PROCEDURE

Pelvic laparoscopy

Pelvic laparoscopy is keyhole surgery used to examine and sometimes treat organs inside the pelvis.

PURPOSE
Examine pelvic organs, diagnose problems, and sometimes provide treatment

PROCEDURE TYPE
Both; minimally invasive surgery using a camera

WHERE IT IS DONE
Operating theatre

ANAESTHESIA
General anaesthesia

HOW LONG IT TAKES
30 minutes to 3 hours, based on planned treatment

PREPARATION
Fasting, medication review, and arranged transport home

RECOVERY
Same day or overnight; no driving for at least 24 hours

MAIN RISKS
Bleeding, infection, organ injury, anaesthetic complications

RESULTS
Visual findings immediately; biopsy results usually within several days

Overview

Pelvic laparoscopy is a type of keyhole surgery. A surgeon inserts a thin camera called a laparoscope through a small cut, usually near your belly button. The camera shows the organs inside your pelvis on a video screen.

The surgeon may make one or more additional small cuts for surgical instruments. They can examine organs such as the uterus, ovaries, fallopian tubes, bladder, bowel, and surrounding tissues. The organs examined will depend on your anatomy and the reason for surgery.

A laparoscopy can be diagnostic, meaning it helps identify a problem. It can also be therapeutic, meaning treatment is carried out during the same procedure. What may be treated should be discussed with you before you consent.

Why the procedure is performed

A pelvic laparoscopy may be offered when scans and other tests have not explained your symptoms, or when a condition is likely to need surgery.

Reasons include:

Laparoscopy can sometimes diagnose and treat a problem during one anaesthetic. However, it may not find a clear cause for pelvic pain or infertility.

- Investigating ongoing pelvic pain or difficulty becoming pregnant
- Looking for endometriosis, where tissue similar to the uterine lining grows elsewhere
- Examining or removing an ovarian cyst or pelvic mass
- Treating scar tissue, called adhesions
- Treating an ectopic pregnancy outside the uterus
- Removing fibroids or affected reproductive organs when agreed beforehand
- Checking whether cancer has spread or taking a tissue sample
- Performing permanent contraception by treating or removing the fallopian tubes

Who should and should not have it

Laparoscopy may be appropriate if finding or treating a pelvic condition is likely to change your care. It may also be considered when medication, observation, imaging, or less invasive procedures have not been suitable or helpful.

It is not the right choice for everyone. Surgery may be delayed if you have an active infection, an uncontrolled bleeding problem, or a medical condition that first needs treatment. Tell your surgical team if you could be pregnant. Laparoscopy can be performed during pregnancy when necessary, but the reason and timing need careful assessment.

Severe heart or lung disease may make general anaesthesia or the gas used during laparoscopy less safe. Previous abdominal surgery can cause internal scar tissue, making the procedure more difficult. In some situations, planned open surgery may offer safer access.

The surgeon should explain what they expect to do, whether organs might be removed, and when they might need to change to open surgery. You can ask that the limits of your consent are recorded.

How to prepare

Your treating facility's own instructions take priority because preparation differs according to the planned operation and your health.

You will usually need to stop eating and drinking for a set time before general anaesthesia. Follow the exact times given by your facility. Some operations require bowel preparation, but do not use laxatives unless instructed.

Give the team an up-to-date list of medicines, supplements, allergies, and medical conditions. Blood thinners and some diabetes medicines may need adjustment. Do not stop a prescribed medicine unless the team responsible for your procedure tells you how and when.

You may have blood tests, imaging, a pregnancy test, or an anaesthetic assessment. Arrange for an adult to take you home and, if advised, stay with you after surgery. Remove jewellery or piercings as instructed and bring comfortable, loose clothing.

What happens during the procedure

You will receive a general anaesthetic, so you will be unconscious and will not feel the operation. Monitoring equipment will track your breathing, heart rate, blood pressure, and oxygen level.

The surgeon makes a small cut near the belly button. Carbon dioxide gas is introduced to gently lift the abdominal wall away from the organs, creating space to see and work. The laparoscope is then inserted.

Additional small cuts may be made lower on the abdomen for instruments. Depending on the agreed plan, the surgeon may take a biopsy, remove abnormal tissue, release scar tissue, control bleeding, or treat an affected organ.

A urinary catheter or a device placed through the vagina into the uterus may sometimes be used. These are usually removed before you wake or soon afterward.

At the end, the instruments are removed and most of the gas is released. The cuts are closed with stitches, skin adhesive, or dressings. If keyhole surgery cannot be completed safely, the surgeon may need to make a larger abdominal cut. This is called conversion to open surgery.

