

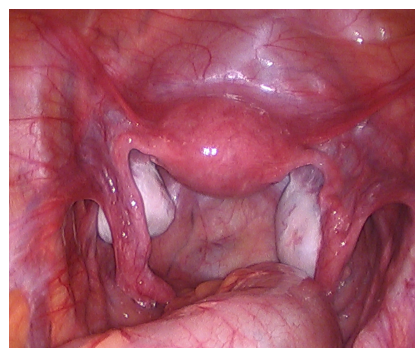
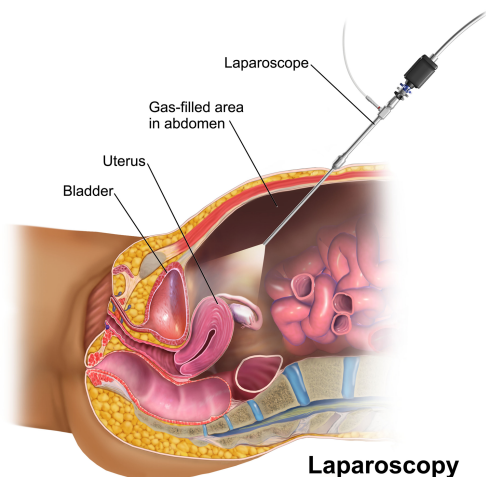
PLEASE NOTE:

This information sheet is not a substitute for a medical opinion. It is designed as an educational reference to allow you to make more informed decisions in consultation with your doctor. Much of what is conveyed during a consultation can be forgotten, this package is here to help remind you of various points that may have been discussed in your consultation and the suggestion of your tailor-made care plan.

LAPAROSCOPY

Laparoscopy is a procedure to visualise and examine the organs of the abdomen and pelvis. A thin telescope called a laparoscope is passed through the belly button. This allows visualisation of the pelvic organs such as uterus, ovaries and fallopian tubes to look for any abnormalities. This minimally invasive procedure helps to diagnose and treat specific gynaecologic problem, including;

- Endometriosis or other causes of pelvic pain
- Investigation and treatment of infertility
- Hysterectomy (removal of uterus), myomectomy (removal of fibroids) or removal of ovarian cysts or tumours
- Emergency conditions such as ectopic pregnancy



Preparing for Laparoscopy

Having a laparoscopy requires you to be admitted in hospital and to have general anaesthesia. This procedure may be performed as a day only procedure (where you will be discharged home on the same day as the surgery) or may require hospital admission for one or more nights.

Pre Surgery Diet

You must also fast for 6 hours (not even water) prior to your allocated surgery time. There is no need for a special diet or bowel preparation, unless instructed otherwise.

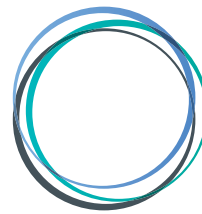
PLEASE NOTE: if you do not adhere to the diet prior to your surgery, your surgery will not proceed.

Medication

Hormones are to be continued. Non-steroidal anti-inflammatory pain medications such as Neurofen, Ponstan, Voltaren needs to be stopped 14 days before your surgery. If you are taking Aspirin, Clexane, Plavix or any other blood thinning medication, please discuss with Dr Won regarding when to stop these prior to the surgery. Continue other medications (e.g. heart, diabetes) - take with a small amount of water on the morning of your surgery. If you are unsure, do not hesitate to ask Dr. Won.

Exercise

There is no restriction on daily activities before your operation.



On the day of the Surgery

The Procedure

After having general anaesthetic, an indwelling catheter will be placed in your bladder to empty urine. The abdomen is gently inflated with carbon dioxide gas to raise the abdominal wall clear of the pelvic organs and to improve the surgeon's view and access. A laparoscope is inserted through a small incision at the umbilicus (navel). The pelvic organs can be gently moved using an instruments placed inside the uterus (via the vagina) and another instruments placed through other small (less than 1cm) incisions lower in the abdomen. This improves the ability to inspect the pelvic organs and abnormal pathology. Your planned surgery will be carried out and the entire procedure may take from 30 minutes to several hours to complete, depending on your pathology. A second surgeon often is required to assist the primary surgeon.

