



PATIENT & CAREGIVER EDUCATION

Diagnostic Laparoscopy

This information describes your diagnostic laparoscopy (LA-puh-ROS-koh-pee).

About Your Diagnostic Laparoscopy

During your diagnostic laparoscopy, your doctor will fill your abdomen (belly) with gas and use a laparoscope (long, thin video camera) and surgical tools to look at the organs in your abdomen or pelvis (see Figure 1).

A diagnostic laparoscopy is a minimally invasive procedure. This means that, instead of making a large incision (surgical cut), your doctor will make several small incisions to insert the camera and tools.

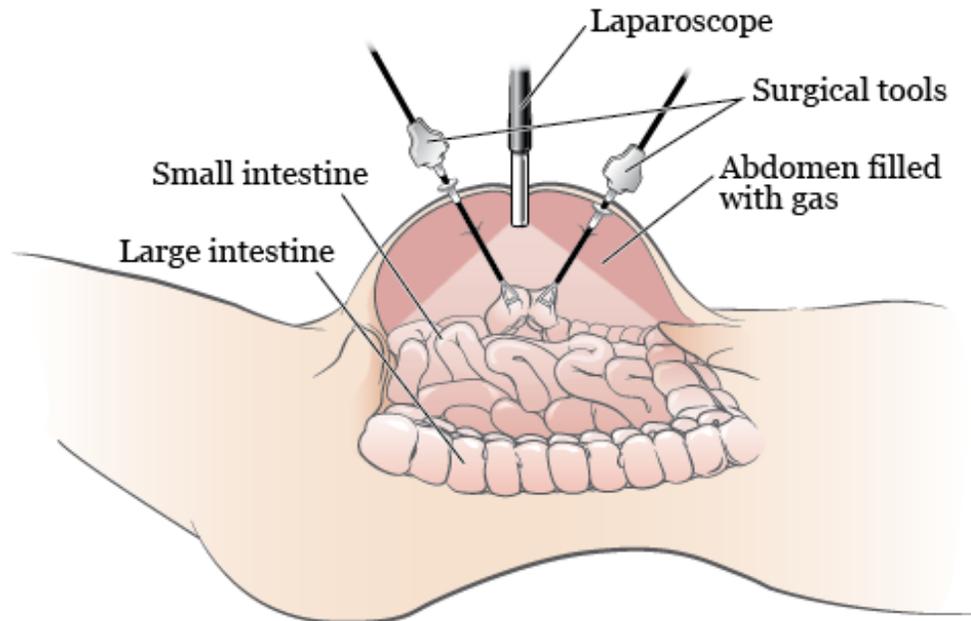


Figure 1. Your abdomen during a diagnostic laparoscopy

A diagnostic laparoscopy lets your doctor:

- See your organs

- See if something looks abnormal
- Take biopsies (tissue samples)
- Take washings (cell samples)
- Do other procedures

Having a laparoscopy instead of a traditional (open) procedure means that you may have less pain and bleeding after your procedure. People who have a laparoscopy are usually able to go home earlier and return to their normal activities more quickly than people who have an open procedure. Most people who have a laparoscopy are able to start walking, eating, and drinking within 24 hours of their procedure.

Your laparoscopy may be done while you're inpatient (admitted to the hospital), or it can be done as an outpatient procedure. If it's done as an outpatient procedure, you may be able to go home the same day.

Before Your Laparoscopy

Your nurse will give you a resource telling you how to get ready for your procedure. Your nurse and doctor will also give you more information specific to your procedure.

If you're going home the day of your procedure, you need to arrange for someone to take you home. You will be drowsy from the anesthesia (medication to make you sleep during your procedure) for a few hours after your procedure. If you don't have anyone to take you home, tell your nurse.

Wear or bring loose-fitting, comfortable clothes to wear home. Your abdomen may be a little swollen or sore after your procedure.

During Your Laparoscopy

You will be taken into the operating room and helped onto the operating table. Your anesthesiologist (doctor or specialized nurse who will give you anesthesia) will place an intravenous (IV) line into a vein, usually in your arm or hand. The IV

line will be used to give you fluids and anesthesia during your procedure. Your anesthesiologist will also monitor your heart rate and breathing throughout your procedure.

