

Presents

## THE LAPAROTOMY

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### THE LAPAROTOMY

A Laparotomy is a surgical procedure that is sometimes used in the diagnosis and treatment of Endometriosis. Unlike the "belly button" surgery, or Laparoscopy, the Laparotomy is more invasive, usually involves a short stay in the hospital, and generally requires a longer recovery time.

The Laparotomy is performed through an incision in the abdomen. The incision ranges from 4 to 12 inches long and is made horizontally or vertically up to (and sometimes including) the belly button. The abdominal wall is then pulled back and held open during surgery with retractors. This allows the surgeon room to place both hands and instruments inside the abdomen and offers a direct view of the cavity. A Laparotomy has the disadvantage of a much larger incision scar and degree of pain as compared to the Laparoscopy.

Some surgeons prefer the Laparotomy, particularly for therapeutic measures, because it affords more room to manipulate and remove the disease. Still others believe that the Laparoscopy is equally as effective for visualization and destruction of disease, and contend that the minimally invasive approach lends to less adhesion formation.

The Laparotomy is usually performed on an in-patient basis, with one or more nights in-hospital following the operation. The procedure itself can last anywhere from 1 to 5 hours or more, depending upon the individual and her case. It is performed under general anesthesia.

Prior to surgery, you will likely be sent for lab tests. These generally include blood and urine cultures, and in some instances, a cervical culture, in order to rule out infection and assure that you are physically able to undergo surgery.

The day before surgery, you may be placed on a restricted diet and will likely be asked not to eat at all in the last 8 to 12 hours before the procedure. In many cases, a bowel prep is given in order to thoroughly evacuate the GI tract of waste and bacteria in case any work will be done in that area. If necessary, you may be given a mild sedative to help you sleep. Be sure to discuss any anxieties about the surgery with your doctor.

You will likely be asked to arrive at the hospital at least a half-hour prior to your actual surgery, in order to be prepped. Remove all jewelry, nail polish, and hair accessories before leaving your home, as they are not allowed.

Generally, you will be taken to the OR or a room close to the OR for prepping. There you will have an IV hooked up through which various medications and solutions can be introduced into your body. Most likely, a sedative will be introduced into the IV before anything else is done, and you will drift off to sleep.

Your pubic hair will be shaved in the "bikini area" and the entire abdominal and pelvic areas are washed with antiseptic. Electrodes to monitor heart function are placed on the chest and arm and are hooked up to an electrocardiogram monitor. The anesthesiologist will intubate you with an endotracheal tube through the mouth into your windpipe, through which oxygen and anesthetics are pumped into the lungs.

If a hysterosalpingography ("dye test") is also scheduled for that time to determine tubal patency, a cannula will be inserted into the cervical opening to manipulate the uterus and inject dye.

A catheter will be inserted into the urethra to fully drain urine, even though you may have gone prior to surgery. Once the bladder is empty, the catheter will likely be removed. The operating table will then be tilted so that the head is lower than the feet, which enables the organs to "fall back" and afford the surgeon a better view.

Once all the instruments have been introduced into the abdomen and all the organs have been satisfactorily investigated, biopsy samples will be taken, fluid may be aspirated, and destruction of the Endometriosis will be performed.

Destruction of the lesions can be done in many various ways, according to the surgeon's preference and training. These include:

**Excision:** cutting out of entire diseased implants, while preserving the healthy portions of the affected organ(s).

**Vaporization:** destruction of implants by instant boiling of the cellular water with a high power laser or electrosurgical tool.

**Ablation:** removal by any surgical means; generally involves laser.

**Coagulation:** desiccation of implants by heating and drying the affected tissue(s).

**Fulguration:** superficial burning of implants with a spark of electricity from any electrosurgical tool.

Some surgeons prefer ultrasonic treatment methods; this means sound waves at very high frequency will be used as an energy source. Two devices are currently used by surgeons who practice this method: the Harmonic Scalpel and the CUSA (Cavitational Ultrasonic Surgical Aspirator).

Once the surgeon is confident that all procedures have been performed and adequate samples have been taken, all the instruments will be withdrawn. The abdomen retractors will be removed and the incisions are closed, usually with dissolvable stitches (though each patient is different and it is up to the surgeon's preference).

You will then be sent to the recovery room and allowed to awaken gradually. You may be offered ice chips to soothe your throat and once you are on your feet (usually within a couple hours if no complications arise), you may be offered a drink and crackers. You will also be asked to urinate. Once you have urinated and you are recovered enough to do so, the OR staff will likely send you to your hospital room, where you may be allowed to eat a light meal.

Recovery time varies from patient to patient. Most likely, you will experience significant discomfort for at least one week post-op as a result of the anesthesia and the surgery itself. Naturally, your abdomen will be particularly sore. Depending upon how much work was done, you may be back on your feet and pursuing limited activity within 7-14 days. Patients have reported that 2-6 weeks was the general timeframe in which it took them to fully recuperate.

