



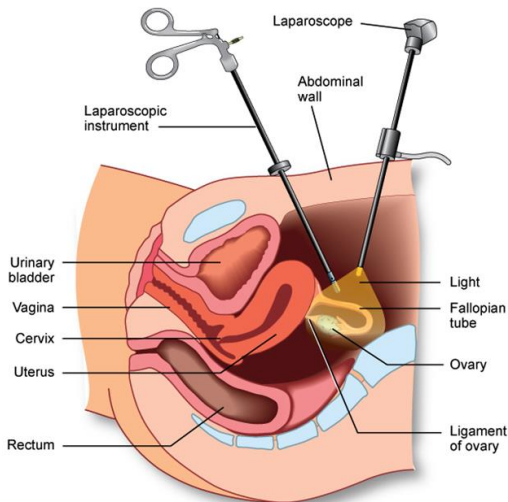
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LAPAROSCOPY

This sheet is to give you some information about your upcoming laparoscopy. It is designed to supplement and not replace the conversation that you will have with me about your surgery. While it will hopefully answer most of the questions you may have, please feel free to ask me any questions or express any concerns that are not covered here.

You will come in to the hospital on the morning of the surgery and, almost without exception, be discharged later that day. You will come into the Same Day Surgery area approximately 2 hours before surgery is scheduled. The nurses there will help prepare you for the surgery and bring you down to the Operating Room area. I will see you outside the Operating Room before surgery begins. If you have anyone whom I should call after the surgery, such as husband, friend, or relative, please let me know at that time. You will also be seen by a member of the Anesthesia Department and an intravenous line will be started. Medication to help calm your nerves may be given at that time. After that, you will be taken into the Operating Room and the operation will be performed. The procedure itself is described more fully below. After the surgery, you will go to the Recovery Room. Usually, you will be there approximately 1½ to 2 hours until you are sufficiently awake from the anesthesia. I will discuss with you or your family what I found and did at surgery and will also give you or your family instructions about what to do and not to do during the days following surgery. In general, most women have nausea for a few hours after

surgery. This is generally gone or almost gone by the time of discharge. Occasionally, it may persist for longer than usual and rarely may result in your needing to stay in the hospital overnight. Other common problems after surgery are pain around the abdomen which rises up underneath the diaphragm and is felt by you as pain in the shoulders. This may last for a few days. Because of the pain from the incisions and the abdominal swelling that sometimes occurs after surgery, I would recommend that you bring very loose clothing to wear home after the surgery.



The procedure itself may take anywhere from 45 minutes to 3 hours, depending on whether or not any laser surgery is performed and how extensive that surgery is. After you are asleep, the anesthesiologist will put a tube in your windpipe to help you breathe during surgery. This will be taken out before you wake up, but may result in your having a sore throat for a period of time after the surgery. Also, a catheter will be put into your bladder to keep it empty during the surgery. This also will be placed after you are asleep and removed before you wake up, but may result in some initial pain on urination after the surgery. For the laparoscopy itself, two or more

incisions are usually needed. There will be one in the navel which would be about ½ inch across. There will also be one or more smaller incisions in the lower abdomen. Through the incision in the navel, gas is placed in the abdomen so that a space is created and the pelvic organs may be viewed. After this is done, the laparoscope is placed through the incision in the navel and then other instruments are placed through the smaller incisions at the hairline. The pelvis is then carefully inspected, and usually some dye is passed through the cervix into the tubes to make sure that they are open. If no abnormalities are found, the gas is removed as completely as possible and the incisions are closed with suture which later will need to be removed. If, on the other hand, there are adhesions or endometriosis that need to be treated with the laser, this will be done after all the pelvic organs have been inspected.

Any type of surgery has some potential risks and laparoscopy is no exception. The most common complication which occurs in approximately 1 of 500 instances, is damage occurring to one of the abdominal or pelvic organs including the bowel, bladder, or blood vessels when the laparoscope or one of the instruments is placed. This is more common (5-20%) in women who have had previous abdominal surgery, pelvic adhesions, or who are overweight, but may occur in any patient. Should this happen, a larger incision would need to be made in order to repair the damaged organ. On a rare occasion a blood transfusion may be needed. This would result in your being admitted to the hospital for a period of several days of recuperation. Very rarely damage to an organ may occur but not be recognized at the time of surgery. This would lead to additional surgery on an emergency basis and, if the bowel has been damaged, temporary placement of a colostomy. Complications from anesthesia are extreme allergic reactions to the anesthetic medication or abnormal heart rate. Please discuss your concerns about the anesthetic medicine with your anesthesiologist prior to your surgery.