Transvaginal Hydro Laparoscopy (THL)

This leaflet provides information about the Transvaginal Hydro Laparoscopy (THL) examination. Your doctor has explained the need for the examination and what it entails. This leaflet gives you the chance to review the information.

It explains:

- What is a transvaginal hydro laparoscopy (THL)?
- The benefits of THL;
- Preparation for the examination;
- The examination;
- After the examination;
- Complications.

What is a transvaginal hydro laparoscopy (THL)?

A THL is keyhole surgery. It is a minor procedure during which the gynaecologist looks into the abdominal cavity through a small viewing tube (endoscope) to examine the fallopian tubes and ovaries in the case of impaired fertility. The endoscope can be connected to a camera to display an image of the abdominal cavity on a television screen. You can watch along on the screen. The examination is performed as an outpatient procedure under local anaesthesia and in the outpatient treatment room.

The benefits of THL

THL is the only method to examine the inside of the abdominal cavity without general anaesthesia or incisions in the navel and abdominal wall. You can go home immediately after the examination. After a laparoscopic examination under general anaesthesia, you must remain in the day treatment ward for several hours.

Preparation

The THL examination occurs in the first half of your menstrual cycle (before ovulation). Keep this in mind when making an appointment. There must be no chance of you being pregnant at the time of the THL.

Take a painkiller (naproxen) one hour before the procedure to keep the pain during the examination to a minimum. Use a microlax enema to clean out your intestines the evening before the procedure.
Also take the antibiotics the evening before the examination. You will receive the painkiller, enema and antibiotics when you make your appointment.

The information in this brochure is general in nature and is intended to give you an idea of the care and guidance you can expect. In your own situation, other advice or procedures may apply. This brochure is therefore only an addition to the specific (verbal) information from your specialist or practitioner.

If you have an appointment in the morning, you may eat a light breakfast on the examination day. If you have an appointment in the afternoon, you can eat a normal breakfast in the morning and a light lunch (tea + rusk) in the afternoon. Your partner may be present during the examination.

The examination

Report to the gynaecology department in Veldhoven, route 014, at the agreed time. From there, you will be sent to the treatment room. You will be seated on a gynaecological chair. The gynaecologist will first perform an internal examination to assess the size and position of the uterus. A speculum (spreader) will then be inserted into the vagina. The cervix is grasped with forceps. Using a thin needle, the doctor will inject the anaesthetic fluid into a few places in the vaginal wall, just below the cervix. You will barely feel this.

The abdominal cavity is just behind the anaesthetised area. A special needle is used to inject through the anaesthetised area into the abdominal cavity (1.5 cm). The doctor will then insert the endoscope into the abdominal cavity and inject some fluid through the viewing tube to make the uterus, fallopian tubes and ovaries visible. The endoscope is connected to a camera, and the doctor can see these images on a television screen. If the doctor also needs to check the patency of the fallopian tubes, a thin endoscope will be inserted through the cervix into the uterine cavity. A blue liquid is introduced into the uterine cavity through the endoscope. Using the endoscope, the doctor can see if the blue liquid emerges through the end of the fallopian tubes. This shows the patency of the fallopian tubes. Afterwards, the fluid will be removed from the abdominal cavity via a flushing system, and the endoscope will be removed.

After the examination

The examination takes 15–30 minutes. You may go straight home and resume your normal activities. Although you are allowed to walk, cycle and drive, it is a good idea to have someone accompany you. You can go back to work the same day
or the next day.

A few days after the examination, you may experience minor blood loss or brown discharge and have a tender abdomen. These symptoms will go away on their own within two to three days. Please contact your doctor if the symptoms persist for longer or become more severe.

Complications

A THL is a low-risk procedure that generally proceeds without problems, but complications do occur in rare cases:

- **Bleeding**
  Bleeding may occur from the puncture wound in the vaginal wall. This blood loss or brown discharge usually passes within a few days. Please contact the Gynaecology Outpatient Clinic if the blood loss is more than a heavy menstrual period.
- **Damage**
  On rare occasions, the procedure can cause a wound or hole in the rectum wall; this is called a perforation, and usually heals on its own. In some cases, anaesthesia is required for keyhole surgery (laparoscopy) or abdominal surgery to assess whether the damage has caused abdominal bleeding.
- **Infection**
  A rare complication is an infection of the abdominal cavity or the fallopian tubes. Symptoms such as fever or severe abdominal pain may indicate these infections. Please contact the Gynaecology Outpatient Clinic immediately if you experience these symptoms. In the evening or at night, call the maternity suites on +31 40 888 95 51.
- **Hypersensitivity**
  Sometimes hypersensitivity to the local anaesthetic may occur. If you know that you are hypersensitive to something, you should tell us in advance. In rare cases, acute treatment for a hypersensitivity reaction may be necessary. Sometimes, symptoms do not appear until later.

When should you contact the hospital?

- Heavy blood loss (more than a heavy menstrual period);
- Severe abdominal pain;
- Fever (38°C or more);
- Dizziness, palpitations or feeling unwell.

Questions

If you have any questions after reading this leaflet, please contact the Gynaecology Outpatient Clinic on +31 40 888 83 80.

You can contact the maternity suites outside office hours at +31 40 888 95 51.