You may experience bruising at the incision site(s), as well as some bloody discharge. If you are experiencing any symptoms which your doctor did not tell you to expect prior to surgery, or are in extreme pain, be sure to call their office.

Light foods such as broth are easy to digest and might be good to have on hand after surgery, when you are home. Your appetite will gradually increase in the coming days, and you should adjust your diet accordingly. You may experience constipation after the procedure as a result of the anesthesia and perhaps even your post-op pain medication; check with your doctor to see what measures, if any, you can take to alleviate the problem.

Clothing such as dresses or high waisted pants is a good idea for the days after surgery, as you will want to keep pressure off the abdomen. Showering is generally allowed a day or two after surgery; be sure to keep your incision(s) clean and dry.

Most importantly, do not resume any strenuous activity until you feel up to it.

You should have a post-op appointment with your physician the following week or so in order to discuss findings and any treatment options for the future.

Some questions you may wish to review with your doctor prior to undergoing surgery:

How many surgeries to diagnose and treat Endo has your physician performed? How long have they been performing them?

Why does the surgeon prefer more invasive abdominal surgery, as opposed to the Laparoscopy?

Does your surgeon intend to destroy the Endo at the time of the surgery? If so, what method will be utilized? How successful do they believe that method to be and why? If the surgery will be strictly diagnostic and no therapeutic measures will be taken, what is the reason for that?

Are biopsies performed and sent to pathology?

Will the surgeon be assisted by other professionals such as a urologist or bowel specialist to treat Endo in that area?

Does the surgeon search for and recognize Endo in all of it's manifestations? It is important to remember that the disease comes in virtually all colors, including clear papules. Some are also microscopic and need to be sought out. Endo also does not limit itself strictly to the reproductive areas; be sure your doctor intends to search the entire abdominal cavity, including GI and urinary tracts.

Will you be provided with copies of your surgical reports and any pictures or videotapes?

What does the surgeon expect to accomplish with the surgery? i.e. fertility measures, pain relief, etc. How long does he/she expect the Laparotomy to offer relief of symptoms before the disease recurs? What are the general recurrence rates in patients he/she has treated?

Will adhesion barriers be placed in the pelvic cavity? If so, what kind (i.e. Interceed, Dextran, Goretex, etc.)? If not, why?

Education is your right and responsibility as a patient. If you at any time feel that you are not fully informed or uncomfortable with some aspect of your treatment, be sure to address those issues. No patient should undergo a procedure they are not completely comfortable with, nor should they continue treatment with a provider whom they feel is addressing their needs less than adequately.

#### **HOW DO I RECEIVE ADDITIONAL INFORMATION? Where can I get further materials, resources and support?**

**ERC Support & Contact Network** - The ERC hosts over 50 active, in-person support groups throughout the US, Canada and Caribbean. To find a group near you, call us at 800/239-7280 or visit <http://www.endocenter.org/supportgroups.html> for more information. The ERC is also proud to host the Internet's largest electronic support group for Endometriosis, the ERC EndoAngel™ Listserv. The Listserv will allow you the opportunity to exchange ideas, experiences, information and support with others who are

dealing with similar issues related to the disease. For more information, please join the ERC EndoAngel™ Listserv (for free, of course) by visiting the following URL: <http://groups.yahoo.com/group/erc>

Additionally, the ERC also offers a moderated discussion group specifically designed for the unique perspective and Endometriosis needs of Military dependents and personnel, located online at: <http://groups.msn.com/EndometriosisandtheMilitary>

Not online? No problem! If you would like to take part in the ERC contact network, but do not have Internet access or would prefer to speak with someone in an offline setting, please contact us with your full name, phone number and Endometriosis topic. We will put you in touch with one of our contact network volunteers, who have offered to speak with others on the subject.

**Contact Us** - Please do not hesitate to contact our offices. The ERC is an established 501(c)3 Tax Exempt-Tax Deductible Organization which was founded to address the International need for Endometriosis education, research and support. We are dedicated to finding a cure for this disease; providing support and helping to improve the quality of life for all those affected by Endometriosis; raising public awareness about the disease; educating healthcare providers, patients, policymakers and the public; providing an international network in which women can exchange information and ideas; and facilitating research on all aspects of the disease.

We are a resource center for education and support. Each individual who contacts the ERC will receive an initial Contact & Information Packet. The ERC offers educational literature on Endometriosis, accurate fact sheets on many topics pertaining to the disease, a monthly Newsletter, and much more. Please visit us on the web at [www.endocenter.org](http://www.endocenter.org) or call our offices toll free at 800/239-7280 to obtain the ERC's Material Request Form, which contains an updated list of all our educational materials. Being added to the ERC's mailing list will enable you to be kept informed of the latest research and developments surrounding the disease. If you would like to receive a sample copy of our Newsletter, we will be happy to provide you with an edition. Simply send your request to us along with a self-addressed, stamped, #10 envelope (the SASE helps cover our postage costs). The ERC has maintained a strict privacy policy since we were founded; any personally identifiable information collected by the ERC is used solely for the purposes of sending materials. Your information is never shared outside headquarters for any reason, at any time.

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