

What can I expect immediately following laparoscopic surgery?

Generally, you may experience any of the following symptoms within the first twenty-four to forty-eight hours

1. Nausea and lightheadedness
 2. Scratchy throat if a breathing tube was used during the general anesthesia
 3. Pain around the incisions
 4. Abdominal pain or uterine cramping
 5. Shoulder tip pain-secondary to the carbondioxide gas
 6. Tender umbilicus (belly-button)
 7. Gassy or bloated feeling
 8. Vaginal bleeding or discharge (like a menstrual flow)
- But it should be emphasized that all these minor discomforts subside in a short time. While each patient is different, most will recover within a few days and some within a few hours. Continuous improvement can be expected.

What is the advantage of making the video of the procedure?

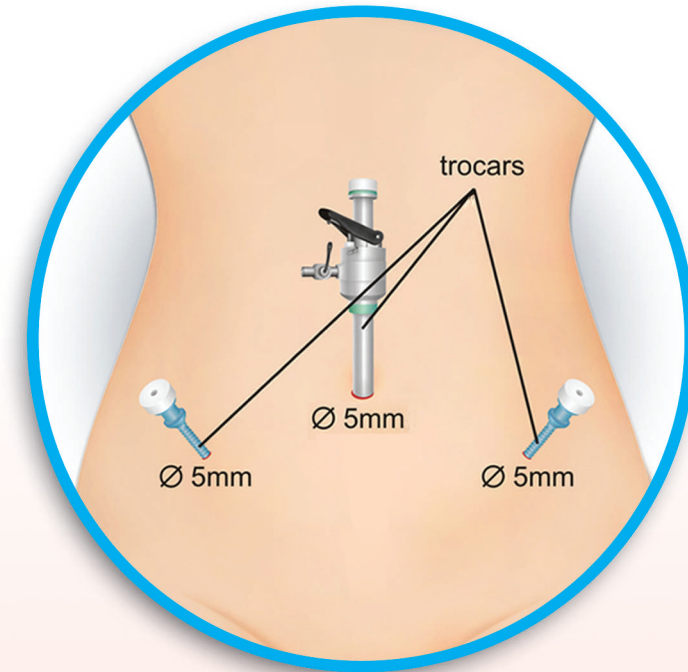
The video gives a long lasting independent view of the entire procedure which helps me later as well as anyone else who might want to review the procedure.

POST OPERATIVE ADVISE

- You can leave the same day in about 8 hours.
 - You may not feel like eating. Take soups or any other liquids of your choice. You may take light dinner.
 - From the next day, movement as well as diet will be normal. There will be little pain for which pain killers shall be prescribed in the discharge sheet given from the hospital.
 - You can expect spotting or mild bleeding for a few days. Don't be alarmed since this is normal.
 - There will be 2 or 3 bandages depending on the number of small cuts made. 48 hours after the operation, you can remove the bandages and have a bath, using soap and water and keep the area clean.
- Use T Bact ointment locally twice daily for 7 days.
- Since the wound will be stitched on the inside and Adhesive Glue used on the outside, no stitch removal will be necessary.
 - Find out from the hospital as to when the video and the investigation reports would be available. Call the clinic accordingly and make an appointment so that when we discuss, we can show you the video and explain the entire procedure done and the further course of action required.

Services

- Pre Conception Counseling
- Infertility Workup
- IUI or Intra Uterine Insemination
- IVF or In Vitro Fertilization
- ICSI or Intra Cytoplasmic Sperm Injection
- Oocyte Donation and Egg Sharing Programmes
- Surrogacy
- Embryo Freezing and Oocyte Freezing
- Cryo Preserved Semen Bank
- Andrology Clinic
- TESA and PESA
- Basic and Advanced Endoscopic Surgery
- Hormone Analysis
- Genetic Counseling
- Pre Implantation Genetic Diagnosis (PGD)
- Pre Implantation Genetic Screening (PGS)
- Recurrent Miscarriage Clinic
- Nutrition Clinic
- Pharmacy



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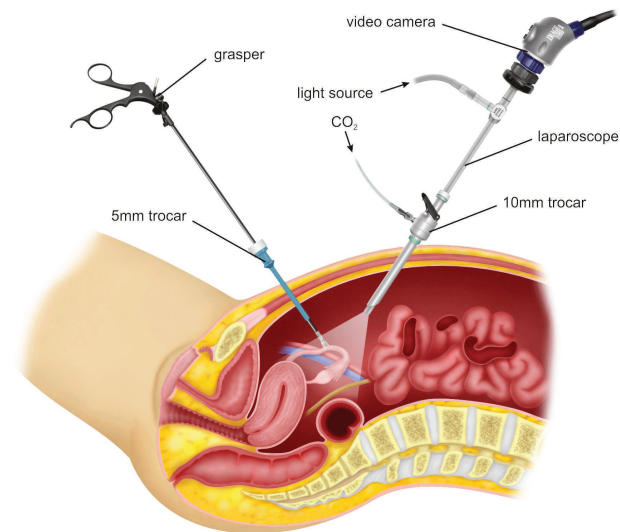
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FREQUENTLY ASKED QUESTIONS**Care IVF**

What is Laparoscopy ?

