

**This instruction is intended for our patients who are in a care relationship.** The Wellbeing Services County of South West Finland. Turku University Hospital.

## Gynaecological laparoscopy

You are scheduled to have a laparoscopy, also known as keyhole surgery. A laparoscopy can be used to diagnose causes of infertility and lower abdominal pain, treat ectopic pregnancies, ovarian cysts, endometriosis, and fibroids (muscle cell tumors). It can also be used to perform a sterilization or to remove the uterus, fallopian tubes, or ovaries. If the procedure is done to treat cancer, the laparoscopy is often performed with robotic assistance.

### Preparing for the surgery

Preparing for the surgery starts at home. For more information, you can read [Preparing for a gynaecological surgical procedure](#), Arrive to the hospital according to the instructions detailed in your admission letter on the day of the surgery or the day before the surgery. You will meet the doctor performing your operation at the ward before the operation starts.

### Laparoscopy

The operation is carried out under anaesthesia, through small incisions made onto your abdomen. To ensure good visibility, it can become necessary to move the uterus or the uterine appendages through the vagina. For this reason, the position during the operation is similar to the position during a pelvic examination. Carbon dioxide gas is pumped into the abdominal cavity to ensure visibility during the operation. A urinary catheter can be placed during the operation, and it is removed a few hours after the operation.

If any problems occur during the laparoscopy, for example unexpected bleeding or difficult adhesions, the surgery is continued as open surgery.

### After operation at the hospital

At first you are monitored at the surgery unit's recovery room for a few hours after the operation. Adequate pain management and anti-nausea medication is always a part of any surgical procedure, and it continues at the recovery room and at the inpatient ward.

Getting up on the day of the surgery promotes recovery and the return of normal bowel functions, and it also decreases the risk of developing blood clots. You should move around according to your own strength, but remember to rest as well.

After the surgery you can experience shoulder-tip pain, abdominal pain, lower abdominal bloating, and constipation. The gas used during the surgery can cause these symptoms by irritating the diaphragm, and they can last for a couple of days. Walking, position therapy, promoting bowel regularity, avoiding foods that cause gas, and taking anti-gas and pain medication can improve these symptoms.

## **Discharge from the hospital**

You are discharged on the day of the surgery. Being discharged requires that you have an adult person who can take you home from the hospital, and that someone stays with you overnight after the surgery. Medical leave is usually 2 to 7 days in smaller procedures, and 2 to 5 weeks in the case of larger operations, depending on the scope of the procedure.

## **At home after the surgery**

You will receive individual instructions on postoperative care at home as well as written instructions: either [After a gynaecological procedure](#) or [After a gynecologic cancer surgery](#) (<https://hoito-ohjeet.fi>).