RECOVERING WELL

Royal College of Obstetricians & Gynaecologists

Information for you after a

Laparoscopy

Health & care information you can trust

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How to navigate

when viewing this information online

Contents

From the contents page you can quickly and easily access all the topics listed.

To view a topic, simply tap/click the title of the information you want to see.

Within individual pages

Simply tap/click on **contents**, found on the bottom right of all pages, to return to the contents page. You can then choose information on another topic.

Next to the contents button is a **previous view** option which will take you back to the previous page you looked at.

Occasionally information on a topic will cover more than one page. The **more** button will show you further information on the topic.

Where other online information is available which might be useful to you a web link is given. Provided you have internet access, simply tap/click the link to be taken to this information. These additional resources are **highlighted** throughout.

Swiping/click left or right will take you to the previous or next page within the publication.

Contents

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Who is this information for?

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This information is for you if you are about to have, or you are recovering from, a laparoscopy (keyhole surgery). You might also find it useful to share this information with your family and friends.

You may be having, or have had, a laparoscopy:

- to help your gynaecologist make a diagnosis by looking inside your pelvis - this is known as a diagnostic laparoscopy
- as a treatment - this is known as an operative laparoscopy and includes procedures such as:
  - sterilisation or a small amount of treatment of endometriosis (simple procedures)
  - removal of an ovarian cyst, treatment of an ectopic pregnancy, removal of one or both ovaries or division of scar tissue (intermediate procedures)
  - treatment of severe endometriosis or hysterectomy (major procedures) - if you are having a hysterectomy, you may find helpful information in **Recovering well: information for you after a laparoscopic hysterectomy**.

This information is for you if you are having, or have had, a diagnostic laparoscopy and/or an operative laparoscopy where simple or intermediate procedures are performed.

Your operation will depend on your personal circumstances and will be discussed with you by your gynaecologist before your operation.

About this information

You should read this information together with any other information you have been given about your choices and the operation itself. This information gives general advice based on women's experiences and expert opinion. Every woman has different needs and recovers in different ways. Your own recovery will depend on:

- how fit and well you are before your operation
- the reason you are having a laparoscopy
- the exact type of laparoscopy that you have
- how smoothly the operation goes and whether there are any complications.

Contents Previous view

What can I expect after a laparoscopy?

Royal College of Obstetricians & Gynaecologists

Usual length of stay in hospital

If you are having a diagnostic laparoscopy, you should be able to go home on the same day. This operation is usually done as a day case. When you wake from the anaesthetic, your nurse will want to make sure that you are not in pain and that it is safe for you to go home before you are discharged. This usually takes between three and four hours.

When you go home, make sure that you are not alone and that someone can stay with you overnight.

If you have had a simple procedure as part of an operative laparoscopy, you may be able to go home on the same day, though you may be asked to stay in hospital overnight.

After-effects of general anaesthesia

Most modern anaesthetics are short lasting. You should not have, or suffer from, any after-effects for more than a day after your operation. During the first 24 hours you may feel more sleepy than usual and your judgement may be impaired. If you drink any alcohol, it will affect you more than normal. You should have an adult with you during this time and you should not drive or make any important decisions.

Scars

You will have between one and four small scars on different parts of your abdomen - one scar will usually be in your tummy button. Each scar will be between 0.5 cm and 1 cm long.

More >

What can I expect after a laparoscopy?

Royal College of Obstetricians & Gynaecologists

Stitches and dressings

Your cuts will be closed by stitches or glue. Glue and some stitches dissolve by themselves. Other stitches may need to be removed. This is usually done by the practice nurse at your GP surgery about five to seven days after your operation. You will be given information about this.

Your cuts will initially be covered with a dressing. You should be able to take this off about 24 hours after your operation and have a wash or shower (see section on washing and showering).

Vaginal bleeding

You may get a small amount of vaginal bleeding for 24 to 48 hours.

Pain and discomfort

You can expect some pain and discomfort in your lower abdomen for the first few days after your operation. You may also have some pain in your shoulder. This is a common side effect of the operation. When leaving hospital, you will usually be provided with painkillers for the pain you are experiencing.

Sometimes painkillers that contain codeine or dihydrocodeine can make you sleepy, slightly sick and constipated. If you do need to take these medications, try to eat extra fruit and fibre to reduce the chances of becoming constipated.

Starting to eat and drink

If you have had a short general anaesthetic, once you are awake, you will be offered a drink of water or cup of tea and something light to eat before you go home.

More>

What can I expect after a laparoscopy?

Royal College of Obstetricians & Gynaecologists

Washing and showering

You should be able to have a shower or bath and remove any dressing 24 hours after your operation. When you first take a shower or bath, it is a good idea for someone to be at home with you to help you if you feel faint or dizzy. Don't worry about getting your scars wet - just ensure that you pat them dry with clean disposable tissues or let them dry in the air. Keeping scars clean and dry helps healing.

