

Laparotomy (Abdominal Surgery)

Gynaecology

Introduction

Following discussion with a health practitioner at your consultation, you have opted for a laparotomy as the best form of treatment for you.

This booklet has been designed to give you a better understanding of what a laparotomy is, the benefits, risks and alternative treatments available to you.

Do not be afraid to ask your medical or nursing team more about your operation if this booklet does not answer all of your questions.

What is a laparotomy?

A laparotomy is a surgical procedure whereby an incision (cut) is made through the abdomen (tummy) allowing the surgeon to view your pelvic organs. The procedure will leave either a horizontal or vertical scar. It can be used either as an exploratory procedure to help diagnose your condition or as a treatment for your condition. It allows the surgeon a good view of your pelvic organs.

Why may I need a laparotomy?

A laparotomy can be performed for a number of gynaecological problems:-

Planned surgery including:

- Adhesions (bands of scar tissue)
- Fibroids (non cancerous growths of the muscle lining of the womb)
- Cancer of the ovaries, cervix or womb
- Endometriosis (small patches of womb lining growing outside the womb) which can cause pain
- Debulking of tumours (cancers)
- Pelvic Inflammatory Disease (PID)
- Ovarian cysts

The prevention of infection is a major priority in all healthcare and everyone has a part to play.

- **Please decontaminate your hands frequently for 20 seconds using soap and water or alcohol gel if available**
- **If you have symptoms of diarrhoea and/or vomiting, cough or other respiratory symptoms, a temperature or any loss of taste or smell please do not visit the hospital or any other care facility and seek advice from 111**
- **Keep the environment clean and tidy**
- **Let's work together to keep infections out of our hospitals and care homes.**

A laparotomy may also be performed when it is technically impossible to carry out a procedure laparoscopically (keyhole). Emergency surgery, including:

- Ectopic pregnancy, especially if ruptured
- Complications following laparoscopy (keyhole surgery) for example, perforated bowel or uterus (womb)

Consent

We must seek your consent for any procedure or treatment beforehand. Your doctor will explain the risks, benefits and alternatives where relevant before they ask for your consent. If you are unsure about any aspect of the procedure or treatment proposed, please do not hesitate to ask for more information.

What are the benefits of this surgery?

This will obviously depend on the reason you require a laparotomy, but a brief summary of the benefits of this operation are:

- To diagnose your condition
- To repair damage from previous surgery
- To treat your condition by removing organs, where necessary. The medical team will inform you what, if any organs (such as uterus and ovaries) will need to be removed with your consent

What are the risks of having a laparotomy?

Although it is unlikely that complications will occur, we need to inform you of the possibilities of:

- Haemorrhage (bleeding)
- Infection
- Adhesions (bands of scar tissue)
- Haematoma (blood clot behind the wound)
- Perforation of uterus (puncture of womb)
- Unintentional damage to surrounding tissue, for example, bladder or bowel
- Deep vein thrombosis or pulmonary embolism; this is a clot that develops in the blood vessels in the legs and/or lungs
- Wound dehiscence: Wound dehiscence occurs when your wound becomes partially or completely open. This is obviously very upsetting, and it can be shocking. If it happens to you, then you should cover the open wound with a clean cloth and seek medical help urgently. Dehiscence is uncommon, affecting about 1 out of every 100 large tummy wounds. Wound reopening is more likely if you have reasons for poor wound healing, such as nutritional deficiency, infection in the wound, or if you are overweight, and is more likely after longer operations, if you are coughing a lot (putting strain on your stitches). If you have wound dehiscence, your wound would need to be re-stitched, usually under anaesthetic
- Hernia: Occasionally, a lump (hernia) can form under the skin incision once it has healed. This is caused by piece of fat or bowel bulging through the deep cut in the tummy wall. This may need an additional procedure to repair it
- Adhesions: Almost all patients having abdominal surgery will develop some adhesions(internal scarring). They usually cause no symptoms, and you are not aware of them. Occasionally they can cause persistent pain or problems with bowel function

If any of the above occurs, you may be required to have corrective treatment such as:-

- Blood transfusion
- Course of antibiotics

Further surgery to correct or examine any unintentional damage caused which would result in a bigger operation and, therefore, a longer stay in hospital.

You should also be aware that all operations carry a risk of death. Death caused by anaesthetics are very rare. There are probably about 5 deaths for every million anaesthetics given in the UK, (Royal College of Anaesthetics, 2008). However, the risk does increase depending on your general health and medical conditions. Each specific procedure carries an individual risk depending on many factors such as your age, size and current health etc and can be discussed with your doctor.

