



## Saint Mary's Hospital

# Laparoscopy and Dye

## Information For Patients



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## **Welcome to the Gynaecology Service at Saint Mary's Hospital**

This leaflet aims to give you some general information about a laparoscopy and dye test, and help to answer some of the questions you may have. It is intended as a guide and there will be an opportunity for you to talk to your nurse and doctor about your care and treatment.

### **What is a Laparoscopy and Dye test?**

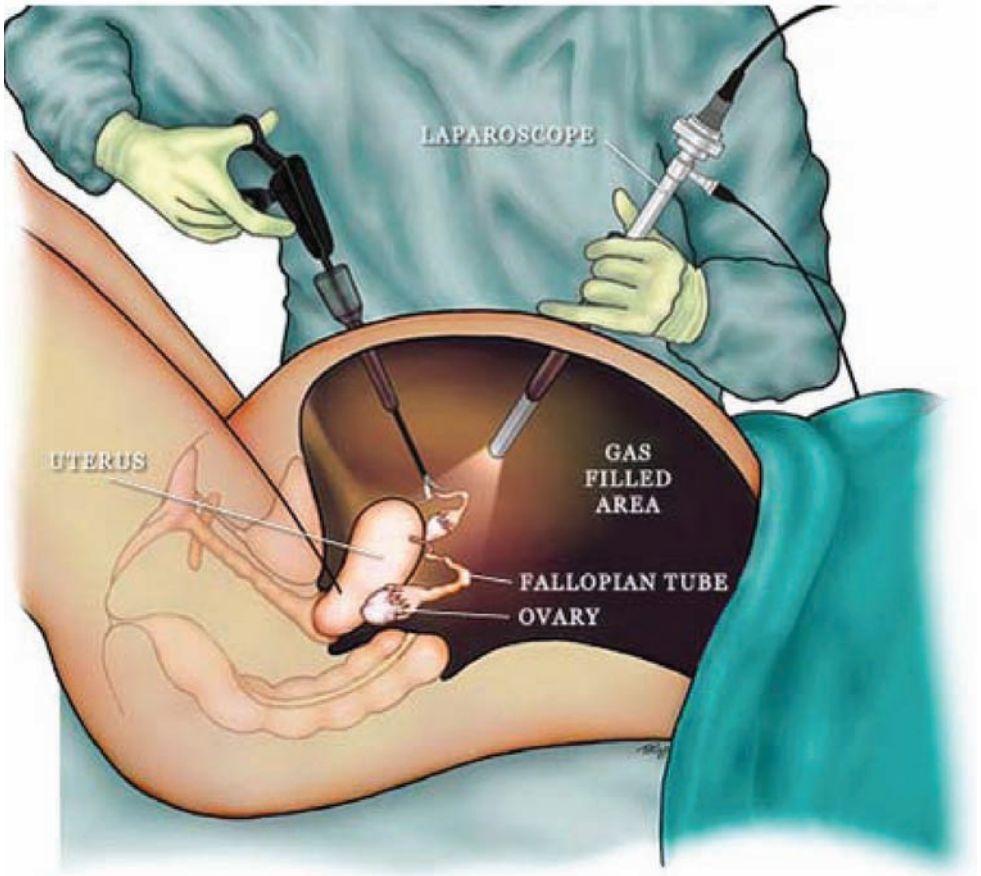
A laparoscopy and dye test is an operation to help find out why you are having difficulty becoming pregnant. There are many gynaecological conditions which affect fertility, for example, polycystic ovaries, endometriosis, adhesions (scar tissue from previous surgery), infection and fibroids. The dye test can show if your tubes are blocked, whilst the laparoscopy can find out if you have any of the above conditions.

### **What does the operation involve?**

A laparoscopy is a surgical procedure performed under a general anaesthetic, where a narrow tube with a fiberoptic light on the end, called a laparoscope, is inserted through the abdominal wall. Small cuts are made through the belly button (umbilicus), and on either side of the lower part of the abdomen. Carbon dioxide gas is pumped into the abdomen which expands and allows the organs to separate giving a good view of the pelvic organs.

Blue dye is passed through the cervix (the opening of the womb) and into the uterus (womb) and both fallopian tubes to check for blockages.

