

Having a laparotomy

Please show this information to your GP if you need to see him/her

What is a laparotomy?

A laparotomy is an operation where a cut has been made in your tummy. It may be 'up and down' from your tummy button to bikini line, or 'across' your tummy. This allows different operations to be performed, which will be fully discussed with you beforehand.

What are the benefits of having a laparotomy?

This operation allows the doctor to look inside your tummy to find out what may be causing your problems and if necessary, carry out the surgery to treat it. Your doctor will discuss this with you.

What are the risks, consequences and alternatives associated with having a laparotomy?

Most operations are straightforward; however as with any surgical procedure there is a small chance of side effects or complications such as:

- Excessive bleeding may occur occasionally, either during the operation or afterwards. **You may require a blood transfusion and very rarely a second operation may be necessary to stop the bleeding.**
- There is a small risk you may develop infection that requires antibiotics.
- There is a very rare risk of damage to the ureters (the tubes connecting the kidneys to the bladder) and the bladder.
- Other rare risks include bowel injury, anaesthetic complications and clots in veins (thrombosis) and lungs in the days following surgery. The risk of thrombosis is minimised by giving injections of Heparin under the skin during your hospital stay. This thins the blood slightly without significantly increasing the risk of bleeding.

If you are worried or would like further details about these risks, please speak to your consultant.

Alternatives

Your consultant has recommended this procedure as being the best option. However, there is always the option of not receiving any treatment at all. The consequences of not having this procedure are that your consultant may not be able to offer a diagnosis or operate to treat what is wrong. If you would like more information, please speak to your consultant or one of the nurses caring for you.

Getting ready for the operation

You will be provided with information about how to prepare for your operation, either by staff on the ward or during a clinic appointment.

For a time before certain types of anaesthetic you will need to stop eating, drinking and chewing gum. This will be explained to you and you may also be given a booklet about this. If you have any questions, please contact the hospital - telephone number on your admission letter.

You will be asked to have a bath or shower before coming into hospital (if possible).

On admission

You will be asked to sign a consent form to say that you understand what you have come into hospital for and what the operation involves. Please feel free to ask any questions you may have.

You will be given a theatre gown to wear. A porter will walk you to the anaesthetic room.

What sort of anaesthetic will I have?

Most women will have a general anaesthetic, which means you will be asleep throughout. The anaesthetist will visit you before your operation and discuss the anaesthetic with you.

What should I expect after the operation?

When the operation is over, you will have your pulse, blood pressure, breathing and wounds checked regularly by a nurse.

It is usual to feel drowsy for several hours. You will be given oxygen through a facemask until you are more awake.

Anaesthetics can sometimes make people feel sick. The nurse may offer you an injection if the sick feeling does not go away, this will help to settle it.

Pain relief

You may have some pain following your operation. Painkillers may be given through your drip, by injection or suppositories. In addition you may also be offered regional anaesthesia to help with pain. Once you are eating and drinking as normal, tablets will be given. If you experience pain, it is important to tell the nurses who can give you painkillers to help.

Eating and drinking

After the operation you may require a drip in your arm to provide you with fluids. When you are able to drink again the drip will be removed. You will be offered a drink of water, a hot drink and something light to eat if you feel hungry.

Wound care

You may have a dressing on your tummy, which will be removed on the second day after your operation. Any bruising should disappear soon. Any dissolvable stitches do not have to be removed. Other stitches and staples are usually removed by the practice nurse at your GP surgery 5 - 7 days after your operation.

Occasionally a small plastic tube (called a drain) is placed in the tummy if the operation has been particularly difficult. This usually stays in place for 24 - 48 hours.

You may bleed after the operation, similar to a period - which will settle to a brown discharge and you will need to wear a sanitary towel (not tampons).

Mobilising

It is important to get out of bed and take a short walk the day after your operation. This helps reduce the risk of blood clots forming in the veins and lungs. It will also help to get rid of 'trapped wind' and generally speed up your recovery.

You will be given an exercise sheet to follow that includes deep breathing and leg exercises.

