Gynecologic Laparoscopy

A gynecologic laparoscopy (lap uh ROS kuh pee) is a procedure used to examine tissue or perform surgery within a female’s abdomen or pelvis. A laparoscope (a slender surgical telescope with a lens at one end) is used to see inside the body through small incisions (cuts) in the abdomen.

This procedure can be used to identify or treat various conditions. Among them are:

- Endometriosis
- Ovarian cysts
- Ovarian torsion
- Other pelvic conditions

Preparing for the procedure

The day before your child’s procedure, you will get a call from the Nationwide Children’s Hospital Pre-Admission Testing Department. They will tell you what to do to prepare your child for the procedure.

Food and drink: it is very important to follow these instructions exactly:

- Your child may have CLEAR LIQUIDS up to 2 hours before surgery. After that, she may have nothing else to drink. Clear liquids are those you can see through that have no pulp or food bits in them. Examples of clear liquids are water, apple juice, white grape juice and Pedialyte.

- Infants and toddlers may have breast milk up to 4 hours and formula up to 6 hours before surgery and water or Pedialyte up to 2 hours before surgery.

- All other liquids, semi-liquids and solid foods MUST BE STOPPED 8 hours before surgery.
• Gum, cough drops and hard candy are not allowed. If your child has been chewing gum, surgery will be delayed 6 hours from the time it was swallowed.

Before the procedure

Just before the procedure, your child will be given a general anesthetic to help her relax and sleep. This medicine is usually given through an intravenous (IV) line. She will fall asleep before the procedure and not feel any pain.

During the procedure

Your child’s surgeon will make an incision (a small cut) in the abdomen, typically under the belly button. Next, a small tube called a cannula (CAN-u-la) is inserted into the opening. The cannula is used to inflate the abdomen with gas. This helps the surgeon to see the inside of your child’s abdomen and pelvis more clearly.

Next, your child’s surgeon inserts the laparoscope. There is a small camera on the top of the laparoscope that allows the surgeon to see the child’s internal organs on a screen. The surgeon may make additional incisions to get a better view and to complete the surgery. This can take up to 1 hour.

If this procedure is being done because of a concern for endometriosis, the surgeon will locate the endometriosis plus any scar tissue that is present, perform biopsies (remove small tissue samples), and possibly remove or burn the endometriosis tissue.

When the procedure is finished, the surgeon will close the incision. He or she will use several stitches, a special glue, or Steri-Strips (paper bandages).

Diagnosis

When the tissue samples are collected or an ovarian cyst is removed, they are taken to the Pathology lab to be examined. It can take up to 2 weeks to get the results back. When the surgeon gets the results back from the lab, you will be contacted to discuss the findings.

What to do at home

For pain

• Your child’s surgeon may prescribe medicine to help with pain. This should be taken according to the prescription instructions.
- Your child may have some **upper belly pain, chest pain or shoulder pain**. This discomfort is caused by the gas that was used during your surgery.

- If there is shoulder or chest pain one or all of these may help: moving around; taking Motrin® (ibuprofen); using a heating pad.

Your child may also have a sore throat after the procedure. This is from a breathing tube that was placed in her throat while she was asleep. Throat discomfort usually goes away within 24 to 48 hours after the procedure. Gargling with salt water or using throat lozenges can help.

**Care of the incisions**

- Your child will have 3 to 5 small incisions in her skin. The incision near the belly button may have a gauze and tape dressing. The dressing can be removed 1 to 2 days after surgery. If there are small strips of white tape (called Steri-Strips) or a clear dressing (Opsite™) under this dressing, leave them in place.

- Your child should not shower or bathe for the first 24 hours after the procedure. When she does shower or bathe, let warm water and mild soap (such as Dove sensitive skin soap) run over the incisions. Then rinse and gently pat dry. **Do not rub the incisions.**

- The stitches will dissolve and will not need to be removed. They will either be covered with tape (Steri-Strips) or a clear solution (glue). Steri-Strips typically fall off in 7-10 days.

- Your child may have some bruising where the skin is stitched. This is normal.

**Diet**

You can let your child begin eating and drinking as soon as she feels able. It is best to start eating and drinking small amounts, slowly. Avoid foods that can cause stomach upset, gas or bloating. Offer plenty of fluids (non-caffeinated) if your child is feeling nauseated.

**Activity**

- How quickly your child returns to normal activities depends on how she feels and how much surgery was done during the laparoscopy. Most children take a week off from school.

- Your child should not play sports or exercise until after her follow-up office visit.
• DO NOT let your child lift more than 10 pounds for 4 weeks.

Especially for adolescents and teens
• Most females have vaginal bleeding (usually light) after surgery. This is not a normal monthly period. Your child can use a panty liner, pad or tampon for bleeding. Her period may also start earlier than it normally does as a result of this surgery. Contact our clinic if your child starts her period and it is much heavier than normal.
• Your child should not drive a car or operate machinery if she is taking prescription pain medicine.
• If your child is sexually active, she should not have intercourse until after the follow-up visit.

Signs and symptoms of infection

Early signs
• Inflammation (skin is warm to the touch)
• Redness
• Swelling

Later signs
• Yellow drainage or discharge (pus) from the incision
• Fever
• Vomiting

When to contact the surgeon
• If any of the incision sites becomes reddened or inflamed (warm to touch)
• If you see fluid, blood or pus around any of the incisions
• If an incision becomes more tender or swollen, or it begins to separate (pull apart)
• If your child is vomiting
• For a fever over 101 degrees F by mouth or 102 degrees F rectally (in a child’s bottom)
• If her abdomen gets distended (full and firm) or she acts if she has belly pain
• If she cannot have a bowel movement
• If her pain is not controlled by her pain medications
• Any other questions or concerns

Follow-up appointments

Your child’s surgeon will typically want to see her for a follow-up appointment within 1 to 2 weeks after the procedure.