ACOG
The American College of Obstetricians and Gynecologists

FAQs

Laparoscopy

Frequently Asked Questions

What is laparoscopy?

Laparoscopy is a way of doing surgery using small incisions (cuts). It is different from “open” surgery where the incision on the skin can be several inches long. Laparoscopic surgery sometimes is called "minimally invasive surgery."

How is laparoscopic surgery done?

Laparoscopic surgery uses a special instrument called a laparoscope. The laparoscope is a long, slender device that is inserted into the abdomen through a small incision. It has a camera attached to it that allows the obstetrician–gynecologist (ob-gyn) to view the abdominal and pelvic organs on a screen.

If a problem needs to be fixed, other instruments can be used. These instruments usually are inserted through additional small incisions in the abdomen. They sometimes can be inserted through the same single incision made for the laparoscope. This type of laparoscopy is called “single-site” laparoscopy.

What are the benefits of laparoscopy?

Laparoscopy has many benefits. There is less pain after laparoscopic surgery than after open abdominal surgery, which involves larger incisions, longer hospital stays, and longer recovery times. Recovery from laparoscopic surgery generally is faster than recovery from open abdominal surgery. The smaller incisions that are used allow you to

heal faster and have smaller scars. The risk of infection also is lower than with open surgery.

What are the risks associated with laparoscopy?

Laparoscopy can take longer to perform than open surgery. The longer time under anesthesia may increase the risk of complications . Sometimes complications do not appear right away but occur a few days to a few weeks after surgery. Problems that can occur with laparoscopy include

- bleeding or a hernia (a bulge caused by poor healing) at the incision sites
- internal bleeding
- infection
- damage to a blood vessel or other organ, such as the stomach, bowel, bladder , or ureters

Rarely, the ob-gyn begins with laparoscopy but must change to open surgery. This might happen if the ob-gyn finds something that may be cancer and a larger incision is needed to remove it. It also might happen if the ob-gyn finds something unexpected (infection, for example) or a complication develops that requires open surgery to resolve. Talk with your ob-gyn about what will happen if he or she needs to switch to open surgery.

What surgeries can be done with laparoscopy?

Tubal sterilization is one example of a surgery that can be done using laparoscopy. Laparoscopy also is one of the ways that hysterectomy can be performed. In a laparoscopic hysterectomy, the uterus is detached from inside the body. It can be removed in pieces through small incisions in the abdomen or removed in one piece through the vagina .

What problems can laparoscopy be used to diagnose and treat?

Laparoscopy may be used to look for the cause of chronic pelvic pain , infertility , or a pelvic mass. If a problem is found, it often can be treated during the same surgery. Laparoscopy also is used to diagnose and treat the following medical conditions:

- Endometriosis —If you have signs and symptoms of endometriosis and medications have not helped, a laparoscopy may be recommended. The laparoscope is used to

see inside your pelvis. If endometriosis tissue is found, it often can be removed during the same procedure.

- Fibroids —Fibroids are growths that form inside the wall of the uterus or outside the uterus. Most fibroids are benign (not cancer), but a very small number are malignant (cancer). Fibroids can cause pain or heavy bleeding. Laparoscopy sometimes can be used to remove them.
- Ovarian cyst —Some women have cysts that develop on the ovaries. The cysts often go away without treatment. But if they do not, your ob-gyn may suggest that they be removed with laparoscopy.
- Ectopic pregnancy —Laparoscopy may be done to remove an ectopic pregnancy.
- Pelvic floor disorders—Laparoscopic surgery can be used to treat urinary incontinence and pelvic organ prolapse (POP) .
- Cancer—Some types of cancer can be removed using laparoscopy.

What kind of pain relief is used during laparoscopy?

Laparoscopy usually is performed with general anesthesia . This type of anesthesia puts you to sleep.

What happens during laparoscopy?

After you are given anesthesia, a small incision is made in or below your belly button or in another area of your abdomen. The laparoscope is inserted through this small incision. During the procedure, the abdomen is filled with a gas. Filling the abdomen with gas allows the pelvic reproductive organs to be seen more clearly.

The camera attached to the laparoscope shows the pelvic organs on a screen. Other small incisions may be made in the abdomen for surgical instruments. Another instrument, called a uterine manipulator, may be inserted through the vagina and cervix and into the uterus. This instrument is used to move the pelvic organs into view.