Some minor treatments can be performed at the same time.



## What are the risks of a Laparoscopy and Dye?

Minor complications occur in 1 to 2 cases in every 100. These include:

- Post-operative infection.
- Minor bleeding and bruising around the site of the incision (cut).
- Nausea and vomiting.

Major complications following a laparoscopy are rare. They occur in an estimated 1 in every 1,000 cases.

They include:

- Damage to an organ, such as your bowel or bladder.
- Damage to a major artery (blood vessel).
- Damage to the nerves in your pelvis.
- Complications arising from the use of carbon dioxide during the procedure, such as the gas bubbles entering your veins or arteries.
- A serious allergic reaction to the anaesthetic.

Further surgery is usually required to treat any major complications.

## **What are the benefits?**

A laparoscopy and dye test may help your doctor find out the cause of your infertility, and may assist with any further treatment options.

## **Are there any alternatives to surgery?**

An x-ray called a hysterosalpingogram (HSG) or an ultrasound test called HyCoSy can show if your tubes are blocked.

## **Consent**

We must by law obtain your written consent to any operation. Staff will explain the risks, benefits and any alternatives. You will then be asked to sign a consent form. If you are unsure about any aspect of the treatment proposed, please do not hesitate to speak to a member of staff.

## How can I prepare myself for the operation

Ensure that you fully understand the procedure by highlighting any questions or worries. There is a section in this booklet that you may wish to use to write down your questions and take with you on your admission to hospital so that you can discuss any of your concerns.

Organise your home circumstances, so that you do not have to worry about housework, shopping, childcare etc.

It is advisable to bring an overnight bag including toiletries and sanitary towels with you, just in case you need to stay in hospital. You should have a bath or shower on the morning of your operation. Please remove any body piercings and nail varnish from fingers and toes. Valuables and jewellery should be left at home.

You will be asked to ring the ward the evening before your operation to confirm that a bed is available - please ask the nurse to confirm whether you will be going to theatre in the morning or afternoon and what time you need to starve from.

It is very important that you do not have anything to eat or drink for at least 6 hours before your operation. This includes sweets and chewing gum. You may be allowed water up to 2 hours before surgery - your nurse can confirm this.

## How long does the procedure take?

It will normally take between 20-30 minutes. You should return to the ward after 1-2 hours following a short time in the recovery room.

## What can I expect after my operation?

- Pain/discomfort

It is normal to expect some mild abdominal, leg or shoulder-tip pain after your operation. You may be prescribed some pain relief to take home. Your nurse will explain what they are and how often to take them. If you are not given any pain relief on discharge please use over the counter pain killers, such as paracetamol or ibuprofen based products, but always read the label/instructions before taking them.

Wind pain is a common problem experienced by women following a laparoscopy, due to the gas put into the abdomen. Use of a heat pack or drinking peppermint tea can help, along with keeping mobile.

- **Vaginal bleeding**

It is common to have some mild vaginal bleeding for up to 7 days after your operation. Do not use tampons during this period, only sanitary towels. Tampons may increase your risk of developing a mild infection. If you feel your bleeding is very heavy, prolonged or has an offensive smell, please seek advice from your GP.

As the dye used for the test is blue, your vaginal loss may be blue for 24 hours following your operation.

- **Wounds**

Your wounds will either be closed with a very small suture (stitch) or with surgical glue. Sutures will usually dissolve within 10-14 days. If they do not and are causing discomfort, please seek advice from your GP or Practice Nurse who may be able to remove them for you. Glued sites may be left to heal and no intervention is required.

Some oozing from the wounds may be noted for the first 24 hours after your operation and a dry dressing may be applied. After this time they should be left exposed and kept clean and dry. If the oozing continues and/or the areas become red, inflamed or smelly, please seek advice from your GP, as you may have developed a mild infection. Always make sure you wash your hands before and after caring for your wounds.

You may bathe and/or shower as normal - it does not matter if you get the sutures or glue wet. However, please ensure that you dry your wound thoroughly with a clean towel afterwards.

## **Will I have a scar?**

The incisions made are very small and the scars will barely be visible after a few months.

## **When can I return to my normal activities?**

This advice can only be used as a guide as your recovery from the operation will be specific to you as an individual.

