

Further information

More information about contact details can be found on
www.hertsfertility.co.uk

How to contact us

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A guide to...

Laparoscopy and dye test

Patient information

Laparoscopy and dye test

You received this leaflet as you're on the waiting list for the subfertility investigation called laparoscopy and dye test, which is a procedure to look into the abdomen and pelvis and assess the fallopian tubes. It's also known as 'lap and dye'

The procedure is usually combined with other treatments as well such as treatment of endometriosis, removal of ovarian cyst, division of adhesions and tubal surgery.

This procedure is performed under a general anaesthesia and as a day procedure i.e. you will be able to go home the same day. On rare occasions, based upon the clinical need, your stay might need to extend overnight and you'll be informed about the reasons.

It is quite likely that you are also booked for another procedure called hysteroscopy (putting a telescope attached to a camera into the uterus) at the same time to assess the cavity of the uterus.

What to expect before your operation?

After we put you on the waiting list for the surgery, you will be assessed in the pre-admission clinic to check your fitness for the procedure. If you are a private patient, you will be seen on the day of the surgery by the anaesthetist

If you are on the pill, there is no need to stop it as it's only a day procedure.

Please try to avoid unprotected intercourse during the month of the procedure, as any possibility of you being pregnant will result in the cancellation of the procedure.

If you think your surgery date might coincide with your period, please contact your consultant's secretary or your GP as we might be able to prescribe you hormone tablets which you will need to take a week prior to your expected period to postpone it till after the surgery.

If you need a follow up appointment, your team will arrange it and they will contact you accordingly.

If you have any queries or problems with your treatment at any time please contact Mr. Borase's secretary on 07512877546 or hbsecretary@yahoo.com

The most frequent ones are:

- Shoulder tip pain
- Wound bruising
- Wound infection
- Wound gaping

The rare ones involve:

- Injury to bowel, bladder or a major blood vessel, which will necessitate a laparotomy i.e. Cutting open abdomen to fix the problem, which also means that the stay in the hospital may be extended.

After the operation:

Once the nurses are satisfied about your immediate postoperative recovery, you will be able to go home. We generally recommend rest for a week and if you need a sick note, please inform the nurses so we could arrange one for you.

You might have a sore throat and feel nauseated from the anesthetics, but it should recover soon. We will prescribe you anti emetics and painkillers to take home but please do not exceed the recommended dose.

You might also have small amount of vaginal bleeding after the surgery and it also might have a blue tinge from the dye we used, but it should settle soon. If the pain or bleeding continues, you should seek advice from the GP or contact relevant secretary.

You may bathe or shower from next day. You can resume sexual activity once you feel comfortable.

What happens during the procedure?

After your arrival to the admission bay, you will be seen by one of the anesthetic as well as surgical team to go through an informed consent and you have another opportunity to ask any questions you think are relevant but you didn't ask them in your prior visits.

Once you are anesthetized and positioned on the operating table, a small cut approximately 1cm or less made into your umbilicus (belly button) and with the help of a thin needle, gas is introduced into the abdomen. A telescope with a camera attached to one end is introduced into the abdomen and you might need one or two small cuts above your pubic hairline to introduce other instruments into the abdomen to carry out the procedure.

The idea is to have a good look at the pelvic organs, abdominal organs, perform other procedures if needed to, such as treatment to endometriosis or tubal surgery or removal of an ovarian cyst. Once we have completed the procedure, a non-toxic dye will be introduced through the cervix (neck of the uterus) and we can actually see it filling and spilling from the tube and it gives us not just an idea of patency of the tube but also a lot more information about the function of the tubes.

Once we have completed the assessment and any other procedure, we release the gas, remove all instruments and the cuts on your abdominal wall are sutured with dissolvable stitches. In rare instance where a non-dissolvable stitch is used, it will be removed on day 5.

The operative findings will be explained to you before you go home (majority of the times, we also write to the patient with same information, so if you don't remember much after your surgery, please don't worry, you shall receive a letter within a week).

What are the possible complications?

Like any other procedure, laparoscopy has some common and some rare complications associated with it. The majority is without problems but complications do occur in approximately 1 in 1000 cases.