

Your guide to a laparotomy

What is a laparotomy?

A laparotomy is performed under a general anaesthetic by making an incision in the abdomen (the tummy) either across the bikini line or an up and down cut. Often the operation may start off as keyhole surgery (a laparoscopy), and need to proceed to a laparotomy.

Laparotomy is performed for a number of different conditions / problems:

- removal of ovarian cysts
- removal of fibroids
- ectopic pregnancy
- endometriosis
- excision of scar tissue (adhesions)
- removal of uterus (womb)

What are the risks of surgery?

As with all surgery there are some risks.

Common risks:

- Infection, especially Urinary Tract Infection (10 per 100)
- Oophorectomy (in cases of ovarian cysts) for technical reasons or if no residual ovarian tissue or if heavy bleeding

Less common risks:

- Injury to the urinary system (20 per 1000)
- Haematoma, skin infection at port site (up to 5 per 1000)
- Later hernia
- Heavy bleeding – major vessel injury (less than 1 per 1000)
- Bowel injury (less than 1 per 1000)

What happens before my surgery?

Most people come into hospital on the day of surgery, and can eat and drink normally up until six hours beforehand. However, there are times when bowel preparation will be needed to clear the bowel completely. In some cases you will come into hospital the day before your surgery. This will be discussed with you at your pre-operative assessment.

The night before surgery

Have a bedtime snack the night before surgery. Avoid alcohol for 24 hours before surgery.

On the day of surgery

Do not eat for six hours before your admission time. This includes chewing gum. Also **avoid** the following:

- milk in drinks
- sweets
- sports drinks
- Lucozade
- alcohol
- coca cola of any description

Up to two hours before your admission time, please do drink:

- water
- black coffee
- black tea
- diluted squash

Two hours before the time of your admission you should remain nil by mouth (**no food or drink**).

On the day of your admission you will be given stockings to wear, which help to improve your circulation and reduce the risks of developing clots in your legs post surgery.

You will be seen by Nurses, Doctors, the Anaesthetist and Physiotherapist, who will talk to you about your surgery and recovery.

On the morning of your surgery, you may be offered, or need some tablets to relax you.

What happens after my surgery?

- You will wake up in the recovery room where you will stay for about an hour. Once your pain is controlled, any sickness eases and you are properly awake, you will go back to the ward.
- On return to the ward you are likely to have a drip in your arm giving you fluids whilst you are not eating and drinking.
- Although unlikely, you may have a wound drain - a tube coming out of the wound which stays in for about 24 hours and drains away any blood and fluid from under the skin.
- It is also possible that you will have a catheter, (a tube to drain the bladder) in place for 24 hours after surgery.
- Most people require additional oxygen via a mask or prongs following surgery.

Will I be in pain or feel sick?

- Wind-like pain is experienced by most people after surgery and once you are eating and drinking again, peppermint water can help this, as can chewing peppermints. Suppositories can help if the pain is low down in the tummy.
- For sickness we use regular anti-sickness injections, which can be given in the leg, or through the drip in your hand.
- We will encourage you to take regular painkillers. Tablets and suppositories are commonly used, alongside injections if needed. Occasionally if pain is still not manageable a Patient Controlled Analgesia (PCA) pump attached to a tube in your hand or arm. This contains a painkiller, which is under your control. It has a handset with a button on the top, and when you press the button it delivers a dose of painkiller.

When can I eat and drink?

- Usually you can have sips of water soon after returning to the ward.
- If you feel sick, then it is better not to have water until you feel better.
- If you feel fine then you can drink water more freely and try a cup of tea / coffee.
- We advise you begin with a light diet and then begin to eat and drink normally.
- As you recover, and when you go home, it is important to eat a good amount of fibre and have a good fluid intake so that you try to avoid constipation after your surgery.

How long will I stay in bed?

- You will be in bed on the day of surgery, but then we encourage you to get up and about as soon as possible. You may need help with a wash initially after your surgery, but we will encourage you to at least sit out of bed whilst we change your sheets, and we encourage a regular walk as soon as you are able.
- It is normal to be tired, and need to rest regularly. Please do ask the staff if you need help with anything.
- If you have a shower, you may want help to remove your wound dressing.