It is normal to feel tired for a few days after your operation, and you may need to rest.

- **Work**

Following a laparoscopy you can normally return to work within 7 days. Most work places allow you to self-certify for up to 7 days, but please let staff know if this is a problem and you require a sick note.

- **Exercise and lifting**

Avoid heavy lifting, housework and strenuous exercise for 7 days. After this time you should be able to ease yourself gently back into your exercise programme.

You must not go swimming until your wounds have healed and any vaginal discharge has stopped.

- **Driving**

You must not drive for at least 24 hrs and only then when you feel comfortable wearing a seatbelt and can perform an emergency stop without any abdominal discomfort. Please contact your insurance company for confirmation.



- **Sex**

Do not resume having sexual intercourse until any vaginal bleeding has stopped and you feel ready and comfortable to do so.

## **When can I expect a Menstrual Period?**

Every woman is different regarding how soon after the operation to expect a period, however sometime in the next 4-6 weeks is considered usual.

Often this first period may be heavier or lighter than normal, but should return to normal with 2-3 months.

## **Results and follow-up**

Before you are discharged home, a member of your medical team will tell you the results of the laparoscopy and dye test and will discuss with you any treatment or follow-up needed.

## **Saint Mary's Hospital contact numbers:**

Should you require any additional information or help please contact:

### **Gynaecology Wards:**

0161 276 6105 (24 hours a day), or  
0161 276 6517 or  
0161 701 0048  
(24 hours)

### **Emergency Gynaecology Unit (EGU)**

0161 276 6204  
(Monday to Friday 8.00 am–5.00 pm)

## **Other useful contact numbers and websites:**

Women's Health Concern - 01628 478473  
[www.womens-health-concern.org.uk](http://www.womens-health-concern.org.uk)

NHS Direct - 0845 4647  
[www.nhsdirect.nhs.uk](http://www.nhsdirect.nhs.uk)

NHS Choices  
[www.nhs.uk](http://www.nhs.uk)

## **Zero Tolerance Policy**

We are committed to the well-being and safety of our patients and of our staff. Please treat other patients and staff with the courtesy and respect that you expect to receive. Verbal abuse, harassment and physical violence are unacceptable and will lead to prosecutions.

## **Suggestions, Concerns and Complaints**

If you wish to make a comment, have a concern or want to complain, it is best in the first instance to speak to the manager of the ward or department involved.

The Trust has a Patient Advice and Liaison Service (PALS) who can be contacted on (0161) 276 8686 and via e-mail: [pals@cmft.nhs.uk](mailto:pals@cmft.nhs.uk). They will help you if you have a concern, want advice, or wish to make a comment or complaint.

Information leaflets about the service are readily available throughout the Trust. Please ask any member of staff for a copy.

## No Smoking Policy

The NHS has a responsibility for the nation's health.

Protect yourself, patients, visitors and staff by adhering to our no smoking policy. Smoking is not permitted within any of our hospital buildings or grounds.

The Manchester Stop Smoking Service can be contacted on  
Tel: (0161) 205 5998 (www.stopsmokingmanchester.co.uk).

## Translation and Interpretation Service

Do you have difficulty speaking or understanding English?

আপনি কি ইংরেজীতে বুঝতে কিংবা বুঝাতে পেরেছেন ? (BENGALI)

क्या आपको अंग्रेजी बोलने या समझने में कठिनाई है ? (HINDI)

તમે ભાષા કારણે વાતચીત કરવામાં મુશ્કેલી આવે છે ? (GUJARATI)

ਕਿ ਤੁਹਾਨੂੰ ਅੰਗ੍ਰੇਜ਼ੀ ਬੋਲਣ ਜਾਂ ਸਮਝਣ ਵਿਚ ਦਿੱਕਤ ਹੈ ? (PUNJABI)

Miyey ku adagtahay inaad ku hadasho Ingriisida aad sahamto (SOMALI)

هل لديك مشاكل في فهم اوالتكلم باللغة الانجليزية ؟ (ARABIC)

你有困難講英語或明白英語嗎？ (CANTONESE)

کیا آپکو انگریزی سمجھنے اور سمجھانے میں دقت پیش آتی ہے؟ (URDU)

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Produced by the Gynaecology Department

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