



Operation Information

Laparotomy

Introduction

Laparotomy is a surgical procedure which involves making incisions across the abdomen. A laparotomy is performed to examine the abdominal organs, aid diagnosis of any abdominal problems or for surgical intervention. The surgeon may recommend a laparotomy if imaging tests of the abdomen, such as x-rays and CT scans, have not provided an accurate diagnosis or if needed. The most common incision for laparotomy is a vertical incision in the middle of the abdomen. The incision may be made in upper, middle, or lower midline, depending on the anticipated pathology, and may be extended in either direction if necessary.

Indications

Laparotomy can be done in emergency or elective conditions:

1. Emergency:
 - Acute abdominal trauma.
 - Acute-onset abdominal pain and clinical findings suggestive of intra-abdominal pathology necessitating emergency surgery.
 - Chronic abdominal pain with undefined reason.
 - Obscure gastrointestinal bleeding.
2. Elective: procedures that involve a large specimen such as hysterectomy.

Outcomes

The expected outcomes of this procedure are determined on different indications. Hospital stay may vary from 3-7 days (due to long incisions) and recovery period will last for 6-8 weeks.

Procedures

1. This operation is carried out under general anaesthesia.
2. The surgeon makes incision in middle of the abdomen.
3. The incisions are made, it allows surgeon to examine and find out the diseased or obstructed organs, infected tissues or foreign body.
4. The damaged/ diseased organ(s), the body stones, body tissue(s) or foreign body are removed.
5. Wounds are closed with stitches, clips or surgical staples.

Possible Risks and Complications:

1. Haemorrhage
2. Excessive blood loss
3. Wound infection
4. Abdominal wall dehiscence
5. Injury of internal organs
6. Damage to a major artery
7. Damage to vein vessel
8. Deep vein thrombosis

9. Pulmonary embolism
10. Peritonitis
11. Paralytic ileus

** 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. You may be given a pair of anti-embolic stockings to prevent deep vein thrombosis.
7. No food or drink six hours before the operation.
8. Please change into a surgical gown after removing all belongings including undergarments, dentures, jewellery and contact lenses.
9. Please empty your bladder before the operation.

Before the Procedure

Depending on the individual, a nasogastric tube and an indwelling urinary catheter may be inserted for the purpose of decompressing the stomach and the urinary bladder. These can help to reduce the risk of aspiration of gastric contents and monitor the functioning of the renal system during the induction of anesthesia.

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 or months depend on different health concerns.
3. Please inform nurse(s) of wound pain. Analgesics may be given as prescribed by the surgeon.
4. Early ambulatory will encourage in helping faster recovery, such as deep breathing, limbs exercise, walking and sitting on a chair, as gradually as postoperatively. This helps to prevent post-operative chest infection and thrombosis formation.

Wound Care

1. The incisions will be covered with a sterile dressing which must be kept dry.
2. Drain(s) may be inserted near the incision site to drain fluid in order to promote healing. These are removed when the drainage stops, usually after several days of the operation.
3. 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 at least the first 4 to 8 weeks after the operation should be avoided.
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 the persisting abdominal pain, severe or continuous vomiting, redness, pain, swelling, bleeding or discharge around the wounds, abdominal 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.

Compiled by Union Hospital Operating Theatre (OT) Governance Committee

The above information is for reference only, please enquire your physician for details
Our Hospital reserves the RIGHT to amend any information in this leaflet without prior notification