How long will I be in hospital?

You will be in hospital up to 48 hours after your surgery, but this does vary in length from person to person. Do remember the surgery is done for a number of reasons and they may have an impact on how you feel and how you recover. Naturally, the more complicated your surgery the longer you may need to stay. You will not be discharged home until you, the Doctors and nurses are happy with your recovery.

Will I bleed after surgery?

- Your wound will have a dressing which stays in place for about two days after surgery.
- Stitches are usually dissolvable. If in your case they are not, they will be removed after about five to seven days.
- Depending on the nature of your surgery you may have some vaginal bleeding. This is unlikely to be and will decrease gradually, but can last up to two weeks. See your GP if your vaginal loss becomes offensive (smelly) or if you have any concerns about how your wound is healing.

Do I need a follow up appointment?

Most people do not require a follow-up appointment. You can make an appointment with your GP if you are concerned about anything.

Going home

If you have any questions or concerns about your recovery once you are home, contact your GP.

Feelings

It is usual to feel low and tearful once you get home, this is a normal reaction to the stress of leaving hospital and travelling home, you may like to warn your family about this.

Some women who have had surgery feel relieved, as their symptoms may have improved post-surgery. However some women can feel depressed and lethargic, and may need a period of time to get over this.

It is sometimes difficult for friends and family to understand how you are feeling. Your partner may have his own worries about the effect of the surgery. It is therefore important for you both to talk about your feelings concerning the surgery and seek and accept help and support from elsewhere if necessary. The hospital's nurses, doctors and your own family doctor will be able to help.

Resting

During the first few weeks you should get plenty of rest. It is helpful to have someone at home with you to help cook, clear up and do any heavy lifting. It can be uncomfortable to stand for any length of time, if you feel any pain lie down until it stops.

You may continue to feel unexpectedly tired for a several weeks, so you need to make time to relax and put your feet up whenever necessary. Exercise is also important to prevent complications after surgery such as blood clots.

Exercise

Exercise is as important as rest. You should continue any exercises the Physiotherapist discussed with you in hospital, regular walking and other lower impact exercise will help you to recover. You can go for a gentle swim in a few weeks, when any bleeding has stopped. Leave any more strenuous sports until after six weeks, and increase your level of exercise gradually.

Lifting

After your surgery, avoid lifting anything heavy for at least four weeks, e.g. shopping, laundry, and children.

When you do lift anything, remember to bend your knees, keep your back straight, and hold the object close to you. This avoids straining your abdomen.

With abdominal surgery, people worry that their scar is weak and may give way, but once the skin has healed, there is no need to be anxious about this. Your scar will fade gradually and will only be visible as a fine white line by 6 - 12 months after the surgery.

Pain

You may need painkillers for a couple of weeks or so. You will be given some painkillers to go home with but if your pain continues or gets worse visit your GP.

Hygiene

It is quite safe to use bubble bath, and there is no need to put salt in the bath water. Avoid using tampons for any bleeding. When you go to the toilet, make sure your bladder is completely empty. This will reduce the risks of cystitis or infections. If your urine seems to smell offensive, or if you feel pain or burning when you go the toilet, visit your GP.

It is recommended that you perform pelvic floor exercises to improve your bladder control following surgery.

Work

You are the best judge of when you feel ready to go back to work. Some jobs are more strenuous than others. Some women are able to return to work within four to six weeks. Return to work will depend on how you feel.

Driving

You should be able to drive again when you feel able to concentrate fully and can do an emergency stop comfortably: usually about four weeks after the surgery. Check with your insurance company that you are covered.

Resuming Intercourse

To avoid the risk of infection, it is advisable to avoid intercourse until your discharge settles.

It is normal to feel indifferent about sex after major surgery, but your feelings should gradually return to normal. You or your partner may feel anxious about pain after the surgery. It is advisable to refrain from full penetration for about six weeks. If you feel any pain, stop what you are doing. Some women feel that their libido is reduced; other women find that their interest in sex improves.

This information is available in audio, Braille, large print and other languages. To request a copy, please ask a member of staff.