

Patient information leaflet for Laparoscopic Adhesiolysis

What is laparoscopic adhesiolysis?

The breaking down or separation of adhesions (scar tissue) caused by previous infection or Endometriosis.

How is it done?

You will have one small cut just below your navel and one or two small cuts will be placed in the lower tummy. The surgeon will inspect your pelvic organs – uterus (womb) ovaries and tubes and will break down or separate the adhesions (scar tissues) without causing damage to the organs.

Are there any alternative treatment options?

Some conditions such as endometriosis can be treated with medication. These treatments may not be effective or may be effective initially but then fail to control these conditions. Operative laparoscopy, if considered appropriate, acts directly on the site of the problem to alleviate these symptoms.

What are the intended benefits of this procedure?

Adhesiolysis allows treatment of conditions, which may have been giving you symptoms including pain, menstrual problems (erratic periods) and problems conceiving. Also, there are benefits of laparoscopic surgery which are reduced hospital stay, less pain, faster wound healing and cosmetic benefits due to loss of large surgical incisions.

What are the additional procedures that maybe needed?

Depending on the disease process you may need additional procedures such as rectovaginal septum resection, rectal shaving, to free the pelvic organs and to remove and separate the diseased tissue planes.

What are the associated risks and complications of this procedure?

Risk specific to this operation are:

- ✓ Bleeding
- ✓ Damage to organs adhered –specially bowel and ureters

Risks specific to laparoscopy:

- ✓ There is a very low risk (1 in 1000) of bowel damage during the operation, which might need further surgery to repair. To prevent the risk of infection in the unlikely event that such damage should occur, patients undergoing operative laparoscopy, may be asked to do preoperative bowel preparation. This will be discussed with you at your pre admission assessment with the nurse (separate instructions).
- ✓ Urinary tract infection which if it occurs can easily be treated with antibiotics

Risks associated with General Anaesthesia

Generally, the risk to you will depend on whether you have any other illness (co-morbid conditions), personal factors (smoking/ having overweight or obesity) or previous complicated surgery (lasted long duration or done in an emergency).

1. Very common and common side effects (occur in 1 in 10 or 1 in 100 patients)

Headache ,feeling sick and vomiting after the operation, faintness, sore throat , blurring vision, pains, backache, itching, pain during injection of drugs, bruising and soreness, confusion or memory loss.

2. Uncommon side effects (occur 1 in 1000 patients)

Damage to teeth, tongue or lips, Chest infection, muscle pains, bladder problems, slowing of breathing, worsening of the already existing medical disease, becoming conscious during the time of operation.

3. Rare or very rare complications (occur 1 in 10,000 or 1 in 100,000 patients)

Serious allergy to drugs, damage to the eyes, nerve damage, death, failure of equipment.

Before the procedure:

You will be required to remain fasting for a minimum of 6 hours for solids and 2 hours for liquids before the procedure.

The anaesthetist will perform an assessment of your fitness to be induced and will give specific instructions if you're suffering from any chronic illness such as diabetes, high blood pressure, or ischaemic heart disease. General anesthesia is given by means of inhalation of an inducing agent (a gas) and also by a maintaining drug through an intravenous site.

The risks and complications associated with general anesthesia will be discussed with you by the consultant anaesthetist.

During the procedure:

There will be three or four incisions made. The first cut nearly 1cm long placed inside the belly button (navel) for the entry of laparoscope. 1 or 2 nearly 5 mm long further cuts are placed in the lower half of your tummy.

At the end of surgery tiny skin wounds are closed with small stitches which dissolve spontaneously with time.

After the procedure:

- ✓ **Eating and drinking:** Normally following surgery you can drink fluids after 6 hours and eat after 12 hours unless otherwise indicated by medical staffs.
- ✓ **Mobilizing:** After this surgery, we will mobilize you as soon as possible to reduce complications arising from lying in bed for long.
- ✓ **Leaving hospital:** The duration of your stay in hospital usually depends on your surgery and how soon you recover. Normally it may be possible for you to go home on the next day of operation but if you have problems with the recovery from the operation or require further treatment you might need to stay in for longer.
- ✓ **Resuming normal activities including work:** You can restart your normal activities (including gentle work) few days following the operation. You will have to avoid doing more vigorous work longer. You can drive after 48 hours if you are comfortable.

