

Post- operative care following endometriosis

surgery

This information is for you if you are about to have, or are recovering from, laparoscopic excision of endometriosis. You might also find it useful to share this information with your family and friends.

Laparoscopic excision of endometriosis is a keyhole operation that is offered to you if you have had confirmation of endometriosis in a previous keyhole operation and have symptoms that are not responding to other non-surgical treatments.

Excision of endometriosis is an operation that allows us to cut out all the visible endometriotic tissue in your pelvis. This means that once it has been removed, the tissue does not grow back, and therefore your symptoms should improve.

Dr Saha offers this surgery to women with different amounts and severity of endometriosis. The details of surgery and post- operative recovery will be discussed in detail by Dr Saha with each patient.

Mild/superficial endometriosis

This means you have a less severe form of endometriosis. If you are still getting symptoms despite treatment with hormones (pill or coil) then you may be a candidate for excision. We would expect you to have an excellent result from the surgery. If you still have symptoms after the excision, then it is likely that your symptoms are not caused by endometriosis alone. Your operation will last for about 1.5 hours.

Moderate endometriosis

this means you have more widespread endometriosis that is sitting deeper in the tissues. It is likely you are recording higher pain scores. Excision of endometriosis is a good option for you, and we would expect your symptoms to improve post-operatively. Your operation will last about 1.5 - 2 hours.

Severe/deep endometriosis +/- involvement of bowel, bladder, rectum, ovaries, and tubes

This is the most severe form of endometriosis. You are likely to have high pain scores and be finding it difficult to achieve symptom control with hormones and pain killers alone. Your surgery will take longer than cases of mild/moderate endometriosis. Dr Saha will plan to operate with the help of a bowel or bladder surgeon if she knows in advance your endometriosis is affecting these areas. Your operation will last for up to 4 hours (and in the most difficult cases, it may take even longer).

Endometriosis affecting the bowel

If you have severe endometriosis affecting your bowel, you will have been counselled before the operation about the potential risk of needing a section of bowel removed or a temporary stoma (where the bowel is plumbed through the skin into a discrete bag to let it heal). This will usually happen because of an investigation to look at your rectum and bowel, called a colonoscopy. Dr Saha and works closely with colorectal surgeons to facilitate combined surgical procedure as required.

Dr. Saha will often recommend you receive an oral bowel cleansing agent ('bowel prep') prior to admission to hospital for your surgery. It helps to empty the bowel and reduces the risk of infection if

you require any surgery to your bowel during the excision of endometriosis. You will be provided with a separate leaflet all about the bowel prep.

Endometriosis affecting the bladder

If you have severe endometriosis affecting your bladder, you will have been counselled before the operation about the potential risk of needing a piece of bladder removed, called a partial cystectomy. The bladder is then closed with dissolvable stitches and you will need to have a urinary catheter for 2 weeks after the operation. You will be advised how to look after this at home and will be invited back to the ward for it to be removed. You will then require a follow up scan of your bladder in the main hospital. After a partial cystectomy, your overall bladder capacity will be reduced. This means you may not be able to hold as much urine before needing to void (empty your bladder) and may need to void more frequently.

What can I expect after a laparoscopic excision of endometriosis?

About 60% of women have improvements in symptoms/pain scores after excision of endometriosis. This is across all types and severity of endometriosis. This means that 6 out of 10 women that we operate on will have an improvement. Dr Saha does not burn/ cauterise/ the endometriosis away, apart from in some rare cases. This is because it does not effectively treat the disease and only offers temporary improvement in symptoms. It has no role in treatment of moderate or severe endometriosis. Excision of endometriosis is considered a Gold Standard, which means it is the best treatment on offer.

You will require a general anaesthetic for your excision surgery. The anaesthetist will discuss this with you on the day of your operation. Feeling or being sick after an anaesthetic is quite common in women. If this has happened to you after a previous operation, talk to your anaesthetist and they will explain what they can do to help limit these side effects for you

Usual length of stay in hospital in most cases, you will be admitted to hospital on the day of your operation. You will usually require an overnight stay and be able to go home the next morning. If you have had a more difficult operation for severe endometriosis, you may need to stay in hospital for 1-2 nights.

During the first 24 hours you may find that you feel more sleepy than usual, and your judgement may be impaired. You will need someone to collect you from hospital once you are discharged home.

Catheter

A catheter (tube) is put in your bladder during laparoscopic excision of endometriosis. This is to ensure your bladder does not overflow during the operation and reduces the risk of bladder injury. In cases of mild/moderate endometriosis excision, the catheter will often be removed at the end of the operation and you will be able to pass urine normally afterwards. If the surgery is more extensive, the catheter may have to stay in after the operation and is usually removed the following morning.

Scars

You will usually have three or four small scars on your abdomen. One scar will be within the tummy button, one on the left side, one on the right side, and sometimes one in the middle at the top of your bikini line. Each scar is 0.5 - 1cm in length. Sometimes we may have to extend one to manage the endometriosis.

Stitches and dressings

The cuts on your abdomen will be closed with dissolvable stitches and will usually be protected by clear dressings after your operation. You will usually go home with the dressings in place, and we would advise you remove them after 48 hours. This is best done during a bath or shower. We would expect the stitches to dissolve within 14 days.

Incisional Numbness

You may feel a “pins and needles” sensation at the incision site. This is due to the nerves being cut. Over time, the nerves will heal, and the sensation will subside. If you have bothersome symptoms don't hesitate to contact Dr Saha for further discussion.

