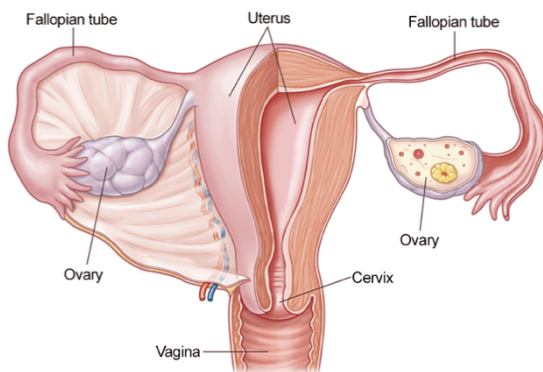


LAPAROSCOPIC SURGERY FOR ENDOMETRIOSIS

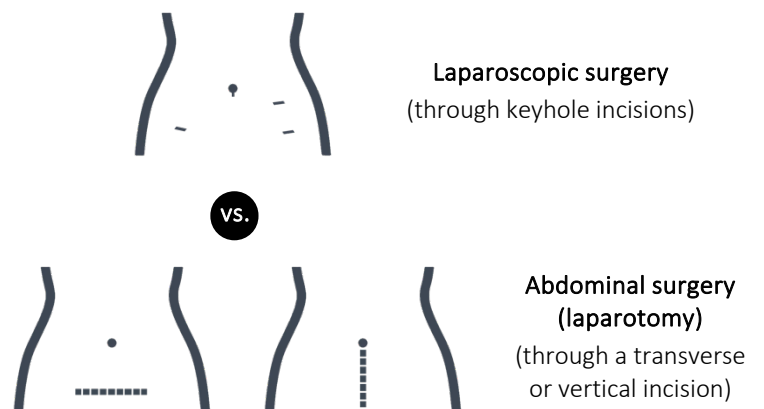
WHAT IS A SURGERY FOR ENDOMETRIOSIS ?

Surgery may be offered when medications are not enough to control your pain, when endometriosis causes infertility, or when there is a risk of kidney or bowel damage. The goal of surgery is to remove (excise) the endometriosis tissues in order to improve pain and fertility, or to prevent damage to other organs. Nowadays, endometriosis surgeries can mostly be done by laparoscopy. In cases where a hysterectomy (the removal of the uterus) is needed, this can be done during the same surgery.



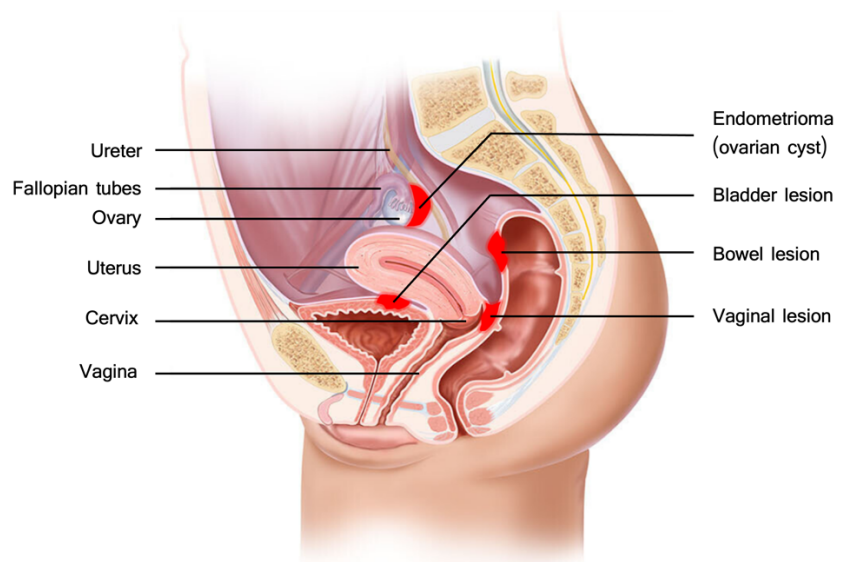
WHAT IS A LAPAROSCOPY ?

Laparoscopy is surgery performed through keyhole incisions on the skin. Laparoscopy has revolutionized the recovery following surgery, and most procedures that once required a large abdominal incision can now be performed safely through very small incisions as a day surgery. Typically, 4 incisions measuring 5mm to 1cm each are sufficient.



DEEP INFILTRATING ENDOMETRIOSIS

Deep infiltrating endometriosis (DIE) is a severe form of endometriosis where the lesions have grown deep into the wall of another organ, such as the bowel, bladder, ureter, or diaphragm. In such cases, our multi-disciplinary team of surgeons work together to achieve the best outcomes.



WHAT IS THE RECOVERY LIKE AFTER SURGERY?

Most laparoscopies for endometriosis are day surgeries, meaning that you are able to come in to the hospital on the morning of the surgery and go home a few hours after the surgery is done. Some cases require a short admission to the hospital for 2-3 days. The recovery time varies between 3 and 6 weeks, depending on the nature of the surgery.

WHAT ARE THE RISKS OF A LAPAROSCOPY?

○ General Anesthesia

All laparoscopy is done with general anesthesia, which means being put to sleep and using a breathing tube to help you breathe.

○ Infection

Generally a small risk for this kind of surgery, however antibiotics may be given intravenously while you are asleep, according to the surgeon's discretion.

○ Bleeding

All patients must be aware of a risk of excessive bleeding and potentially requiring a blood transfusion before surgery. While this is considered a low risk surgery for transfusion, we require signed consent or refusal for blood products prior to surgery.

○ Blood clots

Walking after surgery is very important to decrease this risk. Additionally, you may be given a dose of anticoagulation during surgery to reduce this risk.

○ Injury to other organs

Other organs or structures may be injured during surgery including, but not limited to:

- Bowel (small and large intestine)
- Bladder
- Ureters (tubes connecting kidneys to bladder)
- Blood vessels
- Nerves

If an injury occurs and is identified at the time of surgery, any necessary repairs will be done at the same time.

This may seem like an intimidating list – while surgery usually goes very well, without any complication, it is important to be aware of all the risks involved.

Additional risks should you need a surgery involving the bladder or ureters

- Need for urinary catheter for 2 weeks
- Possible need for ureteric stent
- Change in urinary habits
- More frequent urinary tract infections
- Leakage of urine inside the abdomen or ureteric stricture, which may require placement of stents or a surgery to repair

Additional risks should you need a bowel resection or discoid excision

- Change in bowel habits
- Difficulty voiding needing temporary urinary catheter
- 5% risk of leakage of stool inside the abdomen due to opening of the bowel suture line, which requires an emergency surgery to place a stool bag (stoma)

To view the instructions for recovery after surgery, visit:



McGill University
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