

Laparoscopic procedures

Information for women



Obstetrics & Gynaecology

patientinformation



The Rotherham
NHS Foundation Trust

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Hearing about your experience of our services is very important as it means we can pass compliments on to our staff and make improvements where necessary. Tell us what you think by emailing us at: your.experience@nhs.net

Slovak

Slovensky

Ak vy alebo niekto koho poznáte potrebujete pomoc pri pochopení alebo čítaní tohto dokumentu, prosím kontaktujte nás na vyššie uvedenom čísle alebo nám pošlite e-mail.

Kurdish Sorani

کوردی سۆرانی

نەگەر تۆ یان کەسێک کە تۆ دەناسی پێویستی بەیارمەتی هەبێت بۆ ئەوەی لەم بەلگەنامە بە تێبگات یان بێخۆی نینتەوه، تکایە پەیوەندیمان پێوه بکە لەسەر ناو ژمارەیهی سەروددا یان بەو نێمەیلە.

Arabic

عربی

إذا كنت أنت أو أي شخص تعرفه بحاجة إلى مساعدة لفهم أو قراءة هذه الوثيقة، الرجاء الاتصال على الرقم اعلاه، أو مراسلتنا عبر البريد الإلكتروني

Urdu

اُردو

اگر آپ یا آپ کے جاننے والے کسی شخص کو اس دستاویز کو سمجھنے یا پڑھنے کیلئے مدد کی ضرورت ہے تو برائے مہربانی مندرجہ بالا نمبر پر ہم سے رابطہ کریں یا ہمیں ای میل کریں۔

Farsi

فارسی

اگر جناب عالی یا شخص دیگری که شما اورا می شناسید برای خواندن یا فهمیدن این مدارک نیاز به کمک دارد لطفاً با ما بوسیله شماره بالا یا ایمیل تماس حاصل فرمایید.

If you require this document in another language, large print, braille, audio or easyread format, please ask our healthcare providers*

*Note to healthcare providers:

Translated / easyread healthcare information can be sourced via the **Easyread websites** listed at the back of this leaflet or via contacting our translation service which can be accessed through the Hub.

Introduction

The staff at Rotherham Hospital are committed to ensuring that your post-operative experience is as comfortable as possible.

Please do not hesitate to call **Ward B11** on **01709 424349** for any questions after recovery. You may wish to contact your GP first if unsure.

The following information will help to answer frequently asked questions and will also help you understand some of the common experiences that may occur after your surgery. Please note that most patients have very few complications after surgery.

However, to ensure that you have as much information as possible, the comprehensive list below should help with any concerns you have after your surgery.

After your operation

Immediately after the operation you will first be brought into a recovery bay where a nurse will carefully monitor you until they are satisfied that you have recovered from your anaesthetic.

What to expect following your operation

Catheter

Most women do not have a catheter and can go home once they have urinated satisfactorily.

Incisions and stitches

You will have up to 3 small incisions (5mm and 10mm) on your abdomen. These incisions will be closed with dissolvable stitches. They will be covered with dressings which can be removed the day after the surgery.

Pain and discomfort

The wound is not normally very painful but sometimes you may require tablets or injections for pain relief. You may also experience shoulder tip pain, this is due to the gas used for the procedure being trapped and irritating your diaphragm. This usually settles down in a couple of days.

If you are prescribed painkillers which contain codeine or dihydrocodeine, these 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.

Taking painkillers as prescribed to reduce your pain will enable you to get out of bed sooner, stand up straight and move around – all of which will speed up your recovery and help to prevent the formation of blood clots in your legs or your lungs.

The first few days

Vaginal bleeding

You can expect to have some vaginal bleeding for up to a week after your operation. This is like a light period and is red or brown in colour. Some women have little or no bleeding. You should use sanitary towels rather than tampons for 2 weeks, as using tampons could increase the risk of infection.

If you notice a change in loss, i.e becoming heavier, bright red or smelling offensive seek advice from GP or contact us.

Starting to eat and drink

When you are able to drink again you will be offered a drink of water or cup of tea and something light to eat. If you are not hungry initially, you should drink fluid. Try eating something later on.

Home

You will go home on the same day of the operation unless there are complications or if your doctor wishes you to stay in hospital.

At home

Hygiene

You should be able to have a shower the day after your operation. If you can remove the dressing at the same time. The incisions are closed with dissolvable stitches; this protects the incision and will stay in place for up to 2 weeks or longer. The suture can be removed by using soap and water and gentle scrubbing with a washcloth in the shower or bath after 2 weeks. Don't worry about getting your scars getting 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.