Once you're asleep, a catheter (thin, flexible tube) will be placed into your bladder to drain urine. A tube may also be placed through your nose or mouth into your stomach to drain its contents. These are usually removed in the operating room before you wake up.

Your doctor will start by making a small incision near your belly button. They will put a pointed tube through this incision, into your abdomen. Then, they will put carbon dioxide gas into your abdomen through this tube. The gas will push out the wall of your abdomen and make your organs move away from each other. This makes extra space in your abdomen so your doctor has room to see and move the surgical tools (see Figure 1).

Next, your doctor will make another small incision and put a small video camera through the incision, into your abdomen. The video camera is on the end of a long, thin surgical tool. It will show a large picture of your organs on a television screen so your doctor can see the inside of your abdomen.

If you need to have a biopsy or other procedures during your laparoscopy, your doctor will make more small incisions. Each incision will be about 5 to 12 millimeters, or between the size of a pencil eraser and the end of an AAA battery.

Your doctor may do your procedure with a robotic device. This is called a robotic assisted laparoscopy. The robotic device holds the camera and other surgical tools. Your doctor controls it to help with precise surgical movements.

When your laparoscopy is done, the carbon dioxide will be released from your abdomen. Your doctor will close your incisions with sutures (stitches), Dermabond® (skin glue), or Steri-Strips™ (surgical tape).

After Your Laparoscopy

When you wake up after your procedure, you will be in the Post Anesthesia Care Unit (PACU). A nurse will watch you closely and check on you often. When you're fully awake, you will be brought to your hospital room or discharged home.

Before you leave the hospital, your nurse will give you instructions about your pain management, diet, activities, and how to care for your incisions.

The following are general instructions to follow after your laparoscopy. **If your doctor or nurse gives you different instructions from the ones below, follow the instructions they gave you.**

- Rest on the day of your procedure. You will be drowsy from the anesthesia.
- Don't drink alcohol for 24 hours after your procedure.
- Don't drive a car for 24 hours after your procedure.
- Don't shower for 24 hours after your procedure.
- Starting 24 hours after your procedure, you can slowly go back to doing your usual activities, depending on how you feel.
- Avoid strenuous activity (for example, lifting objects heavier than 10 pounds (4.5 kilograms)) for at least 1 week after your procedure.

If you don't already have a follow-up appointment scheduled, call your doctor's office to make one.

Managing your pain

Pain after a laparoscopy is different for everyone. Many people have shoulder pain, which is a common side effect of expanding your abdomen. This can range from mild to severe and may last for 7 to 10 days. Pain from your incisions is usually mild and can last for several days.

Your doctor or nurse will tell you what medications you can take to manage your pain.

Caring for your incisions

You can take off the bandages covering your incisions 24 hours after your laparoscopy. They don't need to be replaced. You can shower after you remove the bandages. Leaving your incisions exposed to the air will help them heal.

If you have Steri-Strips or Dermabond over your incision, it will fall off by itself in 7 to 10 days. If you have stitches, they should dissolve on their own.

Call Your Doctor or Nurse if You Have:

- A fever of 101 °F (38.3 °C) or higher
- Pain not relieved by medication
- Redness around or drainage from your incision(s)
- Severe abdominal bloating or swelling

Additional Resources

- *Getting Ready for Surgery* (www.mskcc.org/pe/getting_ready_surgery)
- *Common Medications Containing Aspirin, Other Nonsteroidal Anti-inflammatory Drugs (NSAIDs), or Vitamin E* (www.mskcc.org/pe/common_meds)
- *Herbal Remedies and Cancer Treatment* (www.mskcc.org/pe/herbal_remedies)

If you have any questions, contact a member of your healthcare team directly. If you're a patient at MSK and you need to reach a provider after 5:00 PM, during the weekend, or on a holiday, call 212-639-2000.

For more resources, visit www.mskcc.org/pe to search our virtual library.

Diagnostic Laparoscopy - Last updated on May 21, 2019

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