



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 and aid diagnosis of any abdominal problems. This operation may be required for a broad range of indications. 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. 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

1. Acute abdominal trauma.
2. Acute-onset abdominal pain and clinical findings suggestive of intra-abdominal pathology necessitating emergency surgery.
3. Chronic abdominal pain with undefined reason.
4. Obscure gastrointestinal bleeding.

Outcomes

The expected outcomes of this procedure are determined on different indications. Although large incisions cannot be avoided, the incision is normally neat and discreet. This is a more complex operation and as a result will involve a longer stay in hospital (often 3-5 days) and longer recovery period (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. Hemorrhage
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 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 doctor if you are taking medications that affect blood coagulation, such as Aspirin, Warfarin, Xarelto or Pradaxa and Chinese medication.
4. You may be asked to stop taking blood-thinning medications for a few days beforehand.
5. Clipping of hair may require on the incision sites.
6. Nurse will give you a surgical soap to clean your abdomen.
7. You may be given a pair of anti-embolic stocking to prevent deep vein thrombosis.
8. No food or drink six hours before operation.
9. Please change into a surgical gown after removing all belongings including undergarments, dentures, jewelry and contact lenses.
10. Please empty your bladder before the operation.

Before the Procedure

Depend on individual, a nasogastric tube and an indwelling urinary catheter may inserted to 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 renal system during induction of anaesthesia.

Post-operative Instructions

General

1. After general anaesthesia, you may:
 - experience discomfort in the throat after tracheal intubation.
 - experience side effects of anaesthesia including feel tired, drowsy, nausea or vomiting. Inform the nurse if symptoms persist or worsen.
2. This operation requires few days of hospitalization and full recovery can take several weeks or months depends on different health concern.
3. You may return to the ward with a Patient Controlled Analgesia System (PCA). This will allow you to control your needs for own pain relief.
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.

Wound Care

1. The incisions are covered by sterile dressing.
2. Please inform nurse(s) for wound pain. Analgesics may be given as prescribed by the surgeon.
3. Drain(s) may insert near the incision site to drain fluid in order to promote healing. These are removed when the drainage stops, usually after several days of operation.

Diet

1. Follow the instruction by the surgeon, resume normal diet as gradually. You may resume usual diet as your feel able unless otherwise instructed. You may have some abdominal bloating and mild nausea post-operatively, so eat slowly and only what you can tolerate.

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 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