Formation of blood clots - how to reduce the risk

There is a small risk of blood clots forming in the veins in your legs and pelvis (deep vein thrombosis) after any operation. These clots can travel to the lungs (pulmonary embolism), which could be serious. You can reduce the risk of clots by:

- being as mobile as you can as early as you can after your operation
- doing exercises when you are resting, for example:
  - pump each foot up and down briskly for 30 seconds by moving your ankle
  - move each foot in a circular motion or 30 seconds
  - bend and straighten your legs - one leg at a time, three times for each leg.

You may also be given other measures to reduce the risk of a clot developing, particularly if you are overweight or have other health issues. These may include:

- daily heparin injections (a blood-thinning agent) you may need to continue having these injections daily when you go home; your doctor will advise you on the length of time you should have these for
- graduated compression stockings, which should be worn day and night until your movement has improved and your mobility is no longer significantly reduced
- special boots that inflate and deflate to wear while in hospital.

More>

What can I expect after a laparoscopy?

Royal College of Obstetricians & Gynaecologists

Starting HRT (hormone replacement therapy)

If your ovaries have been removed during your operation, you may be offered hormone replacement therapy (HRT). This will be discussed with you by your gynaecologist and together you can decide the best way.

Talking with your gynaecologist after your operation

Your gynaecologist or another member of the surgical team may come and talk with you after your operation. Because you may still be coming round from the effects of the anaesthetic, it may be helpful for someone to be with you during this discussion. That way you can both ask questions and talk over what was said later on.

Tiredness

You may feel much more tired than usual after your operation as your body is using a lot of energy to heal itself. You may need to take a nap during the day for the first few days. For many women this is the last symptom to improve.

What can help me recover?

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It takes time for your body to heal and for you to get fit and well again after a laparoscopy. There are a number of positive steps you can take at this time. The following will help you recover.

A daily routine

Establish a daily routine and keep it up. For example, try to get up at your usual time, have a wash and get dressed, move about and so on. Sleeping in and staying in bed can make you feel depressed. Try to complete your routine and rest later if you need to.

Eat a healthy and balanced diet

Ensure that your body has all the nutrients it needs by eating a healthy balanced diet. A healthy diet is a high-fibre diet (fruit, vegetables, wholegrain bread and cereal) with up to two litres per day of fluid intake, mainly water.

Remember to eat at least five portions of fruit and vegetables each day!

Stop smoking

Stopping smoking will benefit your health in all sorts of ways, such as lessening the risk of a wound infection or chest problems after your anaesthetic. By not smoking - even if it is just while you are recovering - you will bring immediate benefits to your health. If you are unable to stop smoking before your operation, you may need to bring nicotine replacements for use during your hospital stay. You will not be able to smoke in hospital. If you would like information about a smoking cessation clinic in your area, speak with the nurse in your GP surgery.

A positive outlook

Your attitude towards how you are recovering is an important factor in determining how your body heals and how you feel in yourself. You may want to use your recovery time as a chance to make some longer term positive lifestyle choices such as:

- starting to exercise regularly if you are not doing so already and gradually building up the levels of exercise that you take
- eating a healthy diet - if you are overweight, it is best to eat healthily without trying to lose weight for the first couple of weeks after the operation; after that, you may want to lose weight by combining a healthy diet with exercise.

What can slow down my recovery?

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It can take longer to recover from a laparoscopy if:

- you had health problems before your operation; for example, women with diabetes may heal more slowly and be more prone to infection
- you smoke - smokers are at increased risk of getting a chest or wound infection during their recovery, and smoking can delay the healing process
- you were overweight at the time of your operation - if you are overweight, it can take longer to recover from the effects of the anaesthetic and there is a higher risk of complications such as infection and thrombosis
- there were any complications during your operation.

Recovering after an operation is a very personal experience. If you are following all the advice that you have been given but do not think that you are at the stage you ought to be, talk with your GP.

When should I seek medical advice after a laparoscopy?

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While most women recover well after a laparoscopy, complications can occur - as with any operation.

You should seek medical advice from your GP, the hospital where you had your operation, NHS 111 or NHS 24 if you experience:

- **Burning and stinging when you pass urine or pass urine frequently**: This may be due to a urine infection. Treatment is with a course of antibiotics.
- **Red and painful skin around your scars**: This may be due to a wound infection. Treatment is with a course of antibiotics.
- **Increasing abdominal pain**: If you also have a temperature (fever), have lost your appetite and are vomiting, this may be due to damage to your bowel or bladder, in which case you will need to be admitted to hospital.
- **A painful, red, swollen, hot leg or difficulty bearing weight on your legs**: This may be due to a deep vein thrombosis (DVT). If you have shortness of breath or chest pain or cough up blood, it could be a sign that a blood clot has travelled to the lungs (pulmonary embolism). If you have these symptoms, you should seek medical help immediately.
- **There is no improvement in your symptoms**: You should expect a gradual improvement in your symptoms over time. If this is not the case, you should seek medical advice.

