you feel in yourself.

You may want to use your recovery time as a chance to make some longer term positive lifestyle choices such as:

- starting to exercise regularly if you are not doing so already and gradually building up the levels of exercise that you take.
- eating a healthy diet - if you are overweight, it is best to eat healthily without trying to lose weight for the first couple of weeks

after the operation; after that, you may want to lose weight by combining a healthy diet with exercise.

Whatever your situation and however you are feeling, try to continue to do the things that are helpful to your long-term recovery

What can slow down my recovery?

It can take longer to recover from a laparoscopic excision of endometriosis if:

- You had health problems before your operation; for example, women with diabetes may heal more slowly and may be more prone to infection
- You smoke - smokers are at increased risk of getting a chest or wound infection during their recovery, and smoking can delay the healing process
- You were overweight at the time of your operation - if you are overweight, it can take longer to recover from the effects of the anaesthetic and there is a higher risk of complications such as infection and thrombosis
- There were any complications during your operation.

Recovering after an operation is a very personal experience.

If you are following all the advice that you have been given but do not think that you are at the stage you ought to be, talk with your GP.

When should I seek medical advice after a laparoscopic excision endometriosis?

While most women recover well after a laparoscopic excision of endometriosis, complications can occur - as with any operation. Before you telephone for advice please read your information leaflet again carefully as this may answer your query.

You should seek medical advice from your GP, the hospital where you had your operation, NHS 111 or NHS 24, GAU (gynaecology assessment unit) 01924 541135, Endometriosis CNS (clinical nurse specialist) 07803 440236, if you experience:

- **Burning and stinging when you pass urine** or pass urine frequently: This may be due to a urine infection. Treatment is with a course of antibiotics.
- **Vaginal bleeding that becomes heavy (passing large blood clots) or smelly** or red vaginal blood loss for more than a few days.
- **A vaginal discharge which is persistent and/or smells** Treatment is usually with a course of antibiotics. Occasionally, you may need to be admitted to hospital for the antibiotics to be administered intravenously (into a vein).
- **Red and painful skin around your scars**: This may be due to a wound infection. Treatment is with a course of antibiotics.
- **Large swelling around the wound(s)**.
- **Increasing abdominal pain**: If you also have a temperature (fever), have lost your appetite and are vomiting, this may be due to damage to your bowel or bladder, in which case you will need to be admitted to hospital.
- **A painful, red, swollen, hot leg or difficulty bearing weight on your legs:** This may be due to a deep vein thrombosis (DVT). If you have shortness of breath or chest pain or cough up blood, it could be a sign that a blood clot has travelled to the lungs (pulmonary embolism). If you have these symptoms, you should seek medical help immediately.

- **If there is no improvement in your symptoms:** You should expect a gradual improvement in your symptoms over time. If this is not the case, or severe pain, particularly if the discomfort was decreasing. You should seek medical advice.
- **High temperature (fever)**. If you are also feeling unwell and have a temperature (fever), this may be due to an infection.

Getting back to normal

Around the house

Avoid any heavy lifting for 2 weeks following a laparoscopic excision of Endometriosis. While it is important to take enough rest, you should start some of your normal daily activities when you get home and build up slowly. You will find you are able to do more as the days and weeks pass. If you feel pain, you should try doing a little less for another few days.

It is helpful to break jobs up into smaller parts, such as ironing a couple of items of clothing at a time, and to take rests regularly. You can also try sitting down while preparing food or sorting laundry. For the first one to two weeks, you should restrict lifting to light loads such as a one litre bottle of water, kettles or small saucepans. You should not lift heavy objects such as full shopping bags or children, or do any strenuous housework such as vacuuming until three to four weeks after your operation as this may affect how you heal internally. Try getting down to your children rather than lifting them up to you.

Remember to lift correctly by having your feet slightly apart, bending your knees, keeping your back straight and bracing (tightening or strengthening) your pelvic floor and stomach muscles as you lift. Hold the object close to you and lift by straightening your knees.

