



Pearl W. Yee, M.D. Inc.

*Obstetrics • Gynecology • Medical Aesthetics
Fertility • Menopause • Urinary Incontinence
Advanced & Minimally Invasive Female Surgery*

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Patient Information Regarding a Laparoscopy

Laparoscopy is a higher technology, minimally invasive procedure that allows your doctor to look directly at your female reproductive organs to diagnose and possibly treat problems that may not be detected through physical exams, x-rays, or other tests. With this technique, many procedures can be performed through tiny incisions that previously could be only done with major open surgery. In most cases, you can go home the same day.

Laparoscopy uses long, thin, telescope-like instrument called a laparoscope. This laparoscope is inserted into your abdomen through a small incision in your lower abdomen. There is a light source and video camera attached to the end of the laparoscope, so your doctor can see your pelvic organs. A small amount of carbon dioxide gas is used to temporarily inflate your abdomen so the inside can be seen more clearly. Sometimes one or three more tiny incisions may be made on your abdomen in order to insert other small surgical instruments. After the procedure, the gas is released, the instruments are removed, and the incision is closed.

Laparoscopy has many uses including the evaluation and treatment of pelvic pain. Adhesions are a common cause of pelvic pain. Adhesions are scar tissue that can bind and distort the position of your pelvic organs, causing pain. Scar tissue can form as a result of prior infections, prior abdominal surgery, or endometriosis. With laparoscopy, this scar tissue can be separated or removed; and anti-adhesive material can be instilled to reduce recurrences.

Endometriosis is another common cause of pelvic pain and sometimes infertility. Endometriosis occurs when the tissue lining of your uterus is found outside the uterus. This infertility can also be identified using laparoscopy. Your doctor can inject a dye into the fallopian tubes to see if they are opened or blocked.

Cysts or tumors in your uterus or ovaries can be evaluated during laparoscopy. In most cases, even fairly large cysts can be removed through the laparoscope, thus avoiding major open surgery. Ectopic pregnancies, which occur when a fertilized egg implants in the fallopian tube instead of the uterus, can also be removed using the laparoscope. For women who desire permanent sterilization, laparoscopy can be used to perform tubal ligations.

Laparoscopy is a versatile and valuable technique. All surgical procedures carry risks especially if you have had previous surgeries or infections. Risks of laparoscopy include side effects due to the anesthesia, infection, bleeding, and injury to internal organs, blood vessels and nerves. Occasionally, abdominal surgery may be needed to correct these complications. In one out of twenty five procedures, the problem cannot be completed safely with laparoscopy; in which case the scope procedure is stopped, converted into an open abdominal procedure, or further open surgery is needed.

Laparoscopy is performed in an operating room. For most cases, you will receive general anesthesia so that you are asleep throughout the procedure. It is important that you do not eat or drink anything for at least eight hours before the procedure. This includes no water or hard candies. If you take any medications on a regular basis, your doctor will tell you which medicines you may take before surgery. After surgery, you will be able to go home the same day, accompanied by a responsible adult. Sometimes an overnight stay at the hospital is needed, particularly for surgeries started late in the day for extensive operative procedures in patients over 65 years of age.

Once home, you may feel temporarily drowsy or nauseous from anesthesia. It is normal to have vaginal bleeding for 1-2 weeks, like a light period. Please use sanitary pads, and not tampons for the first week afterwards. You may have some incisional pain, which should be relieved by the pain medicine your doctor will prescribe you. You may also have some mild shoulder pain, which is caused by carbon dioxide gas. This will improve if you lie down, apply heat, and take some pain medicine. The top bandage and gauze on your incisions may be removed 1-2 days after surgery. Underneath the bandages, you will notice paper tapes on the incisions. These steristrips may be removed 1 week after surgery. You can shower at home the day after your surgery. After resting a day or 2 at home, you will probably feel well enough to resume your normal activities. It is recommended that you avoid heavy lifting, strenuous exercise, or sexual intercourse for about 2 days to 2 weeks.

You need to schedule an appointment to see your doctor 2-3 weeks after surgery. It is important to call your doctor if you have severe or increasing pain, fever over 101° degrees, persistent nausea and vomiting, redness or swelling around your incision, or persistent and heavy vaginal bleeding. We expect your medical condition to improve each day. If your recovery does not progress, please notify us, since we assume your health will recover over time.