Pain and discomfort

You can expect to feel pain in your lower abdomen for a few days after your operation. The area around your scars may feel particularly sensitive. You may also have pain in your shoulder. This is a common side effect of laparoscopic surgery and will get better over the first 24-48 hours. Gentle mobilising can help. When you are discharged home from hospital, you will be advised to take regular painkillers. We recommend you have a supply of Paracetamol and/or Ibuprofen at home as these are not supplied by the hospital pharmacy. You may also be advised to take a painkiller that contains opioids; this will be supplied as a prescription from the hospital for you. Taking regular painkillers will enable you to feel more comfortable after your operation, get out of bed sooner, stand up straight and be able to walk around easier. This will all help speed up your recovery and reduce the risk of blood clots forming in your legs and lungs.

Starting to eat and drink

You are likely to have a drip in your arm to provide you with fluids after your operation. This will be removed once you are able to eat and drink again. In most cases, you will be offered some water in the theatre recovery area once you have woken up from your anaesthetic. You will also be offered something light to eat if you feel hungry.

Washing and showering

You should be able to have a bath or shower the day after your operation. This can help to remove the sticky postoperative dressings over your scars. It is safe for the scars to get wet. We would recommend you gently pat them dry afterwards with a tissue or let them dry in the air.

First Menstruation following surgery

Your first few periods may be more painful. However, if you are concerned about the degree of pain, or if your pain is severe, contact Dr. Saha for further advice.

How to reduce the risk of a blood clot after laparoscopy?

Some common additional risks include smoking, being overweight, diabetes or having had a previous blood clot in your leg or lung. You will be offered some graduated compression stockings to wear during your stay in hospital. You will also be prescribed a daily injection of a blood thinning agent (called Clexane) while you are in hospital. We would recommend:

- Staying as active as possible -Staying hydrated
- Performing gentle exercises while you are sitting
- Move foot up and down as quickly as you can for 30 seconds on each side, move foot in a circular motion for 30 seconds on each side bend and straighten one leg at a time three times, then repeat on the other side

Keep your bowels working

It is common to experience a short-term change in your bowel habits after an operation. Constipation, and associated bloating, is the most common complaint. If you already have a tendency for constipation, we recommend starting some gentle laxatives (Movicol, Lactulose) from your pharmacy before your operation. Drinking plenty of water, eating fresh fruit/vegetables/fibre rich foods and keeping active also helps. If you do struggle with opening your bowels, it can help to place a small footstool under your feet when you are sitting on the toilet.

A positive outlook

Your attitude towards your post-operative recovery is an important factor in determining both how your body heals and how you feel in yourself. We would encourage you to be positive about the long-term benefits of your operation. It can also be useful to use the recovery time to make positive lifestyle choices, for example starting regular exercising, eating a healthy balanced diet, and stopping smoking.

When should I seek advice after a Laparoscopic Excision of Endometriosis?

Dr. Saha will review you within 2-4 weeks' time following your surgery.

We would anticipate that the overall recovery from your operation will take up to six weeks. In cases of excision of mild/ superficial endometriosis, your recovery may be quicker than this. You should seek medical advice and contact Dr Saha's room or email Dr Saha if you have any concerns.

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- Burning/stinging after you pass urine or needing to pass urine more often. This may indicate an underlying urine infection. In most cases this will settle with a short course of oral antibiotics.

-Red, painful, oozing skin around your scars. This may indicate a wound infection. In most cases this will settle with a short course of oral antibiotics.

-Worsening abdominal pain This may be constant or made worse by movement. It may be associated with other symptoms including nausea, vomiting, loss of appetite, a temperature, difficulty opening your bowels or pain when you pass urine.

If you have severe pain, or pain that is getting worse many days after your operation, it is important that you are seen by a doctor. You may require review and readmission to hospital.

A painful, red, hot swollen leg and difficult weight bearing This may indicate an underlying deep vein thrombosis (DVT). If you are experiencing pain in your chest, shortness of breath, cough up blood. Please contact Dr. Saha by a phone call or an email.

If you require an urgent review, present to your closest Emergency Department. In the event of an emergency call 000 immediately for ambulance care.

Getting back to normal Around the house:

In the first few days after your operation, you will need to ensure you rest. However, it is important to start doing some of your normal daily activities and build up gradually. You may find the main limitation to activities will be abdominal pain. If you experience pain, you should try doing a little less for a few days.

We would advise you to avoid lifting heavy objects, such as shopping bags, a vacuum, or young children for 3-4 weeks after your operation.

Exercise

You will be able to walk around on the first day after your operation. Over the next few weeks, we would expect you to be able to increase your activity levels towards normal again. Swimming can be resumed within 2-3 weeks, so long as you are comfortable, and your wounds have healed. Running, cycling, exercise classes or contact sports should not resume until 4-6 weeks after your operation

Travel plans

It is safe to travel as a passenger in a car, on a bus or train in the first 1-2 weeks after your operation. If you are going on a journey over four hours, we would recommend you keep well hydrated, wear flight socks and try to keep your lower legs moving. If you plan to travel abroad, you will need to contact your travel insurer about potential restrictions.

Returning to work

The length of time you require off work after your operation will depend on the complexity of your procedure and the type of job you have. For cases of excision of mild disease and a non-manual job, it would be reasonable to consider a return to work between 2 and 4 weeks after the surgery.

All decisions about return to work should be discussed with your line manager and occupational health department. Dr Saha will provide you with a sick note prior to your discharge from hospital.

Living with endometriosis and its long-term implications

Not all cases of endometriosis can be cured and for some women there is no long-term treatment that helps. With support many women find ways to live with and manage this condition. Support organisations provide invaluable counselling, support, and advice.

Pelvic Pain Support Network

Website:

<https://www.pelvicpain.org.au/> <https://www.jeanhailes.org.au/resources/pelvic-pain-foundation-of-australia> <https://www.painaustralia.org.au/>

<https://www.pelvicpain.org/>

References

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