All of the above will be discussed with you when you sign your consent form, please do ask any questions that are concerning you at this time.

Are there any alternatives to laparotomy?

Your surgeon will have discussed with you why you require this procedure instead of a less invasive one such as laparoscopy (keyhole surgery). For them to suggest a laparotomy usually means they feel there is no better way of assessing or treating your condition. Whilst scans and X-rays may help with diagnosis, there are currently no suitable alternatives to this procedure.

The choice about which treatment is best for you will be made together with your doctor based on the risks and benefits of the treatment and individual circumstances.

What are the consequences of not having this surgery?

If you choose not to have a laparotomy, then your symptoms will remain and may worsen. If you have, or we suspect you have a cancer of the womb, ovaries or cervix and you choose not to have surgery, then a full diagnosis or treatment cannot be completed.

What should I expect before my operation ?

Before admission for surgery, you will be asked to attend a pre-admission clinic to ensure you are fit and well for your surgery. A nurse practitioner or a doctor will ask about your general health, past medical history and any medication that you are taking. Any necessary investigation will be organised, such as blood test, ECG (heart trace) and chest X-rays.

You will receive information about your admission, hospital stay, operation and pre and post operative care. You will also be given the opportunity to ask any further questions that you may have. You are advised that you should not go on a long haul flight (more than 4 hours) in the six weeks prior to your surgery due to increased risk of blood clots in your legs.

What happens on my admission to hospital?

You are usually admitted to hospital on the day of surgery, but admission times vary.

Some patients need bowel preparation prior to surgery. You may be given Picolax or an equivalent preparation; this is a medication that makes you go to the toilet and helps to empty your bowel. If you do need bowel preparation you could be admitted at 2pm the day prior to surgery, or given instruction to take the preparation at home prior to your admission.

What happens on the day of my operation?

You will not be able to eat and drink for a specified time prior to your surgery. Your letter detailing you admission date and time will also advise you of this.

It is important to have a bath or shower on the day of your operation before you come into the hospital. Please ensure that any nail polish is removed from finger and toe nails and any false nails are removed. After your shower or bath, do not apply any body cream, make up or deodorant to your skin. All jewellery must be removed other than a wedding ring, this can be left on and taped over prior to your surgery.

Most patients will walk to the theatre, accompanied by a staff member, then your care will be taken over by a theatre nurse.

Once you are in the small room just outside the operating theatre, you will be given the anaesthetic. This is usually started by an injection in the back of your hand by the anaesthetist. You may also have a mask placed over your nose and mouth. You will not remember anything following this injection until the ward nurse collects you from the recovery room following your surgery.

In some circumstances, a general anaesthetic is not given, and an alternative (epidural or spinal anaesthetic) is used instead. This is an injection of anaesthetic around or in the spinal cord which numbs the nerves below it. The anaesthetist will discuss this with you more fully, if required.

What happens after my operation?

It is quite normal to feel groggy when you wake up from the anaesthetic. During your recovery from the anaesthetic, the nursing staff will observe you by monitoring your temperature, pulse and blood pressure, and by checking your wound and sanitary pad for any signs of excessive bleeding.

You are likely to return from theatre with an intravenous infusion (drip) which provides your body with fluids until you are able to drink normally. You may also have a catheter (tube) in your bladder. This means that initially following surgery you do not have to get out of bed to pass urine, and the urine automatically drains into a bag at your bedside.

It is usually removed after 24 hours, or when you are mobile. Occasionally, a wound drain is used. It is a plastic tube coming out of your abdomen (tummy) and is attached to a container which drains blood and fluid to prevent a build up of fluid under the wound. This is usually removed after 24-48 hours following surgery.

What about my wound?

The wound is held together by stitches or staples and these are removed 5-10 days after surgery. Sometimes, dissolvable stitches are used. These do not usually have to be removed but they can take a few weeks to dissolve. If after a few weeks they remain, they can be trimmed; contact your GP or practice nurse who will be able to help you.

Following surgery, it is sometimes necessary to have a vaginal gauze pack to prevent bleeding. This is removed approximately 24 hours after surgery.

Will I have any pain or sickness?

There may be some pain and discomfort following surgery. Regular pain killing medication will be given to you as required, or you may return from theatre with a pump with painkilling medication which you are able to use yourself. Please do not suffer in silence, ask if you need painkillers.

Some people experience nausea (feeling sick) or vomiting (being sick) due to a combination of the period of starvation prior to surgery, the surgery itself, anxiety and anaesthetic. Medication will be given to you to help reduce the feeling of sickness and any vomiting that may occur after surgery.