Recovery and what to expect afterward

Pain is usually felt around the small cuts. You may also have cramping, bloating, or pain at the tip of one or both shoulders. Shoulder pain comes from irritation caused by the carbon dioxide

gas and usually settles as the gas is absorbed. You will be offered pain relief.

You can usually begin with fluids and then eat when you feel ready. Nausea can occur after general anaesthesia, so lighter food may be easier at first.

Gentle walking helps circulation and can ease gas discomfort. Increase activity gradually. Follow your instructions about lifting, exercise, bathing, sex, tampons, and wound care because restrictions depend on what treatment was performed.

You cannot drive yourself home. Avoid driving for at least 24 hours after general anaesthesia and longer if you are taking medicine that makes you drowsy. Do not drive until you can sit comfortably, wear a seat belt, turn to check traffic, and make an emergency stop safely.

Some people return to desk-based work within several days. More physical work or extensive surgery may require one to several weeks away. Your discharge instructions should give a more personal estimate.

Risks and possible complications

Most people recover without a serious complication, but pelvic laparoscopy is still an operation. Possible risks include:

An injury may not always be recognized during the procedure. Treatment can require repair during the same operation, a larger incision, or another procedure later.

Risks are affected by the planned treatment, previous surgery, existing scar tissue, and your general health. Ask which risks matter most for your operation and whether treatment could affect fertility.

- Bleeding, infection, or poor wound healing
- Injury to the bowel, bladder, urinary tubes, blood vessels, or reproductive organs
- A reaction to the anaesthetic
- Blood clots in the legs or lungs
- Difficulty passing urine
- A hernia or internal scar tissue after surgery
- Needing another operation or conversion to open surgery

Results and follow up

The surgeon can often explain what they saw and did after you are awake enough to

understand. You may also receive photographs or an operation summary.

Tissue removed during surgery is sent to a laboratory. These results usually take several days and sometimes longer when special testing is needed. Ask how you will receive them rather than assuming that no news means a normal result.

Routine follow-up may include checking your wounds, reviewing biopsy findings, discussing symptom improvement, and deciding whether you need medicine, further surgery, fertility care, or another specialist.

Alternatives

The alternatives depend on why laparoscopy has been offered. Ask what each option can and cannot achieve.

Observation may be reasonable when a finding is unlikely to cause harm and symptoms are manageable. It avoids surgery but may leave the diagnosis uncertain or allow symptoms to continue.

Pain relief or hormonal treatment can help some conditions, including suspected endometriosis. Medication avoids an operation but does not provide visual confirmation or a biopsy, and symptoms may return after treatment stops.

Ultrasound or MRI can identify many cysts, fibroids, and deeper areas of endometriosis. They are non-invasive but can miss small areas of endometriosis or internal scar tissue, and they cannot provide treatment.

Hysteroscopy uses a camera passed through the cervix to examine the inside of the uterus. It avoids abdominal cuts but cannot assess most of the pelvis.

Open surgery provides wider access and may be preferable for very large masses, extensive disease, or an emergency. It usually involves a larger incision, more pain, and a longer recovery.

For infertility, fertility treatment may sometimes be considered without laparoscopy. This avoids surgery but may leave pelvic conditions unconfirmed or untreated.

When to call your healthcare team

Attend planned appointments for wound review, test results, and discussion of the next steps. Contact the surgical team promptly if you develop increasing wound redness, swelling or discharge, a fever, repeated vomiting, worsening abdominal pain, difficulty passing urine, or vaginal bleeding that is heavier than expected.

Seek emergency care for trouble breathing, chest pain, coughing up blood, fainting, severe or rapidly worsening abdominal pain, heavy uncontrolled bleeding, or a painful swollen leg. These are not routine recovery symptoms.

Common questions

Will I be asleep?

Yes. Pelvic laparoscopy is usually performed under general anaesthesia, so you will be unconscious during the procedure.

Can I drive home?

No. An adult must take you home. Avoid driving for at least 24 hours and until you can control the vehicle safely without the effects of anaesthesia or strong pain medicine.

How painful is pelvic laparoscopy?

Soreness around the cuts, bloating, and shoulder-tip pain are common. Pain is usually managed with the medicines recommended at discharge. Pain that is severe or getting worse needs medical advice.

When will I know what was found?

The surgeon can often discuss the visual findings the same day. Biopsy or laboratory results usually take several days.

Will I have scars?

You will usually have a small scar near the belly button and possibly one or more lower on the abdomen. Scars often fade but do not disappear completely.

Can laparoscopy turn into open surgery?

Yes. A larger incision may be needed if there is heavy bleeding, extensive scar tissue, unexpected disease, or difficulty completing the operation safely.

Sources

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