

**REMEMBER THAT YOU ARE AN INDIVIDUAL AND THAT YOUR RECOVERY IS UNIQUE TO YOU. THESE STATEMENTS ARE MEANT AS A GUIDE ONLY.**

**Benefits:** To diagnose and treat any endometriosis found at laparoscopy. This may help with your pain or infertility.

**Risks:** Are there any complications involved with laparoscopic treatment of endometriosis?

All surgical procedures carry with them a small chance of complications. Laparoscopic treatment of endometriosis is no different in this response and so carries with it a small risk. The main complications with it are:-

- Haemorrhage i.e. difficulty controlling bleeding from the major blood vessels.
- Perforation of bowel (in rare circumstances could lead to a temporary colostomy), damage to bladder or damage to the tubes coming from the kidneys and the bladder (ureters).

Although it is rare, it may be necessary to do an open midline operation (laparotomy) or a hysterectomy if severe complications (as those listed above) occur.

Obviously, every effort is made to minimise the risk of complications, but if you are concerned about them, please discuss the matter further with the Consultant or a member of his staff who will be happy to answer any queries.

**Alternatives:** There are medical methods of treating endometriosis such as use of combined oral contraceptive pills, progestogen pill or injections such as depoprovera, GnRH (Gonadotropin Releasing Hormone) analogues. The medical methods are designed to stop your periods and if your pain is resolved, then we know that your symptoms are primarily endometriosis related. If your pain continues despite being period free, it is possible that there are other causes such as irritable bowel syndrome or constipation. (See leaflet on Chronic Pelvic Pain and Irritable Bowel Syndrome).

**IF YOU REQUIRE ANY FURTHER INFORMATION OR ADVICE, PLEASE DO NOT HESITATE TO CONTACT THE WARD OR YOUR GP.**

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For further information visit the  
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## *Laparoscopic Treatment of Endometriosis*

## What is endometriosis?

Endometriosis is a condition, which affects many women. It is defined as the presence of endometrial tissue outside its normal position inside the cavity of the womb (uterus). Endometrial deposits can attach themselves to various organs and structures inside the pelvic cavity, such as the ovaries, fallopian tubes and rarely bowel.

Inside the uterus, the womb lining (endometrium) thickens each month and, if conception does not occur, it is shed, and leaves the body through the vagina as menstrual flow. Some endometrial deposits seem to respond to the same hormonal changes that occur each month in a woman's menstrual cycle. The endometriosis thickens and bleeds each month, but unlike the endometrium in the uterine cavity, this endometrial tissue cannot leave the body through menstruation. Instead, the monthly bleeding produces cysts of clotted blood and often results in the formation of scar tissue (adhesions). These adhesions can stick organs together, and depending on the extent and area of the endometrial deposits, can result in severe pain, infertility, bowel and urinary problems.

## What is a laparoscopy?

The laparoscope consists of a long tube with a series of lenses and a powerful light source, connected to a video camera. A laparoscopy allows the surgeon to see inside the abdomen, without the need for open surgery. This method allows a closer look at the endometriosis and a precise mechanism for removing the disease. The abdomen is first distended with gas so that clear vision can be maintained throughout the procedure. Tiny incisions are made in the navel and the abdomen and the laparoscope is then passed through the skin and guided to the area of operation. Specialised instruments, such as fine scissors and electrocautery forceps, can be fed through channels to enable the surgeon to perform the operation. A general anaesthetic will be given.

## What does a laparoscopy for the treatment of endometriosis entail?

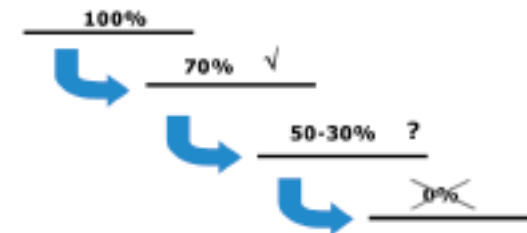
The laparoscope can visualise any part of the abdominal cavity and because of its size, it can be manoeuvred between and underneath the pelvic organs e.g. the uterus, fallopian tubes and ovaries. This facility allows the surgeon to direct the laser fibre or electric current onto a particular deposit of endometriosis, in order to burn or cut out the patch of disease.

Clearly if the operation is deemed technically difficult to do laparoscopically or associated with unnecessary risk, an open method (either through a bikini incision or up and down (midline) incision) would be chosen as a safer option.

## Realistic expectations from the operation

It would be fair to say that treatment of endometriosis in itself will not result in a miracle cure of all pain or improve infertility completely. A realistic example of what may be achievable following surgery is that the 100% pain level that you are experiencing at present may be reduced down to realistic level of 70% (see diagram). This should be seen as a success in the treatment. Further reductions in percentage terms would clearly be a bonus. Furthermore, this achievement is likely to be over a 6-12 month period rather than within weeks of the surgery.

### Realistic Expectations in Pain Control



## What happens after laparoscopic treatment of endometriosis?

- Recovery may vary between a few days to 2 weeks depending on the extent of your disease and the area treated. You should rest for at least 1 or 2 days following the procedure and then resume normal activities as soon as you are able.
- Returning to work is up to the individual concerned. Those in a non-manual job should be able to return to work sooner than those in a more physically demanding job. Be sensible and fair to yourself.
- You may have a vaginal discharge following your operation. It will be red to start with but will change to a red/brown discharge. The length of time that you continue to bleed varies from person to person but is usually between 1 and 2 weeks. We advise that you use sanitary towels immediately after your operation and until the bleeding subsides, but if you prefer to use tampons remember to change them frequently in order to avoid infection.
- You may bath or shower, as preferred, and as soon as you wish.
- You may experience some abdominal discomfort. This will usually respond to paracetamol or something similar. If pain persists, or becomes distressing, please contact the ward or your own GP.
- You will have one to four small cuts; one in the navel (umbilicus) and one to three just above the pubic hairline. Each cut will be closed by either nondissolvable (to be removed on the 5th post-operative day) or dissolvable stitches (usually within 7-10 days). They will be covered by a small dressing.
- Sexual intercourse may be resumed at your own discretion.