

Information Sheet on Diagnostic Laparoscopy and Hysteroscopy

The use of these procedures to visualise the internal structures of the pelvis of a woman can reveal information of great value in the investigation of infertility and many common gynaecological disorders which cannot be discovered by external physical examination. So efficient are they at allowing you doctor to directly look at the pelvic organs that they have become a routine part of the investigation of infertility.

Diagnostic laparoscopy is used to visualise the outside of the *uterus*, the *fallopian tubes*, the *ovaries*, and the general internal pelvic area. *Diagnostic hysteroscopy* is employed to view the inside of the uterus. If abnormalities are found at the time, the procedure can often be turned into *operative laparoscopy* or *hysteroscopy* to correct the problems and avoid the need for repeat surgery.

Diagnostic Laparoscopy

Diagnostic laparoscopy can enable your doctor to diagnose a number of gynaecological problems including *endometriosis*, *uterine fibroids*, *ovarian cysts*, *adhesions* and *scar tissue* which may cause tubal blockage, and *ectopic pregnancy*. It is also part of a complete evaluation of infertility and may be performed early in the investigations if there is a history of abdominal pain, past pelvic infection, or abdominal surgery.

Diagnostic laparoscopy is usually performed in a Day Surgery, under general anaesthesia, and with only minimum discomfort. Once the patient is under the general anaesthetic a needle is inserted through the abdominal wall near the navel and the abdomen filled with carbon dioxide gas. This raises the abdominal wall up away from the internal organs allowing the laparoscope to be safely inserted through the abdominal wall through the same incision near the navel. The laparoscope is a long thin telescope through which the surgeon can see and which also transmits light to illuminate the abdominal cavity.

The surgeon can then usually see all the reproductive organs. A small probe is inserted through another small incision just above the pubic region to allow the pelvic organs to be moved around and properly examined. At this stage a blue dye is often injected vaginally through the cervix, uterus and fallopian tubes to verify that they are open (patent). After the procedure one or two stitches are used to close the incisions.

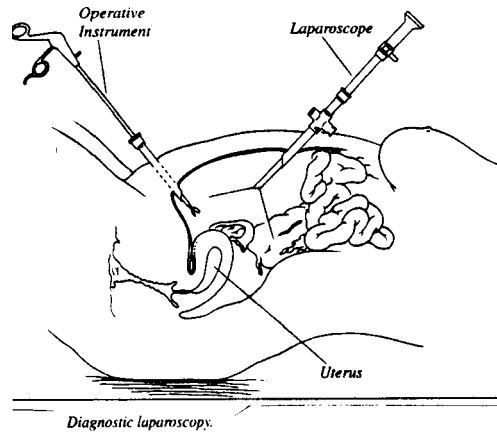
Risks of Diagnostic Laparoscopy

Serious complications of the procedure are rare. In around 2 in 1000 cases major surgery may be necessary to repair injuries to the various abdominal organs which can occur during insertion of the instruments through the abdominal wall. This risk is increased in patients with a history of the following: pelvic infections, abdominal surgery, severe endometriosis, obesity, or excessive thinness. Other risks include bruising around the incision sites and complications of anaesthesia. The risk of death during laparoscopy is around two per 100,000 which is less than the risk of death during a pregnancy.

Post-Operative Care

After laparoscopy the areas around the incisions may be tender and bruised. The residual gas used to distend the abdomen may cause shoulder tip pain and abdominal discomfort. During immediate recovery from the anaesthetic you may experience nausea and dizziness.

Should you experience increasing abdominal pain, worsening nausea and vomiting, significant bleeding from the incision sites, or a temperature over 38°C you should immediately contact your doctor.



Diagnostic Hysteroscopy

Diagnostic hysteroscopy is used to examine the inside of the uterus known as the *uterine cavity*. It is of great value when investigating infertility, recurrent miscarriage and abnormal uterine bleeding and enables your doctor to diagnose abnormalities of the uterus including internal *fibroids*, *scarring*, *polyps* and *congenital malformations*. At the time of performing a diagnostic hysteroscopy your doctor may also perform an *endometrial biopsy*.

Diagnostic hysteroscopy is usually performed in a Day Surgery under general anaesthesia.

To perform a diagnostic hysteroscopy the canal of the cervix is gently widened with a series of dilators. Once the cervix is dilated the hysteroscope is inserted through the cervix into the lower end of the uterus. The hysteroscope is a long thin lighted telescope similar to but smaller than a laparoscope. Carbon dioxide gas or a clear saline solution is then injected into the uterus through the hysteroscope, expanding the uterus and allowing the doctor to clearly see the interior structure of the uterus.

Risks of Diagnostic Hysteroscopy

Complications of diagnostic hysteroscopy are rare and seldom life-threatening. They occur in one to two percent of cases with perforation of the uterus the most common. This however usually heals on its own without requiring further surgery.

Post-Operative Care

After hysteroscopy you may experience some vaginal discharge and cramping for a few days. You may resume normal activities the following day but you should avoid sexual intercourse until bleeding ceases.

Conclusion

Laparoscopy and hysteroscopy now allow your doctor to diagnose and correct on an outpatient day-surgery basis gynaecological disorders which once required major surgery and many days of hospitalisation. You can expect to recover completely in two to three days, much less time than after major abdominal surgery and suffer much less discomfort in the interim.

Should you have any concerns about the risks associated with the procedures you should discuss them with your doctor before having them performed.

