

PRE-SURGERY INSTRUCTIONS

This information is NOT intended as a substitute for medical advice of physicians. The reader should regularly consult a physician in matters relating to her health and particularly with respect to any symptoms that may require diagnosis or medical attention.

What to Expect with Laparoscopy and Hysteroscopy

Laparoscopy is direct visualization of the peritoneal cavity, ovaries, outside of the tubes and uterus by using a laparoscope. The laparoscope is an instrument somewhat like a miniature telescope with a fiber optic system, which brings light into the abdomen. It is about as big around as a fountain pen and twice as long.

An instrument to move the uterus during surgery will be placed in the vagina. Carbon dioxide (CO₂) is put into the abdomen through a special needle that is inserted just below the navel. This gas helps to separate the organs inside the abdominal cavity, making it easier for the physician to see the reproductive organs during laparoscopy. The gas is removed at the end of the procedure.

Hysteroscopy is direct visualization of the inside of the uterus. The hysteroscope is an instrument somewhat like a miniature telescope with a fiber optic system, which brings light into the uterus. This will allow your surgeon to look into your uterus and possibly remove abnormal tissue or growths.

Prior to Surgery

- Use protection (barrier contraception “Condoms” and/or foam) during ovulation. **DO NOT GET PREGNANT** the cycle of surgery.
- Arrangements should be made for child care outside the home for the day of surgery and possibly the next day. A quiet, restful environment is needed when you return home. Make arrangements for someone to be there with you for at least 48 hours after surgery. Expect your first night to be restless.
- You may wish to have the following items at hand to avoid having to send someone out after your surgery: prescription pain medication, heating pad, over-the-counter pain medications (Tylenol, Aleve, etc.), food (oatmeal, ice cream, rice, steamed vegetables, bread, fruit, yogurt, soup and saltine crackers may be easier on the stomach), thermometer, feminine pads, loose comfortable clothing to wear, throat lozenges, and a good book or video to watch while resting.

- Do not eat or drink anything after 12:00 midnight the night before surgery. Do not smoke or chew gum after 12:00 midnight. If you are currently taking medication, ask your doctor if you should stop taking it.
- Bowel Preparation: You may be given instructions regarding this during your pre-operative office visit. Bowel preparation is usually recommended for patients with endometriosis, pelvic adhesions or pelvic pain. Preparing the bowel with a purging agent such as Go-lytely, Magnesium Citrate or Fleet Phospho-Soda may be advised. While unpleasant, this procedure minimizes the risk of surgical complications from bowel injury during your surgery.
- Contact the Anesthesia office regarding insurance prior to your admittance.
- Patient must shower or bathe the night prior to surgery, make sure your navel is very clean.
- Vaginal Prep: None is usually required.
- Nail polish, make-up and jewelry should be removed the night before surgery.
- Wear loose-fitting clothes to prevent any unnecessary pressure on the umbilicus on the day of surgery.
- Someone must be with you to drive you home. (It is nice to have a pillow in the car).

In the Operating Room

The anesthesiologist or one of the nurses will walk you into the operating room. The nurse anesthetist or anesthesiologist will place four adhesive tabs on your back or on your chest to monitor your heart rate. While watching the monitor, do not be alarmed about sudden changes in your heart rate or pattern. This may be caused by interference and are not related to your heart activity. You will be given medication that will make you drowsy and possibly make your vision blurry. Shortly after this, you will drift off to sleep.