OPERATION INFORMATION & INSTRUCTIONS

For Drs Marren, Campbell & Mackie

Hysteroscopy:

- The RANZCOG information pamphlet should be read in conjunction with the information below
- In brief, a hysteroscopy involves a general anaesthetic followed by a small (4mm) scope (hysteroscope) inserted into the uterus via the cervical canal
  - Saline (salty water) is used to inflate the uterine cavity
  - Images of the uterine cavity are saved
  - The cervix is then dilated (typically up to 8 – 9mm) and a sample of the endometrial lining is taken
  - Simple procedures (e.g. removal of endometrial polyp) may also be undertaken

- The ideal time to perform a hysteroscopy is just after the cessation of menses (period) but prior to ovulation (i.e. day 5 – 10 of menstrual cycle – to minimise the risk of interfering with a pregnancy)

Risks include:

- Complications with the anaesthetic
- Bleeding
- Infection (lining of the womb, tubes, or abdomen)
- Perforation of the cervix/uterus with the hysteroscope or dilator
  - Perforation may result in injury to underlying structures that may need to be repaired
- Scarring within the cavity after curettage (Asherman syndrome)
- Inability to remove the entire polyp/fibroid in one operation

Pre Operative Care: Fasting (no food or drink) for 6-hours prior to the procedure is required

Operative Hysteroscopy:

- Information is largely as per 'hysteroscopy'
- A standard hysteroscopy is usually performed to investigate the uterine cavity
  - The cervix is then dilated (up to 11mm)
  - The operative hysteroscope (7 – 10mm) is then inserted into the uterus via the cervical canal
  - Water is often used to inflate the uterine cavity
  - The operative procedure is then carried out

The risks are largely as per 'hysteroscopy'

- However, due to the nature of the surgery, the risk of complications is greater
- In addition to the above risks, water intoxication is a possibility
- Furthermore, it is common that resection of fibroids/uterine septum takes more than one surgery

Post operative care is as per 'hysteroscopy'

Laparoscopy:

- The RANZCOG information pamphlet should be read in conjunction with the information below
- In brief, a laparoscopy involves a general anaesthetic followed by 2 small (5mm) incisions being made into the abdominal wall
    - Laparoscopic ports are inserted through the incisions into the abdomen
    - The first incision is usually in the umbilicus (belly button)
        - Gas is used to distend the abdomen – this allows us to move instruments around the abdomen/pelvis
        - It is through this incision that the laparoscope is inserted
    - The second incision is in the midline; roughly at the level of the pubic hair
        - An instrument is inserted through this site in order to gently move organs within the abdomen/pelvis
        - The abdomen/pelvis is then systematically examined
        - Should no pathology (e.g. endometriosis) be found, no more incisions would be needed
        - If pathology is found, 2 more incisions are usually required
        - Depending on what is found will determine what needs to be done and how long the operation will take

- Risks include:
    - Complications with the anaesthetic
    - Bleeding
    - Infection (skin incisions, lining of the womb, tubes, or abdomen)
    - Potential for blood clots in the legs/lungs
    - Injury to underlying structures
        - Bladder, ureter (tube connecting kidneys and bladder), bowel, and blood vessels
        - Should a significant complication occur, this may necessitate an open procedure
        - Inability to remove all of the pathology (e.g. fibroid or endometriosis) in one operation

Pre Operative Instructions

- Fasting (no food or drink) for 6-hours prior to all procedures is required.
- Where severe endometriosis is anticipated and the risk of needing a bowel resection is high (would be clearly stated), the following should be adhered to **The day prior to surgery**:
    - Nothing to eat
    - Clear fluids only (e.g. water, tea without milk, and soup broths)
    - Picoprep (1 sachet) at 1pm and (1 sachet) at 4pm
        - ❖ Purchased over-the-counter at the Chemist
        - ❖ This will clear the bowel

- It is important to maintain clear fluids until the fasting time in order to prevent dehydration

Continued:

- Hospital Post Operative Care following Non-complex Laparoscopy (e.g. diagnostic or minor surgical procedure)
    - The catheter that was inserted whist you were asleep is usually removed
    - If a drain was inserted, this can usually be removed after 4-hours
    - You will be able to go home on the same day or the following morning (after review)
- Hospital Post Operative Care Following Complex Laparoscopies
    - Depending on the exact operation, you will be transferred to one of the Gynaecology wards or potentially a High-Dependency area
    - The catheter that was inserted whist you were asleep will remain in for usually 24 – 48 hours but sometimes up to
      7 days
        - When the catheter is removed, the nursing staff will make sure that your bladder function is normal and that you are completely emptying your bladder.
    - A drain is usually inserted via one of the laparoscopic port sites
        - The drain can usually be removed the following morning but may remain in until you open your bowels if a bowel resection was carried out.
        - The anaesthetist will help manage pain relief whilst in hospital
        - Diet will be as tolerated, however, if a bowel resection is carried out, you may remain on clear fluid until you are passing wind.

Further Information on the 'Post Operative Information ' page.