Will I have any vaginal bleeding?

You may experience a discharge or some bleeding from the vagina, like a period. This is normal and could continue for several weeks following surgery as healing takes place. You will need to continue to wear sanitary protection (not tampons to reduce the risk of infection) until it stops. If you experience any heavy fresh vaginal bleeding or any offensive (smelly) vaginal discharge, you should see your GP.

When can I get up after the operation?

You should get out of bed as soon as possible following your surgery, usually the following day. Whilst you are recovering you must practice deep breathing exercises, and leg exercises, rotating your ankles and moving your feet and legs to help improve the circulation. You will also be given an injection nightly, to reduce the risk of blood clots (deep vein thrombosis) occurring in your legs. You may be asked to wear stockings (similar to support stockings) specifically for reducing this risk. These should be worn both during your stay and following discharge home; instructions will be given to you by your nursing team.

A separate information leaflet is available from the physiotherapist, which recommends pre (before) and post (after) operative exercises.

When will I be able to go home?

The usual length of time spent in hospital following laparotomy is from one to four days, but some people need to stay a while longer. Stitches and staples are usually removed on the day of discharge, but if you are well enough to go home prior to their removal, then you can go to your practice nurse at your GP surgery to have them removed; your nursing team will make arrangements with you prior to your discharge home.

You may be asked to return to the hospital for a follow up appointment between 6-12 weeks following your surgery. Many patients do not need to have a hospital follow up, although we do recommend that you return to your GP for a check up between 6-12 weeks following your surgery.

Will I have any pain at home?

Once at home, you can continue using painkillers if needed, but try to reduce them gradually throughout the days and weeks as the pain eases. You may become more aware of general aches and pains to your back, groins and legs. This is normal and will improve with time.

You are not routinely given painkillers to take home from the hospital so, we advise that you have a supply of painkillers ready at home.

How should I care for my wound/s at home?

Continue with daily baths or showers, avoid bath oils, creams or talc and dry your wound by patting with a clean towel.

Your wound may also change colour over the weeks as bruising subsides and the scar will eventually fade.

Occasionally, the wound can become infected. If you notice any swelling, redness or discharge from your wound, you will need the wound checking by your GP, and you may need to be commenced on antibiotics.

You may also find that the wound feels numb.

What about passing urine after my operation?

During your operation, the bladder is sometimes handled by the surgeon and passing urine can feel different for some time. Sometimes during surgery you are catheterised, this means that immediately following your operation when you are most uncomfortable, you do not have to get out of bed to pass urine, and the urine will drain directly into a bag at your bedside. When this is removed, usually after 24 – 48 hours, you can occasionally have difficulty passing urine. If you do have difficulty you must inform a nurse. Sitting on the toilet with the taps running, or sitting in a warm bath relaxing may help.

Try not to get anxious as it is a common problem and reinsertion of a catheter may be required for another 24 hours or so.

If you develop stinging, dribbling, burning, offensive (smelly) urine or find that you are passing urine more frequently, you may have a urine infection. In this case, we may start antibiotics and advise you to increase your fluid intake.

Will my bowel pattern change?

Almost everyone at sometime during their lives will experience problems with their bowels. Following gynaecological surgery, some women find they have problems with constipation. Again this may be due to the surgeon handling the bowel during the operation. It can also be caused by the reduced amount of fluid taken, diet and exercise. The loss of privacy can also complicate matters.

Certain painkillers (those containing codeine) are known for slowing the action of the bowel, so be aware of this.

A mild and gentle laxative or glycerine suppositories can be given to help you open your bowels. This will make you feel more comfortable. An increase in fluids can help, and a high fibre diet gradually introduced, as too much fibre in the early days may aggravate or worsen "wind" pains.

You may also have trapped wind and indigestion, due to lack of movement. Peppermint cordial and peppermint sweets often help to reduce wind pains in the early days following surgery, gentle exercise will also help.

You may also notice some abdominal distension (swelling of your tummy). This often becomes worse at night, but again this settles with time.

Once at home with your own routine and diet, problems should settle.

What happens when I go home?

It is not uncommon to feel weepy after your surgery. This will also reduce as things return to normal. If you do not feel emotionally better after a few weeks you may contact your GP.

Experiencing "blue" days after surgery can happen, and feelings of frustration and boredom can occur at home when you are unable to perform your usual routine. Plan your weeks and set yourself achievable goals.

What about rest and exercise?

