Diagnostic Laparoscopy

You are scheduled for a diagnostic laparoscopy (laparoscopic surgery) at the hospital. This leaflet provides information about the function of the ovaries, fallopian tubes and the uterus, how the surgery is performed, why it is necessary and what you can expect from the recovery after the surgery.

The uterus, fallopian tubes and ovaries

A normal uterus is the shape and size of a pear. The uterine wall consists of muscle tissue lined with a mucous membrane. The lower part opens into the vagina and is called the cervix. At the broad top, two fallopian tubes open into the uterus. These thin, flexible tubes start at the uterus and end at the ovaries. The uterus, fallopian tubes and ovaries are not loose in the abdomen but are attached to the bottom of the pelvis by connective tissue bands.

The function of the ovaries, fallopian tubes and the uterus

An egg matures in one of the ovaries each month. The ovaries also produce hormones that ensure monthly menstruation. The fallopian tubes have a transport role. After entering the vagina and uterus, sperm cells enter the ovary through the fallopian tubes. If ovulation has occurred, they can fertilise an egg. An unfertilised egg will dissolve on its own. A fertilised egg is transported through the fallopian tube to the uterus. Hormones made by the ovaries build up the womb's lining every month. If a fertilised egg does not implant in the uterus, the uterus sheds the mucous membrane through menstrual blood loss. The uterus is responsible for menstruating and carrying pregnancies.

Reason for a diagnostic laparoscopy

A laparoscopy may be necessary to find the cause of abdominal pain or determine what a certain abnormality looks like. The procedure can also be performed for an infertility examination.

An ovarian cyst or an enlarged ovary

A cyst is a fluid-filled cavity in the ovary. Not all cysts require surgery. Each cycle, an egg matures in a small, fluid-filled cavity in one of the ovaries. This cavity is called a follicle or egg sac. The follicle grows to about 2 to 3 centimetres in diameter before bursting during ovulation. Sometimes such a follicle continues to grow. This is called a persistent follicle. It usually disappears on its own within a few months. If a cyst does not disappear, surgery may be necessary.

Other examples of cysts are cystadenomas: a benign condition in which mucus or other fluid builds up in the cyst. Another example is the endometrial cyst, where the lining of the uterus grows outside the uterus. This can also occur in an ovary, where blood accumulates in a type of cyst. Yet another example is the dermoid cyst, which contains all kinds of tissue such as hair, bones and sebum.

Removing normal ovaries
In some forms of breast cancer, the doctor may recommend removing healthy ovaries, for example, if the cancer is sensitive to the female hormones produced by the ovaries. The removal of healthy ovaries is sometimes considered to prevent cancer in women with several close relatives with ovarian cancer or breast cancer and in whom a genetic mutation has been diagnosed.

Sterilisation
A woman can be sterilised through a laparoscopy.

Endometriosis
In endometriosis, the mucous membrane lining the uterine wall also grows outside the uterus—in the abdominal cavity or the ovaries. This often causes painful periods because these spots bleed during menstruation. Endometriosis can also cause adhesions.

Myomas
Myomas (fibroids) are benign thickenings in the wall of the uterus. They do not usually cause symptoms but sometimes lead to excessive blood loss, abdominal pain or reduced fertility. Treatment is only necessary in the case of symptoms.

Removal of the uterus
For detailed information about removing the uterus, please refer to the leaflet "Removing the uterus in benign conditions".

Ectopic pregnancy
An ectopic pregnancy is outside the uterus, usually in the fallopian tube. Sometimes a laparoscopy is necessary.

The procedure

Laparoscopy means looking (scopy) into the abdomen (laparo). The surgery is always performed under anaesthesia. The gynaecologist makes a small incision in the navel or lower edge of the navel and inserts a viewing tube (laparoscope) into the abdominal cavity through that incision. A second incision is made in the lower abdomen to insert an auxiliary instrument through which the hard-to-reach places can also be made visible. The abdomen is filled with harmless carbon dioxide. This creates space in the abdomen to see different organs. The uterus, fallopian tubes and ovaries become visible on a monitor.

During surgery
During surgery, you will be given an IV in your arm to ensure that you get enough fluids and to administer medication if necessary. This IV is usually removed a few hours after surgery. The procedure may cause some pain, such as abdominal pain, pain in the shoulder or muscle pain. You can function normally again a few days after surgery. The wounds are sutured with a dissolvable material; this can cause the navel to become a bit moist and seem infected, but this almost always goes away on its own.

Before you are discharged from the hospital, an appointment is made for a follow-up check-up at the outpatient clinic.

When you are back home

- You may shower;
- You may take a bath after seven days if there is no more blood loss;
- Your sutures will dissolve on their own over time.
- Intercourse is allowed.

Questions

If you still have questions after reading this leaflet, you can ask the doctor during your visit to the outpatient clinic. You can contact the Gynaecology Outpatient Clinic during office hours and the delivery room after office hours. Delivery rooms are only available at the Veldhoven location.

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