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## **DIAGNOSTIC LAPAROSCOPY**

### **Definition**

An examination of the pelvis using a small lighted telescope, called a laparoscope.

### **Description of Procedure**

A telescope and surgical instruments are inserted into the abdomen via 2 or 3 small incisions in the skin. The operation is viewed on a TV screen via a small camera attached to the Laparoscope. The pelvic organs are visualised to diagnose or to treat conditions or abnormalities in the pelvis. To investigate infertility, special dye may be injected into the uterus to check for blockages in the fallopian tubes. This is visualised during the laparoscopy.

### **Expected outcome**

Expect full recovery without complications. You may experience discomfort for 24 to 48 hours in the puncture sites on your abdomen. You may have aches in your shoulders and chest from the carbon dioxide that was used to inflate your abdomen. Some general stiffness may or may not be present for 3 days or so. No treatment is necessary and rest is recommended for 1-2 days. These symptoms vary considerably depending on the patient. Allow 7 days for full recovery from surgery.

### **Following your Surgery**

Rest is recommended for 1-2 days and then resume your usual activities, including work as soon as you are able.

Prescription pain medication should generally only be required for a few days if at all. If you experience minor pain or discomfort it is recommended that you take regular simple pain medication such as Panadol or nurofen every 4-6 hours for up to 3-4 days. Hot packs to your abdomen may help ease discomfort.

Bathe and shower as usual. You may wash the incision gently with mild soap, and leave uncovered after the first day.

Resume driving 1-2 days after surgery.

Sexual relations may be resumed 1 week after recovery from surgery.

You will need sanitary pads (not tampons) for any vaginal bleeding, post surgery.

### **Possible Risks and Complications**

Risks increase with:

- Obesity.
- Smoking.
- Heart or lung disease.
- Previous abdominal surgery, especially hernias.
- Previous bowel surgery.

**Website:** <http://www.malcolmfrazer.com.au>



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The overall instance of complications following laparoscopic surgery are uncommon, however you do need to know the following risks:

1. Haemorrhage (excessive bleeding rarely requiring blood transfusion).
2. Infection (infection rates are very low),
3. Ileus (temporary lazy bowel),
4. Thromboembolism (blood clots in the deep veins which may spread to other organs of the body)
5. Anaesthetic risks.
6. Perforation of the intra-abdominal organs such as bowel, bladder, ureters or liver and intra-abdominal blood vessels (1:500-1000 cases). 1:10,000 worst case scenario, requiring temporary colostomy. This is not a technical fault, but a general procedural risk. These complications are highly unlikely with a diagnostic procedure, and risk only increases with complicated operative laparoscopic surgery

**Notify Dr Frazer if any of the following occurs:**

- You develop signs of infection; a general ill feeling and/or fever, pain, redness or discharge from the operative sites (most minor infections are treatable with oral antibiotics).
- You have excessive vaginal bleeding (greater than a normal menstrual period).
- You experience increasing abdominal swelling or pain after discharge.
- Other symptoms that may concern you such as chest pain, leg pain or shortness of breath

You may contact Dr Frazer on 55649300 or Linda on 0423616498 for advice.