



Education

Laparoscopy for Chronic Abdominal Pain

What is a laparoscopy?

A diagnostic laparoscopy is a procedure in which your health care provider uses a laparoscope to look at the organs and tissues in your abdomen. A laparoscope is a thin, lighted tube that is placed through a tiny incision (cut), usually in the belly button.

When is it used?

You may have a laparoscopy because you have chronic pain in the abdominal area. Chronic pain is pain that has lasted a long time. Your health care provider can look around to try to find the cause for the pain and can get a sample of tissue in your abdomen for testing, if needed.

Examples of alternatives to this procedure are:

- trying other procedures, such as open abdominal surgery (using a larger incision that the surgeon can work through)
- having various x-rays
- choosing not to have the procedure and not to have the information about your condition that laparoscopy might provide.

You should ask your health care provider about these choices.

How do I prepare for a laparoscopy?

Plan for your care and recovery after the procedure. Arrange for someone to drive you home after the procedure. Allow for time to rest and try to find other people to help you with your day-to-day duties.

Follow your provider's instructions about not smoking before and after the procedure. Smokers heal more slowly after surgery. They are also more likely to have breathing problems during surgery. For this reason, if you are a smoker, you should quit at least 2 weeks before the procedure. It is best to quit 6 to 8 weeks before surgery. Also, your wounds will heal much better if you do not smoke after the surgery.

Follow any other instructions provided by your health care provider. Eat a light meal, such as soup or salad, the night before the procedure. Do not eat or drink anything after midnight or the morning before the procedure. Do not even drink coffee, tea, or water.

What happens during the procedure?

You are given a general anesthetic, which relaxes your muscles, puts you to sleep, and prevents you from feeling pain.

Your peritoneal cavity, which holds most of your abdominal and pelvic organs, is inflated with carbon dioxide gas. This expands your peritoneal cavity like a balloon and helps the health care provider see your organs.

Your provider makes a small cut (incision) in or just below your bellybutton and puts a laparoscope through the cut. Your provider may put other tools through small cuts elsewhere in your abdomen. The laparoscope is used to look at the abdominal organs and tissues and to guide other tools. If your provider finds the cause for your pain he or she will usually take care of the problem right then, if possible. This may be done through the laparoscope, or may require making a larger incision. Tissue samples can be taken for lab tests, if needed. Sometimes the health care

provider may feel it's best to come back another day to complete treatment. The cuts are then closed.

What happens after the procedure?

You may stay in the hospital several hours or overnight to recover, depending on what was done during the procedure. The anesthetic may cause sleepiness or grogginess for a while. You may have some shoulder pain, feel bloated, or notice a change in bowel habits for a few days. You may not be able to urinate right away and may have a catheter (a small tube) placed into your bladder through the urethra (the tube from the bladder to the outside). Your health care provider will discuss with you what was found, what was done, and if anything else is needed.

You will become tired easily for a while and will need to rest more than usual. If only tiny cuts were made, there is usually no restriction on activity other than what you have energy to do. The pain should go away fairly quickly. Your health care provider may provide a prescription for pain medicine. You should ask your provider what other steps you should take, and when you should come back for a checkup.

What are the benefits of this procedure?

This minor surgical procedure may help your provider make a more accurate diagnosis about the cause of the pain. Possible causes include hernias, pelvic adhesions, endometriosis, or adnexal masses. Your health care provider may be able to treat the cause during the laparoscopy. Your stay at the hospital and the time needed to recover will be much shorter than with more extensive abdominal surgery.

What are the risks associated with this procedure?

- There are some risks when you have general anesthesia. Discuss these risks with your health care provider.
- The abdominal organs, glands, intestines, or blood vessels may be damaged. You may need abdominal surgery to repair them at the time of the laparoscopy.
- The lining of the abdominal wall may become inflamed.
- You may have infection or bleeding.
- You may have some pain after the procedure.

You should ask your provider how these risks apply to you.

When should I call my health care provider?

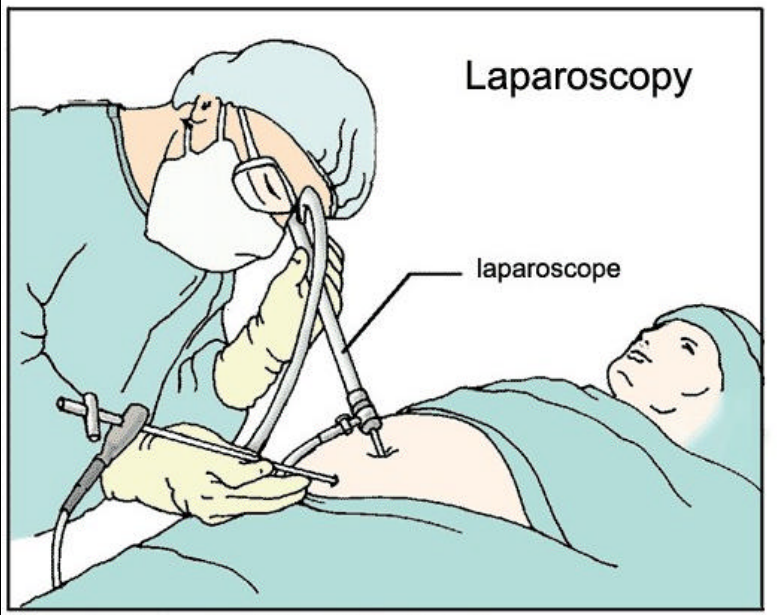
Call your provider right away if:

- You develop a fever over 100°F (37.8°C).
- You have redness, swelling, pain, or drainage from the incisions.
- You become dizzy and faint.
- You have chest pain.
- You have nausea and vomiting.
- You become short of breath.
- You have abdominal pain or swelling that gets worse.

Call during office hours if:

- You have questions about the procedure or its result.
- You want to make another appointment.

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