

# Laparoscopy and dye (Fertility Clinic)

**This leaflet outlines what will happen during a laparoscopy and dye for patients using the Fertility Clinic.**

## Why is a laparoscopy and dye?

A laparoscopy is an operation which involves inserting a small fibre optic 'telescope' attached to a camera (laparoscope) into your abdomen, sometimes referred to as keyhole surgery. To do this, a small cut (approximately 1cm) is made below your umbilicus (tummy button) and a further 1 or 2 on your lower abdomen. Some gas is then inserted into your abdomen. This expands and allows the organs to separate, enabling us to check your uterus, fallopian tubes and ovaries. A dye test is performed to check if your fallopian tubes are patent (open). A blue dye is injected through the cervix (opening of the womb) into the uterus (womb) and then into both fallopian tubes to check for any blockages.

A dye test occasionally cannot be carried out if you have a heavy period or if there is any chance you could be pregnant. **You will be assessed on the day of your operation and a decision will be made.**

**You should use condoms when having intercourse from the beginning of your period prior to surgery but may continue to try to conceive as normal after surgery.**

A hysteroscopy is often recommended at the same time as a laparoscopy to check the cavity of your uterus and a multiple puncture diathermy is also usually carried out if you have polycystic ovaries.

## What is a hysteroscopy?

A hysteroscopy is where a telescope (hysteroscope) is inserted through the cervix into the cavity of the uterus.

## What is multiple puncture diathermy (MPD)?

A MPD may be needed if you have polycystic ovaries (PCOS) and are not ovulating (producing eggs). The surgeon will decide during the laparoscopy and dye whether an MPD is appropriate or not. If required, diathermy is used to puncture the surface of the ovary in four places.

This treatment is often successful in inducing ovulation spontaneously or in conjunction with drug treatment.

## Other procedures

Prior to your surgery, we may plan other minor procedures/treatments to be carried out at the same time. These can include laser to endometriosis, division of adhesions, removal of ovarian cysts and removal of polyps.

## What are the risks of laparoscopy and dye?

Every operation has risks. However, the risks from laparoscopy are quite small.

- **Bruising:** about 2 in 100 patients having a laparoscopy experience minor bleeding / bruising around the umbilicus (tummy button). This usually settles on its own, but rarely it can lead to infection and may require antibiotics.
- **Damage to internal organs:** the most serious risk of laparoscopy is the small chance that internal organs such as bowel or bladder may become damaged when the needle or telescope is inserted. This occurs in approximately 1 in 1,000 cases during diagnostic laparoscopy, but this increases if any treatment is performed through the laparoscope to 1 in 500 cases. If such an injury occurs, it must be repaired and this is generally carried out through a larger incision (cut) in the abdomen. If a larger incision is necessary, this means that a longer stay in hospital and a longer recovery time is required. Sometimes, the injury is not obvious until after surgery so, if you experience pain which does not continue to improve each day after surgery, please inform your doctor.
- **Internal bleeding:** very occasionally (around 1 in every 5,000 procedures) internal blood vessels can become damaged. This requires more extensive surgery to repair the vessels.
- **Developing a hernia:** this very occasionally occurs near the incisions (cuts) made (approximately 1 in 5,000 cases).
- **Failed procedure:** this occurs very rarely when it is not possible to insert the telescope into the abdomen.

## What happens on the day of surgery?

On arrival in the ward, you will be asked to change into a theatre gown. A nurse will check various details with you and you will be seen by a doctor and anaesthetist.

The procedure(s) will be carried out under a general anaesthetic (you will be asleep), which is administered via a small plastic needle in the back of your hand.

When you wake up, you will be in a recovery room with a nurse looking after you. You may experience some pain/discomfort and the nurse will assess you and take appropriate action. They will use a pain score to assess your pain: 0 = No pain, 10 = very strong pain.

When you are awake, stable and comfortable you will be taken back to the ward where you can recover and have something to eat and drink.

You will be seen by the doctor or nurse prior to going home to discuss the findings of your surgery and to make a follow up plan. This will be confirmed in writing to you and your GP.

You are discharged home after a minimum of two hours following your surgery as long as you have had something to eat and drink, passed urine and you are feeling well.

## What to expect after surgery

You may experience some pain around the incisions (cuts) and a general discomfort around the abdomen. A local anaesthetic is usually injected around the incisions but when this wears off; you will be advised to take simple painkillers such as Paracetamol or Ibuprofen, if required, following the recommended dosage.

You may also experience some shoulder tip pain due to small amounts of gas remaining in the abdomen. Getting up and moving around can help relieve this.

If you have a dye test, you may notice a blue vaginal discharge which is the dye. You should use sanitary towels only, not tampons.

It is common to have some mild bleeding for 1-3 days, but if you experience any fresh bleeding or a smelly discharge, you should contact your GP, as it may be a sign of infection.

You may resume intercourse when you feel comfortable.

## Going back to work

You should allow for up to one week off work. A fit note can be provided for your employer by the ward if required. Please ask for this on arrival so that it will be ready for you when you leave.

## Where can I find further information?

If you have any questions or concerns regarding your investigation, please call the Fertility Clinic and ask to talk to one of the nurses. **0118 322 7286**

The clinic doctors produce a number of information sheets especially for this clinic and update them frequently. You can find some of these sheets on the Trust website leaflet catalogue <https://www.royalberkshire.nhs.uk/leaflets-catalogue/> by typing in the leaflet name.

To find out more about our Trust visit [www.royalberkshire.nhs.uk](http://www.royalberkshire.nhs.uk)

**Please ask if you need this information in another language or format.**

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