

## Reference number – L 4

### Patient information leaflet for Laparoscopic Cystectomy

#### What is laparoscopic cystectomy?

The aim is to remove a cyst from your ovary using key-hole surgery (by a laparoscope/small telescope)

#### How is it done?

You will have one small cut just below your navel and two or three small cuts in your lower tummy. The surgeon will remove the cyst in the ovary.

#### Are there any alternative treatment options?

Some cysts may not need removal and may resolve on its own. We need only monitoring in those patients. But surgery may need if they cause symptoms or they grow in size.

#### What are the intended benefits of this procedure?

Laparoscopic cystectomy allows treatment of conditions, which may have been giving you symptoms including pain or menstrual irregularities. 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 associated risks and complications of this procedure?

This procedure is safe but there are some risks associated with all operations. These are:

- ✓ Wound infection - signs include redness, swelling and maybe a discharge from the wound and/ or a raised temperature. This can be treated with antibiotics.
- ✓ Bleeding

Risks specific to laparoscopy:

**Major risks:**

- ✓ the overall risk of developing major complications after a laparoscopy is approximately 2 in every 1 000 women (uncommon)
- ✓ Damage to bladder, bowel, major blood vessels or uterus which may require urgent repair by laparoscopy or laparotomy (making an open incision in the tummy) (< 1%, uncommon). Up to 15% of the bowel injuries may not be identified at the time of the surgery.
- ✓ Failure to achieve access in to the abdominal cavity and to finish the planned procedure
- ✓ Entry site Hernia
- ✓ Very rarely death; 3 to 8 in every 100 000 women underwent laparoscopy die due to the complications.

**Common risks:**

- ✓ Bruising of the wound
- ✓ Pain in Shoulder-tip
- ✓ Gaping of the wound
- ✓ Infection of the wound

**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.

## **How is this procedure performed?**

### **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 two or three incisions made. The first is for the telescope and is inside the navel (belly button). This is approximately 1 cm long. Two or three further cuts will be made in the lower half of your abdomen, which are approximately 5 mm long.

Small dissolvable stitches are usually used to close the small skin wounds at the end of the operation; these don't need to be removed.

You may need few additional procedures depending on your diagnosis. These may include:

- ✓ Cutting away of small ovarian cysts or aspiration (removal by suction) of fluid from them.
- ✓ Treatment by diathermy or cutting away of lesions on the pelvic organs caused by endometriosis.
- ✓ Treatment for polycystic ovary disease by diathermy to the ovaries (ovarian drilling).
- ✓ Dye Test

### **After the procedure:**

- ✓ **Eating and drinking:** Normally following surgery you can drink fluids after 6hours and eat after 12hours 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.

### **Will I experience any pain?**

- ✓ You will feel bruised and swollen around the wounds. This should settle after 2 to 3 days
- ✓ You will usually be offered long acting pain relief BEFORE your surgery – once you are asleep - this is often given in the form of a suppository.

### **What can I do after surgery?**

#### **About getting back to normal**

- ✓ Aim to rest for the next day or two to ensure full recovery from surgery and anaesthetic.
- ✓ You may have a bloodstained vaginal discharge for a day or more.
- ✓ Sexual intercourse can resume when both of you are comfortable and any bleeding has settled.
- ✓ You may eat and drink normally when you go home

- ✓ You may feel bloated after the operation because of the gas used to inflate your abdomen. Any remaining gas will be absorbed over the next few days. Sometimes you may experience discomfort or “pressure” in your abdomen and pain in your shoulders. These are both quite normal side effects of the gas. This pain may only appear or become worse on eating and drinking and may last anything up to a week after the laparoscopy.