

# Diagnostic Laparoscopy

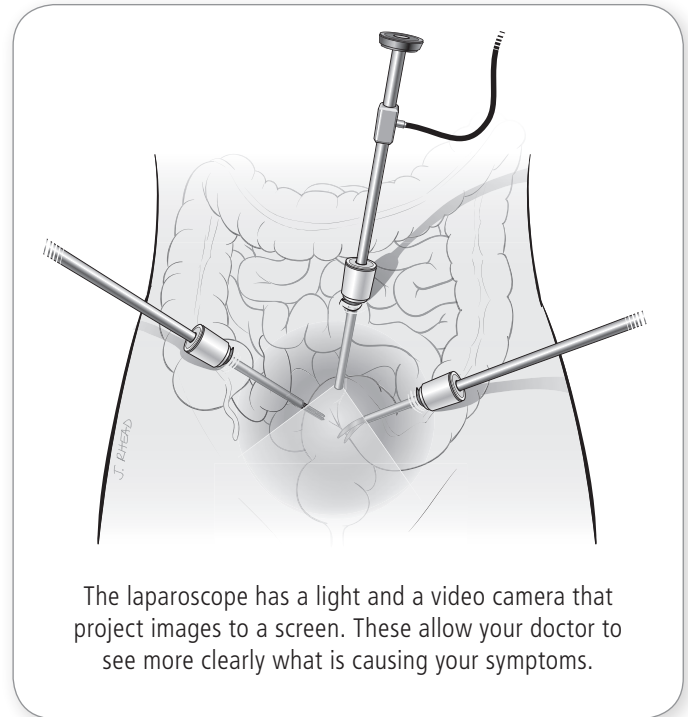
## What is it?

**Laparoscopy** is a procedure that allows a doctor to look directly at the inside of your abdomen and pelvis. It's done with a pencil-thin, lighted scope inserted through a half-inch incision. Sometimes laparoscopy is used to treat a condition. Often, though, laparoscopy is a way for the doctor to diagnose your condition. When it's used to diagnose, it's called **diagnostic laparoscopy**.

## Why do I need it?

Your doctor may recommend diagnostic laparoscopy if you have long-term pain, abnormal tissue growth, bleeding, or disease in the organs of your abdomen or pelvis. Laparoscopy allows the doctor to see what may be causing your symptoms. This may prevent the need for more serious surgery later. During the procedure, your doctor may be able to:

- Take tissue samples (biopsies). If a tissue sample is taken, it will be sent to a laboratory for analysis.
- Look at your internal organs and diagnose the cause of your symptoms.
- Remove scar tissue or other abdominal tissue, such as endometriosis.
- Repair or remove parts of internal organs that are damaged or diseased.



## Talking with your doctor

Talking with your doctor is the most important part of deciding whether you should have diagnostic laparoscopy. Discuss the benefits, risks, and alternatives. The table below lists the most common of these, but other benefits and risks may apply in your situation. Don't be afraid to ask questions.

Potential benefits	Risks and potential complications	Alternatives
<ul style="list-style-type: none"> <li>• Diagnose your condition</li> <li>• Treat problems</li> <li>• Prevent need for open surgery and longer hospital stay</li> </ul>	<ul style="list-style-type: none"> <li>• Risks with any surgery include: bleeding, infection, or reaction to anesthesia (including nausea, and vomiting )</li> <li>• Risk specific to diagnostic laparoscopy are also rare, but include:                             <ul style="list-style-type: none"> <li>– Damage to organs or tissues</li> <li>– Blood clot in the leg or pelvic veins, which could travel to the lungs</li> <li>– Breathing problems</li> <li>– Heart problems</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Non-surgical alternatives</li> <li>• Open surgery (laparotomy)</li> </ul>

## How is it done?

Diagnostic laparoscopy may be done in a hospital or in an outpatient clinic. How long it takes depends on what your doctors find during the surgery. During the surgery you will have:

- **Anesthesia.** Most people are given general anesthesia so they will sleep and won't feel anything. Your anesthesia provider will talk to you about your options. Be sure to ask questions.
- **Incisions (cuts).** A surgeon will make small incisions, usually near your navel. Through these incisions, your surgeon will insert:
  - Harmless gas. This holds your organs away from each other and makes them easier to see and work on.
  - A laparoscope. The laparoscope has a tiny video camera that projects images to a screen so your doctor can see them better.
  - A suction tube to remove extra gas or fluid.
- **Possible procedures.** Your doctor may take a tissue sample, remove small growths, or make other repairs.
- **Closing the incisions.** After the laparoscopy, the tools will be removed and the gas will be suctioned out. Then the incisions will be closed with sutures (stitches) or staples. The incisions will be covered with dressings (bandages).

## What happens after the surgery?

Many people go home the same day as the surgery. Some people, however, stay overnight. Here's what you can expect after surgery:

- **You will be taken to a recovery area** where you will be monitored until you wake up from anesthesia. Then you will be allowed to see your family and friends.
- **There will still be some gas in your abdomen.** This will cause pressure when you sit up. You may feel pain in your neck, chest, or shoulders. You may also have some shortness of breath and nausea. These are normal symptoms and can last several days. You'll likely feel better when you lie down.

- **You will be given pain medication.** Be sure to take it as recommended, especially at first. It's easier to prevent pain than to stop it once it starts.
- **You may have some drainage from your incisions.** It should be clear and possibly pink. If the drainage is thick, yellow, or smells bad, contact your doctor.
- **You should not get out of bed on your own.** Ask for help if you need to move around.

## What should I do when I get home?

There's a lot you can do to prevent problems and make your recovery go better. Follow these instructions:

- **Lie down** whenever possible during the first 48 hours. After that, you may resume your normal activities when you feel comfortable.
- **If you need to walk, take very short trips,** and then lie down again. You can pass out very easily if you are up for too long.
- **Drink clear liquids.** Don't eat or drink anything heavy that may cause nausea.
- **Wait 24 hours before you shower.** Pat your wounds dry with a towel. Don't take a bath until your wounds have healed.
- **Care for your dressings.** If you have a dressing that is wet, you may remove it after 24 hours. If you have steri-strips over your wounds, **DO NOT** remove them. If the edges peel up, you can trim them.
- **Try to breathe deeply.** This may hurt, but breathing deeply can help you heal and prevent complications.

## When should I call my doctor?

Contact your doctor if you experience any of the following:

- Bleeding
- Ongoing fever over 101° F
- Nausea and vomiting
- Severe abdominal pain
- You have questions or concerns about your surgery