Exercise

While everyone will recover at a different rate, there is no reason why you should not start walking on the day you return home. You should be able to increase your activity levels quite rapidly over the first few weeks. There is no evidence that normal physical activity levels are in any way harmful and a regular and gradual build-up of activity will assist your recovery. If you are unsure, start with short steady walks close to your home a couple of times a day for the first few days. When this is comfortable, you can gradually increase the time while walking at a relaxed steady pace. Many women should be able to walk for 30- 60 minutes after two or three weeks. Swimming is an ideal exercise that can usually be resumed within two to three weeks provided that vaginal bleeding and discharge has stopped. If you build up gradually, the majority of women should be back to previous activity levels within 2- 3 weeks.

Contact sports and power sports should be avoided for at least six weeks, although this will depend on your level of fitness before surgery.

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.

Before you drive you should be:

- free from the sedative effects of any painkillers
- able to sit in the car comfortably and work the controls
- able to wear the seatbelt comfortably
- able to make an emergency stop
- able to comfortably look over your shoulder to manoeuvre.

In general, it can take two weeks before you are able to do all of the above. It is a good idea to practise without the keys in the ignition. See whether you can do the movements you would need for an emergency stop and a three-point turn without causing yourself any discomfort or pain. When you are ready to start driving again, build up gradually, starting with a short journey.

Travel plans

If you are considering travelling during your recovery, it is helpful to think about:

- the length of your journey - journeys over four hours where you are not able to move around (in a car, coach, train or plane) can increase your risk of deep vein thrombosis (DVT); this is especially so if you are travelling soon after your operation
- how comfortable you will be during your journey, particularly if you are wearing a seatbelt
- overseas travel: Would you have access to appropriate medical advice at your destination if you were to have a problem after your operation?

  Does your travel insurance cover any necessary medical treatment in the event of a problem after your operation?

- Whether your plans are in line with the levels of activity recommended in this information.

If you have concerns about your travel plans, it is important to discuss these with your GP or the hospital where you have your operation before travelling.

Having sex

You should usually allow six weeks after your operation if there has been a cut made inside your vagina to allow your scars to heal. Otherwise it is then safe to have sex - as long as you feel comfortable. If you experience any discomfort or dryness, you may

wish to try a vaginal lubricant. You can buy this from your local pharmacy or ask your GP to prescribe something. Sylk, Replens and Yes, are non-hormonal lubricants, silicon or oil based lubricants last longer than water based. The use of Hormonal creams will need to be discussed with, and prescribed by your GP or consultant.

Returning to work

Everyone recovers at a different rate, so when you are ready to return to work will depend on the type of work you do, the number of hours and how you get to and from work.

You may experience more tiredness than normal after any operation, so your return to work should be like your return to physical activity, with a gradual increase in the hours and activities at work. If you have an occupational health department, they will advise on this.

Some women are fit to work after two to three weeks and will not be harmed by this if there are no complications from surgery.

Returning to work can help your recovery by getting you back into your normal routine again. Some women who are off work for longer periods start to feel isolated and depressed. You do not have to be symptom free before you go back to work. It is normal to have some discomfort as you are adjusting to working life. It might be possible for you to return to work by doing shorter hours or lighter duties and build up gradually over a period of time. Consider starting partway through your normal working week so you have a planned break quite soon.

You might also wish to see your GP or your occupational health department before you go back and do certain jobs - discuss this with them before your operation. You should not feel pressurised by family, friends or your employer to return to work before you feel ready. You do not need your GP's permission to go back to work. The decision is yours.

Sick note

If you are off work for less than one week, you will be able to complete a self-certification form for the time you have been off work. If it is longer than one week, a certificate can be obtained from the hospital where you have your operation. It might also be advisable to see your GP or your occupational health department before you go back and do certain jobs, - by discussing this with them before your operation it might be possible for you to go back on a phased return or lighter duties. You should not feel pressurised by family, friends or your employer to return to work before you feel ready. You do not need your GP's permission to go back to work. The decision is yours.

Follow up appointments

You will usually be given a routine follow up appointment at 4 to 6 months sometimes this can be with a nurse. You will have had several periods by then and this will give your doctor an idea of how successful the operation has been.