What happens after laparoscopy?

After the procedure, the instruments and most of the gas are removed. The small incisions are closed. You will be moved to the recovery room. You will feel sleepy for a few hours. You may have some nausea from the anesthesia.

If you had outpatient surgery, you will need to stay in the recovery room until you can stand up without help and empty your bladder. You must have someone drive you home. You usually can go home the same day. More complex procedures, such as laparoscopic hysterectomy, may require an overnight stay in the hospital.

What should I expect during recovery?

For a few days after the procedure, you may feel tired and have some discomfort. You may be sore around the incisions made in your abdomen and belly button. The tube put in your throat to help you breathe during the surgery may give you a sore throat. Try throat lozenges or gargle with warm salt water. You may feel pain in your shoulder or back. This pain is from the small amount of gas used during the procedure that remains in your abdomen. It goes away on its own within a few hours or days. If pain and nausea do not go away after a few days or become worse, you should contact your ob-gyn.

How soon after laparoscopy can I resume my regular activities?

Your ob-gyn will let you know when you can get back to your normal activities. For minor procedures, it is often 1 to 2 days after the surgery. For more complex procedures, such as hysterectomy, it can take longer. You may be told to avoid heavy activity or exercise.

What signs or symptoms should I watch out for after laparoscopy?

Contact your ob-gyn right away if you have any of the following signs or symptoms:

- Fever
- Pain that is severe or gets worse
- Heavy vaginal bleeding
- Redness, swelling, or discharge from the incision
- Fainting
- Inability to empty your bladder

Glossary

Benign: Not cancer.

Bladder: A hollow, muscular organ in which urine is stored.

Cervix: The lower, narrow end of the uterus at the top of the vagina.

Chronic Pelvic Pain: Pain in the pelvic region that lasts for more than 6 months.

Complications: Diseases or conditions that happen as a result of another disease or condition. An example is pneumonia that occurs as a result of the flu. A complication also can occur as a result of a condition, such as pregnancy. An example of a pregnancy complication is preterm labor.

Cyst: A sac or pouch filled with fluid.

Ectopic Pregnancy: A pregnancy in a place other than the uterus, usually in one of the fallopian tubes.

Endometriosis: A condition in which tissue that lines the uterus is found outside of the uterus, usually on the ovaries, fallopian tubes, and other pelvic structures.

Fibroids: Growths that form in the muscle of the uterus. Fibroids usually are noncancerous.

General Anesthesia: The use of drugs that create a sleep-like state to prevent pain during surgery.

Hysterectomy: Surgery to remove the uterus.

Infertility: The inability to get pregnant after 1 year of having regular sexual intercourse without the use of birth control.

Laparoscope: A thin, lighted telescope that is inserted through a small incision (cut) in the abdomen to view internal organs or to perform surgery.

Laparoscopic Surgery: A type of surgery that uses a thin, lighted telescope and other devices inserted through small incisions (cuts) in the abdomen.

Laparoscopy: A surgical procedure in which a thin, lighted telescope called a laparoscope is inserted through a small incision (cut) in the abdomen. The laparoscope is used to view the pelvic organs. Other instruments can be used with it to perform surgery.

Malignant: A way to describe cells or tumors that are able to spread to other parts of the body.

Obstetrician–Gynecologist (Ob-Gyn): A doctor with special training and education in women's health.

Pelvic Floor: A muscular area that supports a woman's pelvic organs.

Pelvic Organ Prolapse (POP): A condition in which a pelvic organ drops down. This condition is caused by weakening of the muscles and tissues that support the organs in the pelvis, including the vagina, uterus, and bladder.

Tubal Sterilization: A method of sterilization for women. The fallopian tubes are tied, banded, clipped, or sealed with electric current. Tubes also can be blocked by scar tissue from insertion of small implants. The tubes also can be removed.

Ureters: A pair of tubes, each leading from one of the kidneys to the bladder.

Urinary Incontinence: Uncontrolled loss of urine.

Uterus: A muscular organ in the female pelvis. During pregnancy, this organ holds and nourishes the fetus. Also called the womb.

Vagina: A tube-like structure surrounded by muscles. The vagina leads from the uterus to the outside of the body.

If you have further questions, contact your ob-gyn.

Don't have an ob-gyn? Learn how to find a doctor near you.

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