

PATIENT INFORMATION

Diagnostic laparoscopy: procedure-specific information

What is the evidence base for this information?

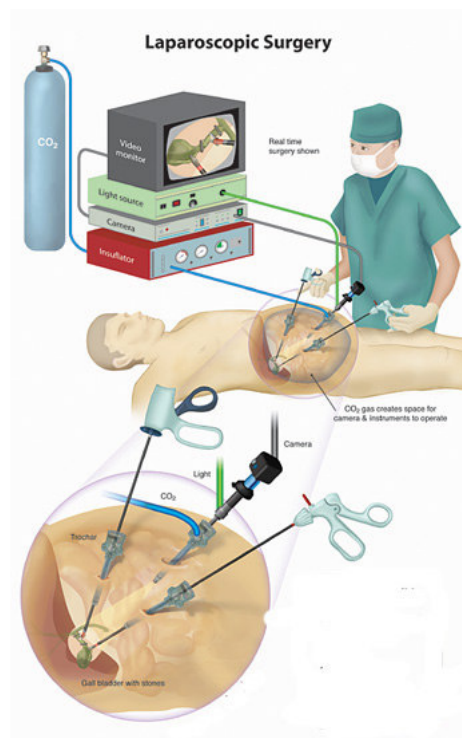
This leaflet includes advice from consensus panels, the British Association of Urological Surgeons, the Department of Health and evidence-based sources; it is, therefore, a reflection of best practice in the UK. It is intended to supplement any advice you may already have been given by your GP or other healthcare professionals. Alternative treatments are outlined below and can be discussed in more detail with your Urologist or Specialist Nurse.

What does the procedure involve?

This involves the insertion of a telescope into the abdominal cavity for diagnostic purposes and may involve a biopsy if any abnormality is found

What are the alternatives to this procedure?

Observation, radiological investigations, conventional open surgery



What should I expect before the procedure?

You will usually be admitted on the same day as your surgery. You will normally receive an appointment for pre-assessment, approximately 14 days before your admission, to assess your general fitness, to screen for the carriage of MRSA and to perform some baseline investigations. After admission, you will be seen by members of the medical team which may include the Consultant, Specialist Registrar, House Officer and your named nurse.

You will be asked not to eat or drink for 6 hours before surgery and, immediately before the operation, you may be given a pre-medication by the anaesthetist which will make you dry-mouthed and pleasantly sleepy.

You will need to wear anti-thrombosis stockings during your hospital stay; these help prevent blood clots forming in the veins of your legs during and after surgery.

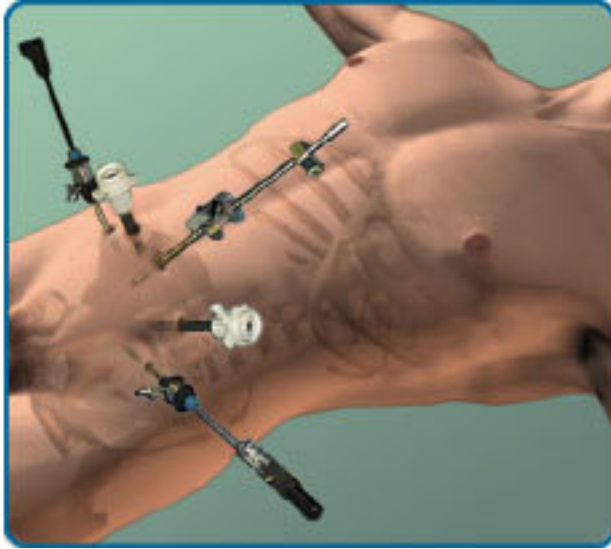
Please be sure to inform your Urologist in advance of your surgery if you have any of the following:

- an artificial heart valve
- a coronary artery stent
- a heart pacemaker or defibrillator
- an artificial joint
- an artificial blood vessel graft
- a neurosurgical shunt
- any other implanted foreign body
- a prescription for Warfarin, Aspirin or Clopidogrel (Plavix®)
- a previous or current MRSA infection

What happens during the procedure?