Activity

After any operation you will feel tired and it is important to rest. It is also important not to take to your bed. Mobilization is very important. Simply pottering around the house will use your leg muscles and reduce the risk of clots in the back of the legs (DVT) which can be very dangerous. Activity will also help to get air into your lungs and reduce infections.

It is good to relax, but avoid crossing your legs for too long when you are lying down.

Avoid Swimming for 2 weeks. You can do pelvic floor exercises but build these up very gently. If you do too much it will be uncomfortable.

Avoiding constipation

Your bowels may take time to return to normal after your operation. Your motions should be soft and easy to pass.

To prevent constipation eat a healthy diet with a high fibre diet (fruit, vegetables, wholegrain bread and cereal), with up to 2 litres a day of fluid intake, mainly water. Remember to eat at least five portions of fruit and vegetables each day.

To avoid getting constipated use a good laxative such as milk of magnesia, mineral oil, or other laxatives that work for you. Lactulose or Movicol can also be used. Remember that the painkillers like Codeine or Tramadol you use can make you constipated. The more constipation, the more pain, and the more narcotics you will require. This is a vicious cycle that can lead to severe constipation. Our recommendation is to start using laxatives immediately after surgery for at least 3 days to ensure that constipation does not develop. Milk of magnesia twice a day for three days is usually quite helpful.

You may find it more comfortable to hold your abdomen (provide support) the first one or two times your bowels move.

If you do have problems opening your bowels, it may help to place a small footstool under your feet when you are sitting on the toilet so your knees are higher than your hips. If possible, lean forwards and rest your arms on top of your legs to avoid straining.

Driving

You should not drive for 24 hours after a general anaesthetic. Each insurance company will have its 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.

In general, it can take up to 2 weeks before you are able to do all of the above. It is a good idea to practice without the keys in the ignition. See if 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.

Having sex

You should usually allow 2 weeks after your operation to allow your scars to heal. It is then safe to have sex, if you feel comfortable about it.

Returning to work

You should be able to return to a light job after about 2 weeks. Leave a very heavy or busy job until 6 weeks

Remember that each woman is different so set your own recovery speed with the advice from your doctor. Go slowly, do not overdo things.

When should I seek medical advice after my procedure?

While most women recover well after the operation, complications can occur – as with any operation. You should seek medical advice from your GP; call us on B11, NHS Direct 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.
- **If you are unable to pass urine normally and think you may not be emptying your bladder.**
Some patients may develop retention of urine after the operation. In the majority of the patients this is only temporary and they may require having a catheter inserted in their bladder for a few days.
- **Heavy or smelly vaginal bleeding or bleeding which starts again.** If you are also feeling unwell and have a temperature (fever), this may be because of an infection. Treatment is usually with a course of antibiotics. Occasionally you may need to be admitted to hospital for the antibiotics to be administered intravenously (into a vein). Rarely, this may need another operation to be drained.

- **Red and painful skin around your scars on your abdomen.** This may be caused by 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 because of damage to your 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 caused by a deep vein thrombosis (DVT). If you have shortness of breath, chest pain or cough up blood, it could be a sign that a blood clot has travelled to the lungs (pulmonary embolus). If you have these symptoms, you should seek medical help immediately.

How to contact us

Rotherham Hospital Switchboard

Telephone 01709 820000

Useful contact numbers

**If it's not an emergency,
please consider using a
Pharmacy or call NHS 111
before going to A&E.**

NHS 111 Service

Telephone 111

Health Info

Telephone 01709 427190

Stop Smoking Service

Telephone 01709 422444

UECC (A&E)

Telephone 01709 424455

**For GP out of hours,
contact your surgery**

Useful websites

www.therotherhamft.nhs.uk

www.nhs.uk

www.gov.uk

www.patient.co.uk

Easyread websites

www.easyhealth.org.uk

www.friendlyresources.org.uk

www.easy-read-online.co.uk

We value your comments

If you have any comments
or concerns about the services
we have provided please
let us know, or alternatively
you can contact the
Patient Experience Team.

Patient Experience Team

The Oldfield Centre
The Rotherham NHS
Foundation Trust
Rotherham Hospital
Moorgate Road
Rotherham
S60 2UD

Telephone: 01709 424461

Monday to Friday

9.00am until 5.00pm

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