For the first couple of weeks at home, it is normal to feel tired, but it is still important to continue mobilising with rest periods in between. You may "potter" about, make drinks and snacks, place meals in the microwave and you can lift a kettle.

You can go up and down stairs, have a bath or shower daily and go for short walks. We now believe that moving around reduces the complications that can arise following surgery. If you become tired in the afternoon, rest in bed if you wish for 1-2 hours and then get up and potter around again. Do NOT stay in bed all of the time.

The recovery time needed varies from individual to individual. Some women are able to pre-arrange help from family, friends and neighbours to help with day to day tasks. Some partners may be able to take time off work for the first couple of weeks, although you do not have to have someone with you 24 hours a day. Make use of convenience foods and stock up your food cupboards before your operation. If you live alone, or are unable to arrange help for yourself, in special circumstances, a social worker may be arranged by hospital staff if they feel you have not enough support.

Heavier household jobs and gardening should be left for 4-6 weeks. Standing for long periods can be very tiring; any activity of this kind should be left 3-4 weeks.

Remember to continue your exercises. These will help to keep your tummy trim, strengthen your pelvic floor muscles to reduce the risk of urinary incontinence, strengthen your back muscles and maintain good posture.

When can I drive?

Most women feel well enough to drive at approximately 4-6 weeks following a laparotomy. This is advisable only if you are comfortable wearing a seatbelt, and you are able to perform an "emergency stop" without hurting yourself and without any hesitation. It is also advisable to check with your insurance company regarding driving following surgery, to ensure you are fully insured.

When can I have sexual intercourse again?

Your body may feel a little bruised and uncomfortable for a few weeks after the operation. Most women prefer to wait until after their 6-12 week check up, but some feel comfortable having intercourse at 4 weeks.

When can I return to work?

Again this varies depending on the individual and the type of work that you do as some jobs are more strenuous than others. You may return to work as soon as you feel ready.

If you require a sick note (fit note), one can be issued from the ward prior to your discharge home, covering you for up to the first 6 weeks. If further sick notes are required, your GP will provide them.

Finally

Prior to your admission, if you do have any questions or worries, you may contact your GP for advice, or ring Ward D7 on 01902 694034.

Otherwise, useful support addresses and literature are available:

Women's Health

52 Featherstone Street

London

EC1Y8RT

www.womenshealthlondon.org.uk

Useful websites

www.rcog.org.uk

www.gynaesurgeon.co.uk

www.bupa.co.uk

References

Royal College of Anaesthetists (2008)

www.rcoa.ac.uk

English

If you need information in another way like easy read or a different language please let us know.

If you need an interpreter or assistance please let us know.

Lithuanian

Jeigu norėtumėte, kad informacija jums būtų pateikta kitu būdu, pavyzdžiui, supaprastinta forma ar kita kalba, prašome mums apie tai pranešti.

Jeigu jums reikia vertėjo ar kitos pagalbos, prašome mums apie tai pranešti.

Polish

Jeżeli chcieliby Państwo otrzymać te informacje w innej postaci, na przykład w wersji łatwej do czytania lub w innym języku, prosimy powiedzieć nam o tym.

Prosimy poinformować nas również, jeżeli potrzebowaliby Państwo usługi tłumaczenia ustnego lub innej pomocy.

Punjabi

ਜੇ ਤੁਹਾਨੂੰ ਇਹ ਜਾਣਕਾਰੀ ਕਿਸੇ ਹੋਰ ਰੂਪ ਵਿਚ, ਜਿਵੇਂ ਪੜ੍ਹਨ ਵਿਚ ਆਸਾਨ ਰੂਪ ਜਾਂ ਕਿਸੇ ਦੂਜੀ ਭਾਸ਼ਾ ਵਿਚ, ਚਾਹੀਦੀ ਹੈ ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਸਾਨੂੰ ਦੱਸੋ।

ਜੇ ਤੁਹਾਨੂੰ ਦੁਭਾਸ਼ੀਏ ਦੀ ਜਾਂ ਸਹਾਇਤਾ ਦੀ ਲੋੜ ਹੈ ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਸਾਨੂੰ ਦੱਸੋ।

Romanian

Dacă aveți nevoie de informații în alt format, ca de exemplu caractere ușor de citit sau altă limbă, vă rugăm să ne informați.

Dacă aveți nevoie de un interpret sau de asistență, vă rugăm să ne informați.

Traditional Chinese

如果您需要以其他方式了解信息，如易读或其他语种，请告诉我们。

如果您需要口译人员或帮助，请告诉我们。