

The Bristol Endometriosis Clinic

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Laparoscopic excision of endometriosis A patient information leaflet

This leaflet is aimed at women who are planning to or considering having a laparoscopic excision of endometriosis at Southmead Hospital.

Why are we doing this operation?

Traditionally there have been two surgical options for managing endometriosis:

Major open surgery;

This usually involves a hysterectomy and removal of one or both of the ovaries. Whilst this procedure has a good chance of improving the pain, recovery can take a long time and is of no use for women wishing to become pregnant in the future. However, some women also have continuing pain after this operation because some endometriosis was left behind. It is therefore important that all visible endometriosis is removed.

Laparoscopic diathermy / laser of endometriosis

This involves burning of the patches of endometriosis with a keyhole surgery method. The results of whether heat is used (diathermy) or a laser are the same. Improvement in symptoms often occurs but because not all of the cells are removed the endometriosis may come back.

Laparoscopic excision of endometriosis

Laparoscopic excision involves removing the endometriosis cells, using keyhole surgery. The tissue which is removed is sent to the laboratory to confirm the diagnosis.

Why do we prefer laparoscopic (keyhole) surgery?

Whilst the operation can take longer than open surgery, the advantages include:

- A shorter stay in hospital
- Less risk of a postoperative infection
- Less chance of scar tissue forming in the abdomen
- Smaller scars on the skin
- Larger magnified view of the pelvis, allowing more precise surgery

What does the operation involve?

The operation is performed under general anaesthetic and involves passing a laparoscope (telescope) into the abdomen through the umbilicus (belly button). We then pass 2 or 3 other instruments into the abdomen through other small incisions, each about 1cm long. Another small instrument is inserted into the cervix (neck of the womb) so the uterus can be moved around allowing the surgeon to get a good view of the pelvis. The operation takes about 2-3 hours.

We aim to remove all visible endometriosis by separating it from the surrounding healthy tissues. We believe the excision is more likely to provide a long-term cure for

endometriosis than diathermy or laser, which may leave deep endometriosis untreated. We also use laparoscopic surgery to remove chocolate cysts and to divide adhesions.

Additional procedures

Some women with endometriosis also have heavy painful periods. A Mirena coil can be helpful for some women, and can be inserted at the same time as the laparoscopic excision of endometriosis.

The pre-sacral nerves carry pain sensation from the uterus to the brain. They run in front of the sacrum, which is the back part of the pelvis. Cutting these nerves sometimes helps to with severe cramping periods. This procedure will be discussed in detail, if it is thought to be right for you.

Preparation for the operation

Your bowels must be empty to allow us to get a good view of the whole of your pelvis and to minimise the risk of any damage. This process starts 3 days before the operation, when we will ask you to eat a low residue diet. We will give you a leaflet describing the diet. On the day before the operation, you need to take two sachets of a laxative called Picolax. This will give you diarrhoea. It is important that you are in comfortable surroundings on this day, and also for you to drink plenty of non-fizzy fluid. Women who have been through this preparation describe it as not pleasant, but also not the worst experience in life.

You will either come in the morning of, or the afternoon before the operation and you must have nothing to eat or drink from midnight the night before. You will need to sign a consent form before the operation. Finally, you will need an enema on the ward prior to surgery.

After the operation

You will wake up in the recovery room next to the operating theatre where a nurse will keep a close eye on your blood pressure and pulse. When you are fully awake you will be taken back to the ward. You may feel sick after the anaesthetic; this is normal. We will prescribe painkillers and anti-sickness medication to make you comfortable. We may also need to leave a catheter in the bladder for the first day after the operation.

You will be seen by the surgical team the day after the operation when the operation findings will be explained. The stitches on the skin are dissolvable, but can be removed after a week if they cause skin irritation. You will be able to go home when you feel well enough and you are only requiring mild painkillers. We generally advise 1-2 weeks off work, but you should not go back until you are ready. If you feel unwell at home, please phone the ward.

We will arrange to see you in the clinic within a few weeks of your discharge from hospital. The exact timing will depend on the complexity of the surgery, and your immediate post-operative recovery.

What are the risks of laparoscopic excision of endometriosis?

All operations have risks. Because of the anatomy of the pelvis, endometriosis is commonly very close to the bowel, blood vessels, bladder and ureters (the tube that brings urine from the kidneys to the bladder) and there is a risk of damage to these structures. Should this happen you may need an open operation. If there are complications involving the bowel, a temporary colostomy may be necessary.

For mild to moderate endometriosis, the risks are:-

Bowel damage	24 in 10,000
Ureter/bladder damager	5 in 10,000
Major blood vessel damage	2 in 10,000
Minor blood vessel damage	10 in 10,000
Death	3 in 100,000

These figures do not apply to women with severe endometriosis, particularly where the bowel is involved. They should therefore only be regarded as a guide.

Will the operation definitely help my pain?

Between 60 and 70% of women will have some improvement in their pelvic pain following laparoscopic excision of endometriosis.