MC&M

Marren Campbell & Mackie

OPERATIVE INSTRUCTIONS

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)

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

- 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

Obstetrics | Gynaecology | Reproductive Endocrinology | Infertility

Suite 3.03, 205 Pacific Hwy, St Leonards, NSW 2065

P 1300 330 990 **F** 1300 440 990 **E** info@marrencampbellmackie.com.au **www.marrencampbellmackie.com.au**

- Post operative care
    - You will be able to go home on the same day (after review)
    - Diet will be as tolerated
    - Simple analgesia should be used for the first 48-hours
        - Paracetamol two tablets (1g) every six hours as required
        - Ibuprofen two tablets (400mg) every eight hours as required

    - You should not to have intercourse / baths until review to minimise the risk of infection
    - Review will usually be within 2-weeks
    - You can expect some bleeding and cramping pain (similar to a period) for a few days after the operation
        - However, you should call if there is excessive vaginal bleeding, pain, or features of infection

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 8 – 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

- Fasting (no food or drink) for 6-hours prior to the procedure is required for most laparoscopies
    - 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 in order to prevent dehydration
                - Complete fasting (no food or drink) for 6-hours prior to the procedure

- 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

- Post operative care
    - Straight forward laparoscopies (e.g. diagnostic or minimal work)
        - 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)
        - Diet will be as tolerated
        - Shoulder pain is common – due to the gas used to inflate the abdomen
            - Otherwise, the abdomen will be generally tender – especially at the incision sites)

        - Simple analgesia should be used for the first 3-days
            - Paracetamol two tablets (1g) every six hours as required
            - Ibuprofen two tablets (400mg) every eight hours as required
            - A prescription for Panadeine forte two tablets every six hours as required will be given
                - Panadeine forte contains Paracetamol
                    - They should NOT be taken together

        - A fibre supplement (e.g. Metamucil) should be used to prevent constipation
        - You should not to have intercourse / baths until review to minimise the risk of infection
        - Dressings should be removed by yourself in 1-week
            - The sutures will dissolve and do NOT need to be removed

        - Review will usually be within 2-weeks
        - Most people are happy to resume light duties after 3 – 4 days; a medical certificate for 2-weeks will be provided
        - You can expect some bleeding and cramping pain (similar to a period) for a few days after the operation
            - However, you should call if there is excessive vaginal bleeding, pain, or features of infection

- 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 – 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 is carried out

    - Diet will usually be as tolerated
        - However, if a bowel resection is carried out, you may remain on clear fluid until you are passing wind

    - Shoulder pain is common – due to the gas used to inflate the abdomen
        - Otherwise, the abdomen will be generally tender – especially at the incision sites)
        - The anaesthetist will help manage pain relief whilst in hospital

    - Depending on what is done, you will be able to go home either the following morning or after your bowels are open
    - Upon discharge, simple analgesia should be used for the first 3 days
        - Paracetamol two tablets (1g) every six hours as required
        - Ibuprofen two tablets (400mg) every eight hours as required
        - A prescription for Panadeine forte two tablets every six hours as required will be given
            - Panadeine forte contains Paracetamol
                - They should NOT be taken together

        - A fibre supplement (e.g. Metamucil) should be used to prevent constipation
        - You should not to have intercourse / baths until review to minimise the risk of infection
        - Dressings should be removed by yourself in 1-week
            - The sutures will dissolve and do NOT need to be removed

        - Review will usually be within 4 - 6 weeks
        - After a complex laparoscopy, 2-weeks leave will be required
            - If an open procedure is performed, 6-weeks leave will be required

        - You can expect some bleeding and cramping pain (similar to a period) for a few days after the operation
        - However, you should call if there is excessive vaginal bleeding, pain, or features of infection