



## Operation Information

### Laparoscopy

#### Introduction

Laparoscopy is a surgical procedure that allows the surgeon to access the inside of the abdomen and pelvis without making large incisions. This procedure is also known as minimally invasive surgery (keyhole surgery). Laparoscopy can be used to help diagnose a wide range of conditions that develop inside the abdomen or pelvis.

This procedure can also be used to carry out surgical procedures, such as removing the gallbladder or diseased organs like an infected appendix, or taking a tissue sample for further diagnostic and pathologic tests. Laparoscopy is prevalent in use as a surgical examinations and surgical interventions in the specialities of gynaecology, gastroenterology and urology.

#### Outcomes

The expected outcomes of this procedure are determined for different indications. Large incisions can be avoided as only small incisions are required in this operation. The benefits of this procedure over traditional open surgery include:

1. A shorter hospital stay and faster recovery time.
2. Less pain and bleeding after the operation.
3. Reduced scarring.

#### Procedures

1. This operation is carried out under general anaesthesia.
2. The surgeon makes small cut(s) (incision(s)) in the abdomen.
3. A tube is inserted through the incision, and carbon dioxide gas is pumped through the tube to inflate the abdomen to provide a clear view for the surgeon.
4. The damaged/ diseased organ(s) or body tissue(s) are removed.
5. The wound is closed appropriately.

#### Possible Risks and Complications:

1. Haemorrhage or bruising around the incision sites
2. Wound infection
3. Injury of internal organs
4. Damage to a major artery
5. Damage to vein vessel
6. Deep vein thrombosis
7. Pulmonary embolism
8. Peritonitis

\*\* The risks listed above are in general terms and the possibility of complications is not exhaustive. Please understand that even though all operations are carried out with utmost professionalism and care, this does not rule out the possibility of complications arising. In the event of peripheral organ damage or post-operative haemorrhage or leakage, further operations may be required.

## **Pre-operative Preparations**

1. Good hygiene can prevent surgical wound infection. Therefore, we advise you to clean up yourself on the day of the operation.
2. The procedure and possible complications will be explained by the doctor and a consent form must be signed prior to the operation.
3. Please inform the doctor and nurse all your past medical history, previous surgical operations, current medication and any complication with drug or anaesthesia. Please inform the doctor if you are taking medications that affect blood coagulation, such as Aspirin, Plavix, Warfarin, Xarelto or Pradaxa, nonsteroidal anti-inflammatory drugs (NSAIDs) such as Ibuprofen, Naproxen and Chinese medicine.
4. You may be asked to stop taking blood-thinning medications for a few days beforehand.
5. Clipping on the operation site may be required and the nurse will supply surgical soap to you for washing the operation site as necessary.
6. No food or drink six hours before the operation.
7. Please change into a surgical gown after removing all belongings including undergarments, dentures, jewellery and contact lenses.
8. Please empty your bladder before the operation.

## **Post-operative Instructions**

### **General**

1. After general anaesthesia, you may:
  - experience discomfort in the throat after tracheal intubation.
  - experience side effects of anaesthesia including feeling tired, drowsy, nausea or vomiting. Inform the nurse if symptoms persist or worsen.
  - feel dizzy after general anaesthesia. Please call for nurse assistance when getting out of bed to prevent a fall accident.
2. This operation requires a few days of hospitalization and full recovery can take several weeks.
3. To speed up your recovery, the doctor and nurses will encourage you to perform activities such as deep breathing, walking and sitting on a chair, postoperatively.
4. Some of the gas used to inflate your abdomen can remain inside the abdomen after the operation, which can cause:
  - Bloating
  - Abdominal cramping
  - Shoulder pain, as the gas can irritate your diaphragm which might affect nerve endings at the shoulder.Therefore, early mobilization would encourage relief from those symptoms.
5. Please inform nurse(s) of wound pain. Analgesics may be given as prescribed by the surgeon.

### **Wound Care**

1. The incision is covered by a sterile dressing which must be kept dry.
2. You may take a shower after the operation but must ensure that the dressing is waterproof and remains clean and dry.

### **Diet**

A normal diet may be resumed as instructed after recovery from anaesthesia.

## **Advice on Discharge**

1. Any strenuous activities should be avoided for at least the first 4 to 6 weeks after the operation.
2. The medication should be taken as prescribed by the doctor.
3. Immediately consult your doctor or return to the hospital for professional attention in case of increasing abdominal pain, severe or continuous vomiting, redness, pain, swelling, bleeding or discharge around the wounds, abnormal vaginal discharge or vaginal bleeding, leg swelling and pain, a burning or stinging sensation when urinating, shivering, high fever over 38°C or 100.4°F, or any other unusual symptoms etc.
4. Any follow-up consultations should be attended as scheduled.

Should there be any enquiries or concerns, please consult the attending doctor.

Under the professional care of the doctor, you will gradually recover. We wish you all the best during your treatment and recovery.

If you have any questions after reading the entire leaflet, please write them down in the spaces provided in order for the doctor to further follow-up.

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Compiled by Union Hospital Operating Theatre (OT) Governance Committee

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Our Hospital reserves the RIGHT to amend any information in this leaflet without prior notification