Laparoscopy (lap-ah-ros-ko-pel) is a common surgical procedure in which the doctor makes a small incision, or cut, in the patient's abdomen in order to insert a special instrument called a laparoscope. This instrument enables the doctor to see inside the abdomen.

The incision is made near or in the navel, the incision is very small and is covered by a small plastic bandage afterward.



What is a laparoscope?

The laparoscope itself is simply a long, thin, rigid tube specially equipped with thin glass fibers along which light travels to "spotlight" internal organs. The laparoscope also has a periscope-type attachment that allows the doctor to see into the abdomen and pelvis.

Other instruments used with the laparoscope allow the doctor to make photographic records of the inside of the abdomen, obtain biopsies of tissue for laboratory analysis, and remove abnormal tissue.

Why has laparoscopy been recommended?

Laparoscopy is performed for either of two reasons: more accurate diagnosis or surgical treatment.

As a diagnostic procedure, laparoscopy allows the doctor

to look inside the abdomen at the reproductive organs. This procedure helps the doctor determine the cause of abdominal or pelvic pain and recommend appropriate therapy. Sometimes, a "second-look" laparoscopy is recommended to assess effects of previous therapy or to perform additional procedures.

For example, laparoscopy helps reveal whether a pelvic mass causing pain is

- a) **A Cyst:** a closed sac filled with liquid or semisolid material, which can occur in an ovary
- b) **A Soft-tissue Tumor:** a mass resulting from uncontrolled growth of cells, either benign or cancerous, which can occur at various locations in the abdomen
- c) **A Fibroid:** a benign overgrowth of uterine muscle attached to the uterus
- d) **An Adhesion:** fibrous tissue abnormally uniting internal organs

Laparoscopy can also help the doctor determine if the pain a patient experiences results from conditions such as:

- a) **Endometriosis:** a disease in which the "endometrial tissue" that forms the lining of uterus, grows outside uterus.
- b) **Pelvic inflammatory disease:** an infection causing inflammation of the uterus, fallopian tubes, ovaries, or peritoneum (the lining of the abdominal cavity).
- c) **Ectopic or tubal pregnancy:** The Embryo implants somewhere other than the uterus, such as the fallopian tube.
- d) **Tubal patency test :** using the laparoscope, the doctor can learn whether a woman's fallopian tubes (the tubes through which eggs must travel from ovary to womb) are open or closed.

What other surgical procedures can be performed with a laparoscope?

A procedure performed during laparoscopy permits permanent termination of childbearing potential for woman who have completed their families. Laparoscopy can be used to perform surgical procedures like tubal ligation.

What should I do to prepare for laparoscopy?

The patient must come to the hospital with an empty stomach. No food should be eaten after midnight or for at least 8 hours before laparoscopy is scheduled. Check with us about the specific instructions to follow in preparing for

the procedure.

Will I be awake ? Does it pain?

Laparoscopy is done under General Anaesthesia which put you to sleep for the whole duration of the procedure. This way you don't feel any pain or discomfort.

Once the procedure is over, you are awake within seconds and aware of your surroundings within minutes.

What happens during laparoscopy?

After the patient is anesthetized, a cannula (probe) is placed in the uterus in order to move it into better position. Then an incision is made in or near the navel. Carbon dioxide or nitrous oxide gas is introduced into the abdomen through a needle inserted into the incision. The gas separates the organs from each other so the doctor can get a clear view. It also expands the abdomen and makes the patient look about six months pregnant but only until the end of the procedure, when the patient regains her normal shape.

Next the patient is tilted head-downward. This causes the intestines to shift upward, away from the lower pelvis, so that the doctor can see the overheads, uterus, and fallopian tubes as clearly as possible.

A hollow tube or sheath is then inserted into the abdomen through the incision and the laparoscope is inserted into this sheath. With its light, optical equipment, and other instruments, the laparoscope enables the doctor to see the internal organs, photograph what is seen, and collect samples of tissue for evaluation in the laboratory.

During the laparoscopy, the doctor may use other instruments such as the cannula inserted into the uterus by way of the vagina or probes inserted through small lower- abdominal incisions to move organs slightly, so that a better view can be obtained.

After the procedure, the laparoscopy light is turned off; the laparoscope, sheath, and probes are removed; the gas is allowed to escape; and the patient regains her normal shape.

The small incision is usually closed with adhesive glue and a plastic bandage is applied as a dressing.

Other incisions, if made, are closed in a similar fashion.

Diagnostic and simple operative procedures (such as tubal ligation or biopsy) generally take 15 to 30 minutes.

More extensive operative procedures can last one or more hours. Then the patient is taken to the recovery