You may be given an antibiotic to reduce the chance of infection.

Normally, a full general anaesthetic will be used and you will be asleep throughout the procedure. In some patients, the anaesthetist may also use an epidural anaesthetic which improves or minimises pain post-operatively.



What happens immediately after the procedure?

You will be given fluids to drink from an early stage after the operation and you will be encouraged to mobilise as soon as you are comfortable to prevent blood clots forming in your legs. The wound drain and catheter are normally removed after 24-48 hours.

The average hospital stay is 2 days.

Are there any side-effects?

Most procedures have a potential for side-effects. You should be reassured that, although all these complications are well-recognised, the majority of patients do not suffer any problems after a urological procedure.

Please use the check boxes to tick off individual items when you are happy that they have been discussed to your satisfaction:

Common (greater than 1 in 10)

- Temporary shoulder tip pain
- Temporary abdominal bloating

Occasional (between 1 in 10 and 1 in 50)

- Bleeding, infection, pain or hernia of the incision requiring further treatment

Rare (less than 1 in 50)

- Bleeding requiring conversion to open surgery or requiring blood transfusion
- Recognised (or unrecognised) injury to organs/blood vessels requiring conversion to open surgery (or deferred open surgery)

- Involvement or injury to nearby local structures (blood vessels, spleen, liver, kidney, lung, pancreas, bowel) requiring more extensive surgery

Hospital-acquired infection (overall chance of contracting infection during stay at the West Suffolk Hospital (all wards included))

(obtained from West Suffolk Hospital Infection Control Data June 2009)

- MRSA bloodstream infection (0.0000394 cases per bed day occupancy)
- Clostridium difficile bowel infection (0.0004865 cases per bed day occupancy)

(These rates may be greater in high-risk patients e.g. with long-term drainage tubes, after prolonged hospitalisation or after multiple admissions)

What should I expect when I get home?

There may be some discomfort from the small incisions in your abdomen but this can normally be controlled with simple painkillers.

All the wounds are closed with absorbable stitches which do not require removal.

When you leave hospital, you will be given a “draft” discharge summary of your admission. This holds important information about your inpatient stay and your operation. If, in the first few weeks after your discharge, you need to call your GP for any reason or to attend another hospital, please take this summary with you to allow the doctors to see details of your treatment. This is particularly important if you need to consult another doctor within a few days of your discharge.

What else should I look out for?

If you develop a temperature, increased redness, throbbing or drainage at the site of the operation, you should contact your GP immediately.

Are there any other important points?

You will be informed of the findings of the procedure prior to your discharge from hospital. If any biopsies have been taken, a follow-up appointment will normally be arranged for you 6-12 weeks after the operation to discuss the pathology results.

It will be at least 14-21 days before the pathology results on the tissue removed are available. It is normal practice for the results of all biopsies to be discussed in detail at a multi-disciplinary meeting before any further treatment decisions are made. You and your GP will be informed of the results after this discussion.

Is there any research being carried out in this field?

All laparoscopic procedures are subject to continuous audit by the British Association of Urological Surgeons Section of Endourology. In addition, the National Institute of Health & Clinical Excellence (NICE) requires that we maintain a careful review of laparoscopic procedures.

Who can I contact for more help or information?

- Uro-Oncology Nurse Specialist 01284 712735
- Urology Nurse Practitioner for 'haematuria clinic', chemotherapy & BCG therapy 01284 712806
- Urology Nurse Practitioner for prostate (transrectal) ultrasound clinic, erectile dysfunction clinic 01284 713229
- Urology Nurse Practitioner for prostate assessment clinic, self catheterisation clinic 01284 713229

Other contacts

Chaplaincy - Telephone: 01284 713486

What should I do with this form?

Thank you for taking the trouble to read this information sheet. If you wish to sign it and retain a copy for your own records, please do so below.

If you would like a copy of this form to be filed in your hospital records for future reference, please let your Urologist or Specialist Nurse know.

I have read this information sheet and I accept the information it provides.

Signature.....Date.....