Physiotherapy

You will be given advice and an information booklet about exercises that will help with your recovery including abdominal and pelvic floor exercises.

What is the Enhanced Recovery programme?

Enhanced Recovery is a programme that helps patients to get better more quickly after major surgery. It involves having some carbohydrate drinks the day before your operation (these will be given to you at the Pre-operative Assessment appointment along with instructions on how to take them).

On the programme we encourage patients to eat and drink as soon as they are able. Getting up and walking around is encouraged as soon as it is safe and comfortable to do so, we help this by ensuring adequate pain relief is given.

Details of the Enhanced Recovery programme will be discussed in more detail at your Pre-operative Assessment appointment.

Bathing and showering

The morning after your operation you will be encouraged to have a wash at your bedside with a bowl and a nurse or health care assistant will provide assistance if needed.

You may have a shower on the second day after your operation when your wound dressing has been removed.

A daily shower/bath is advisable to aid healing and assistance will be given if needed.

You can get your scars wet, but must ensure they are dry afterwards by patting them dry with clean disposable tissues or leaving them to dry in the air.

Bladder and bowels

You may have a catheter (tube in the bladder) in place to drain the urine away. This is usually removed the following day.

Following your operation your bowel may temporarily slow down and you may experience trapped wind, which can be uncomfortable but can be eased by mobilising or with peppermint water which is available from the nurses. Your bowel habits should return to normal after a few days. Laxatives and suppositories may be needed to help you to avoid straining. Please let the nurse know if you are having difficulties.

Going home

In planning your discharge your individual needs will be considered. You will be discharged when you are mobile, able to eat and drink and can control your pain with oral painkillers.

Length of stay is usually between 2 - 4 days.

On discharge you will be given a contact number if you have any concerns.

DISCHARGE INFORMATION AND AT HOME ADVICE

Will I take some medication home with me?

If you began any medication while you were in hospital and you need to take it at home, it will be given to you before you are discharged. Paracetamol can also be taken if required - do not exceed the stated dose. Your wound may feel sore/numb or you may experience 'pins and needles' for some time after.

Contact Ward 209 or the Gynaecology Assessment Unit if you have any of these symptoms within 14 days of discharge, after this time please contact your GP.

- Severe pain or temperature
- Your wound becomes very sore, hot to touch, red or oozing
- Your vaginal bleeding increases or you notice an odour
- Burning or stinging when passing urine
- Painful red swollen leg or difficulty bearing weight on legs
- Shortness of breath, chest pain or coughing up blood.

Tiredness

You may feel tired when at home - do as much as your body tells you. You may experience good days and bad days. You will find as the days and weeks go by you will be able to do more.

Sexual intercourse/penetration

When you and your partner find it appropriate to resume sexual intercourse/penetration you may do so, approximately 6 weeks after your operation.

Returning to normal activities

When at home for the first few weeks, you are advised to do gentle housework only, e.g. dusting and washing-up. Cooking and ironing will be suitable for short periods of time.

Avoid heavy lifting, e.g. carrying shopping, until after your 6 week check-up.

You may continue your hospital exercises at home. Walking is a good exercise from the beginning.

Once you have had your 6 week check-up, other sports can be resumed.

Driving

The usual recommended time is 4 - 6 weeks after your operation.

Do not drive until you can wear a seat belt comfortably and feel able to perform an emergency stop. Your insurance company may refuse to meet a claim if they feel you have driven too soon. It is also advisable to contact your insurance company with regards to cover following a general anaesthetic.

Fit note

Should it be required, the hospital will issue you with a Fit Note to cover your stay in hospital and the recognised recovery period. Any further certification (if necessary) should be obtained from your GP. Please note: you can also self certificate for the first 7 days off work.

Time off work

You will be ready to start work within 6 - 12 weeks. You may consider a phased return to work after 6 weeks. This will depend on your job.

Follow-up appointment

Your consultant may wish to see you in the outpatient clinic.

If so, you will be sent an appointment for approximately 2 - 6 weeks' time. If not, please visit your GP 6 weeks after your operation for a check on your progress.

If you have any queries, or require further information
please contact Ward 209 on 01332 787209.

