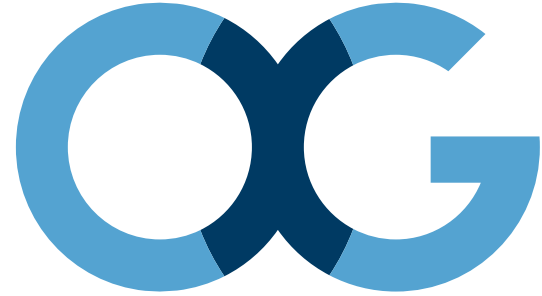


# Laparoscopy and excision surgery



## How can a laparoscopic treatment of endometriosis help?

Laparoscopic treatment is a keyhole operation to remove endometriosis (en-doh-mee-tree-oh-sis). The commonest problems that lead women to seeing a gynaecologist include: painful periods; abnormal or irregular bleeding; pain with intercourse; pelvic pain not associated with periods; and pain on surrounding areas and organs.

Keyhole surgery, where possible, has benefits over open surgery. These benefits include: a quicker recovery; less pain; less time in hospital; and a faster return to work.

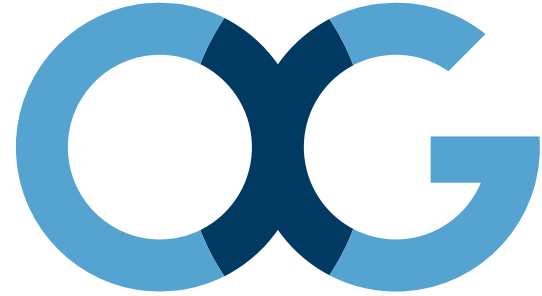
## What are the risks of laparoscopic treatment to endometriosis?

All treatments and procedures have risks and we will talk to you about the risks of laparoscopic treatment to endometriosis. Risks can be divided up into two categories common (less serious) and rare (more serious).

### Problems that may happen straight away

Common risks of laparoscopic treatment to endometriosis include: general abdominal pain; shoulder pain; wound infection; urinary infection; pelvic infection; difficulty passing urine; and bleeding. There can be side-effects associated with general anaesthesia and include nausea, vomiting and a sore throat. The anaesthetic doctor will discuss these.

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## Problems that may happen later

Future risks can include developing scar tissue within the pelvis, ongoing pain despite having your endometriosis removed, and further surgery following a complication or unexpected severe endometriosis requiring a multidisciplinary team of surgeons (colorectal, urologist, or thoracic surgeon).

## Problems that are rare, but serious

Rare but more serious complications include injury to internal organs such as the bowel, bladder, ureters (tubes that connect the kidneys to the bladder) or major blood vessels. There is also a risk of forming blood clots in the legs or lungs or having a severe allergic reaction to drugs used during surgery. There is a small risk of developing a hernia at the site of the cuts.

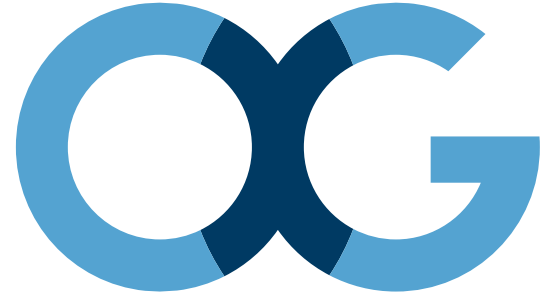
## A laparoscopic treatment to endometriosis has different options:

Excision (cutting out) or ablation (burning away): Mr Hirsch and the endometriosis team at Oxford Gynaecology perform excision surgery as this is believed to have greater benefits. Please ask for further details if required.

## What additional procedures may be required?

Additional procedures that may become necessary but are not planned during your surgery include a blood transfusion if there is heavy bleeding.

# Laparoscopy and excision surgery



If this bleeding continues or there is injury, the surgery may be converted from keyhole to open surgery to try and stop the bleeding or perform a repair of an injury. This can be associated with more pain and a longer recovery period.

## What will happen if I choose not to have laparoscopic treatment to endometriosis?

If you choose against having a laparoscopic treatment to endometriosis the symptoms which led you to the gynaecological clinic are likely to continue.

## What alternatives are available?

The alternatives available include: doing nothing; taking medical treatments; and other surgical procedures. Doing nothing is unlikely to change your symptoms or endometriosis. Medical treatments can help control pain and bleeding although medical treatments can have side-effects.

Other surgical procedures or techniques include LASER and Robotic surgery not currently offered. There is no evidence to suggest these are more effective than laparoscopic surgery by an endometriosis specialist such as Mr Hirsch. These can be covered in your consultation with the doctor.