	Foods Allowed	Foods to Avoid
Starchy foods 	• White bread/flour • White pasta • White rice • Cous cous • Pastry (white flour)	• Wholemeal or Graary bread/flour • Wholemeal pasta • Brown rice • Pearl barley • Quinoa
Breakfast cereals 	• Cornflakes • Rice krispies • Frosted Flakes	• All wholewheat cereals (e.g., Branflakes, Weetabix, Shreddies etc) • Porridge & Muesli • All containing dried fruit/ nuts
Dairy 	• Milk • Yoghurts (smooth) • Cheese	• Yoghurts or cheeses containing fruit/nut pieces
Meat, fish & eggs 	• All tender meat, fish and poultry • All eggs	• Tough, gristly meat • Skin and bones of fish • Pies/egg dishes containing vegetables as listed
Vegetables 	1-2 portions daily: • Peeled, well-cooked, soft/mash-able vegetables • Potatoes (not skins) • Crisps	• Raw vegetables/salad • Baked beans • Split peas/lentils • Peas, sweetcorn, celery • All seeds, pips, tough skins • Potato skins

Low residue diet

	Foods Allowed	Foods to Avoid
Fruit 	1-2 portions daily: • Soft/ripe peeled fruit without pips or seeds e.g. tinned fruit, peaches, plums, melon, apricots, nectarines, ripe bananas, apples, pears	• All dried fruit • Citrus fruit • Berries e.g. strawberries, raspberries blackberries • Prunes • Smoothies & fruit juices with bits
Nuts 	• Nil	• Avoid all, including coconut and almond
Desserts & sweets 	• Sponge cakes (without fruit/nuts) • Custard • Ice cream • Jelly • Semolina, rice pudding • Chocolate (without fruit/nuts) • Seedless jam • Plain biscuits	• Puddings/cakes/biscuits made with wholemeal flour, dried fruit or nuts (e.g mince pies, fruit crumble etc) • Chocolate/toffee/fudge with dried fruit or nuts • Marmalade with peel and jam with seeds • Popcorn • Marzipan • Digestive biscuits
Fats 	• All ok in moderation	• Nil
Other	• Clear soups • Spices, pepper • Stock cubes • Tea, coffee, squash	• Lentil/vegetable soups • Pickles/Chutneys • Horseradish • Relish

Example Meal Plan:

Breakfast	Fruit Juice (with no bits) Tea/Coffee Cornflakes/Rice Krispies with milk Egg – poached, boiled, scrambled White bread and butter, seedless jam
Lunch & dinner	Tender meat, poultry or fish Boiled/mashed potatoes or white pasta/rice 1 portion of soft cooked vegetables
Desserts	Plain cakes/jelly/custard/rice pudding/ tinned fruit, poached/stewed permitted fruit
Suitable Snacks	Plain biscuits or cakes, white bread, plain crackers & cheese, yoghurt

References

1. Mahmood TR The impact of treatment on the natural history of endometriosis.
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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.

Useful resources

Further information can be obtained from:

Mid Yorkshire NHS

Endometriosis website https://www.midyorks.nhs.uk/womens-health

Endometriosis UK

50 Westminster Palace Gardens

Artillery Row, London, SW1P 1RR

Tel 0808 808 2227

enquiries@endometriosis-uk.org

www.endometriosis-uk.org

Royal College of Obstetricians and Gynaecologists

www.rcog.org.uk/womens-health/clinical-guidance/endometriosis-what-you-need-know

Pelvic Pain Support network
PO Box 6559
Poole, BH12 9DP
Telephone: 01202 604 749
Website: *www.pelvicpain.org.uk*

NOTES

Contact details

Mr Kremer and Mr Oboh secretrary	**01924 543811**
Clinical nurse specialist Endometriosis : Email: midyorks.endometriosis@nhs.net	**07803 440236**
Gynaecology assessment unit (GAU) Pinderfields Hospital:	**01924 541135**
Appointment centre	**01924 543320**

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