After the surgery is completed, the laparoscope is withdrawn, and the carbon dioxide gas is allowed to escape as much as possible. Surgical incisions are closed with small dissolving stitches and Steri-strips (paper-like tape). The urinary catheter may be removed at the end of surgery or left in until the next morning to drain urine.

After having Laparoscopy

Diet

Light diet (soup, sandwiches) if desired. Gradually build up to normal diet. Small frequent meals rather than occasional large one is recommended.

Medications

Advice will be given regarding continuing hormonal treatment. Restart other medication (e.g. heart, diabetes) on day of surgery. Take home pain medication will be prescribed.

Vaginal bleeding and discharge

It is expected to have moderate 'period-like' vaginal bleeding after laparoscopy up to 1-2 weeks. This is due to an instrument placed within the uterus during surgery. This bleeding should decrease slowly. Your usual period may be disturbed. If you are trying for pregnancy, sexual intercourse can resume after your period following the surgery. Please contact us if there is smelly vaginal discharge, fever or heavy bleeding. If the patency of the fallopian tubes has been tested with a dye, vaginal discharge may have a blue tint.

Pain and discomfort after Surgery

The following symptoms may persist for several days, including;

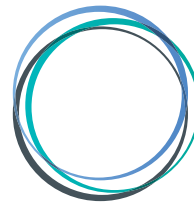
- Substantial pain and discomfort at the site of the incisions and around the operated area
- Muscle aches and pain, and tiredness
- Mild nausea
- Painful cramps
- A sensation of swelling in the abdomen
- Pain in one or both shoulders that may extend into the neck. This is thought to be the carbon dioxide gas used during the procedure. The pain may last for a few days.

Constipation

Constipation after abdominal surgery commonly occurs. This is especially so if codeine (Panadeine or Panadeine Forte) or opioids (Endone, Oxycodone or Morphine) is taken for pain relief. To assist a return to normal bowel habits, eat a light diet with plenty of fruit, have a high fluid intake, and do gentle exercise, such as walking. The addition of a mild laxative (e.g. 2 teaspoons of Metamucil or Benefibre in a big glass of water daily) also helps.

Other General Advice

Gentle exercise such as walking should be gradually reintroduced 10 days after surgery. Avoid high impact exercises for 4 weeks and stop if it hurts. Do not drive for 24 hours after general anaesthetic, and do not make any important decision for 2 days following general anaesthetic. Recommence driving when pain medication is no longer required (check with your car insurance company regarding cover following surgery). Normal physical and sexual activity can be resumed after any bleeding and discomfort have stopped and when you are feeling well enough.



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Return to work

You will be able to return to a desk job 10 days after your surgery. Heavy manual jobs or jobs that involve lifting will require up to 4 weeks. Light duties may be possible during this time. You are likely to feel more tired than usual following surgery and rest is recommended. This is because your body is putting energy into healing the surgical areas. Avoidance of alcohol, keeping well hydrated and a healthy diet is recommended for good healing.

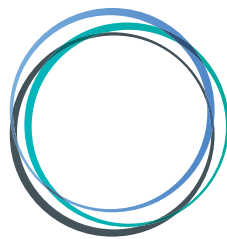
Post-operative Visit

Please ring and make a follow up appointment 4-6 weeks after surgery to review your recovery and pathology result, as well as further management plan.

Please notify us at once if you notice any of the following:

- Nausea or vomiting that is worsening
- Persisting and increasing abdominal pain, and any pain not reduced by painkillers
- Persisting bleeding from the vagina that is smelly or becomes heavier than normal period and is bright red
- Persistent redness, pain, pus or swelling around the incisions, or a fever more than 38°C, or chills
- Pain or burning on passing urine or the need to pass it frequently
- A sudden collapse for no apparent reason in the day or two after surgery
- Any concern you may have about your surgery

If you cannot contact us, go to your family doctor or Accident and Emergency Department at your nearest hospital.



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