Getting back to normal

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Around the house

While it is important to take enough rest, you should start some of your normal daily activities as soon as you feel able. You will find you are able to do more as the days pass. If you feel pain, you should try doing a little less for another few days.

Remember to lift correctly by having your feet slightly apart, bending your knees, keeping your back straight and bracing (tightening or strengthening) your pelvic floor and stomach muscles as you lift. Hold the object close to you and lift by straightening your knees.

Exercise

The day after your operation you should be able to go for a short 10 to 15 minute walk in the morning and the afternoon, having a rest afterwards if you need to. You should be able to increase your activity levels quite rapidly over the first week. There is no evidence that normal physical activity levels are in any way harmful and a regular and gradual build-up of activity will assist your recovery. Most women should be able to walk slowly and steadily for 30-60 minutes by the middle of the first week, and will be back to their previous activity levels by the second week. Swimming is an ideal exercise and, if you have had no additional procedure, you can start as soon as you feel comfortable. If you have had other procedures with the laparoscopy, you may need to avoid contact sports and power sports for a few more weeks, although this will depend on your levels of fitness before surgery.

Driving

You should not drive for 24 hours after a general anaesthetic. Each insurance company will have their own conditions for when you are insured to start driving again. Check your policy.

Before you drive you should be:

- free from the sedative effects of any painkillers
- able to sit in the car comfortably and work the controls
- able to wear the seatbelt comfortably
- able to make an emergency stop
- able to comfortably look over your shoulder to manoeuvre.

It is a good idea to practise without the keys in the ignition. See whether you can do the movements you would need for an emergency stop and a three-point turn without causing yourself any discomfort or pain. When you are ready to start driving again, build up gradually, starting with a short journey.

More>

Getting back to normal

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Travel plans

If you are considering travelling during your recovery, it is helpful to think about:

- the length of your journey - journeys over four hours where you are not able to move around (in a car, coach, train or plane) can increase your risk of deep vein thrombosis (DVT); this is especially so if you are travelling soon after your operation
- how comfortable you will be during your journey, particularly if you are wearing a seatbelt
- overseas travel:
  - Would you have access to appropriate medical advice at your destination if you were to have a problem after your operation?
  - Does your travel insurance cover any necessary medical treatment in the event of a problem after your operation?
- whether your plans are in line with the levels of activity recommended in this information.

If you have concerns about your travel plans, it is important to discuss these with your GP or the hospital where you have your operation before travelling.

Having sex

It is safe to have sex when you feel ready. If your vagina feels dry, especially if you have had both ovaries removed, try using a lubricant. You can buy this from your local pharmacy.

Returning to work

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Most women feel able to return to work one to three weeks after a laparoscopy.

- If you have had a diagnostic laparoscopy or a simple procedure such as a sterilisation, you can expect to feel able to go back to work within one week. Although you will not be harmed by doing light work just after surgery, it would be unwise to try to do much within the first 48 hours.
- If you have a procedure as part of an operative laparoscopy, such as removal of an ovarian cyst, you can expect to return two to three weeks after your operation. If you feel well, you will not be harmed by doing light work on reduced hours after a week or so.

When you go back to work will depend on the type of job you do. If you do heavy manual work, or are on your feet all day, you may need longer than someone who can sit down at work. You do not need to avoid lifting or standing after this type of operation, but you may feel more tired if you have a physically demanding job.

If you are off work for less than one week, you should be able to complete a self-certification form for the time you have been off work. If it is longer than one week, you will need to obtain a certificate from the hospital where you have your operation.

You might also wish to see your GP or your occupational health department before you go back and do certain jobs - discuss this with them before your operation. You should not feel pressurised by family, friends or your employer to return to work before you feel ready. You do not need your GP's permission to go back to work. The decision is yours.

Acknowledgements

This information was developed by a multidisciplinary working party on recovery following gynaecological surgery and was peer reviewed by experts in the field and by patients and the public.

A final note

The Royal College of Obstetricians and Gynaecologists produces patient information for the public. The ultimate judgement regarding a particular clinical procedure or treatment plan must be made by the doctor or other attendant in the light of the clinical data presented and the diagnostic and treatment options available.

Departure from the local prescriptive protocols or guidelines should be fully documented in the patient's case notes at the time the relevant decision is taken.

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