

The ROYAL MARSDEN

NHS Foundation Trust

Having laparoscopic surgery

GI Unit

Patient Information



NHS

What is laparoscopic surgery?

Laparoscopic surgery (also known as keyhole or minimal access surgery) is a technique where the surgeon uses small incisions (cuts) to access and operate within the abdominal cavity. Your consultant will have suggested this type of operation because it may be possible to completely remove the tumour using this technique. They will discuss with you the position of your tumour and which part or parts of your body will be affected during the operation. The surgery is carried out in a main operating theatre under a general anaesthetic.

Using this technique means that you will have up to five small incisions. These are generally three centimetres or so long but may be made larger in some circumstances. Several instruments are used to perform the operation through these incisions. One instrument is a telescope, allowing the surgeon to see inside your abdomen, while others enable them to manipulate your internal organs. During the procedure, a type of gas (carbon dioxide) is blown into your abdomen which improves the view.

In some cases the surgeon has to switch to the standard 'open' surgical approach during the operation. This may be due to the position or size of the tumour making it difficult for the surgeon to reach and remove it, or for other technical reasons. This will mean a larger incision. We will give you separate information about 'open' surgery.

The National Institute for Health and Clinical Excellence (NICE) has approved this laparoscopic procedure as both safe and effective enough to be used within the NHS.

Advantages of laparoscopic surgery compared with standard 'open' surgery include:

- less pain following the procedure
- less risk of complications, such as infection and bleeding
- a shorter hospital stay

- a quicker recovery
- smaller scars.

Disadvantages of laparoscopic surgery include:

At the time of surgery it may be necessary to convert to a standard 'open' approach. As with all surgery, complications can occur – these include:

- infection
- bleeding
- blood clot (thrombosis)
- pain.

What happens before my operation?

We will invite you to attend a pre-assessment clinic to check that you are fit enough to have a general anaesthetic. This may include undergoing further tests on your heart and lungs, and you are likely to be at the hospital for most of the day.

You will meet members of the team looking after you including an anaesthetist, clinical nurse specialist and dietitian. You will see a physiotherapist either here or when you are admitted to the ward. The physiotherapist will talk to you about your general health and level of activity, and will assess your breathing and mobility.

What happens after the operation?

You will be taken back to your ward where the nursing staff will monitor you closely and make you as comfortable as possible. If your surgeon has to switch to the standard 'open' surgery, you will wake up on the Critical Care Unit (CCU).

Good pain relief after surgery is important. It prevents discomfort and it helps you recover more quickly. Normally before the operation, an anaesthetist will discuss with you the different ways your pain can be controlled. More information on pain relief after surgery is available in the booklet *Your operation and anaesthetic* (available at the PALS Help Centre).

When you wake up after the operation, you may be aware of several tubes coming out of your body. They may provide fluid, nutrition or medication and may be attached to monitors. Other tubes will drain away fluids. These help the staff check your progress. Some of the monitors and pumps may alarm at regular intervals; this does not necessarily mean something is wrong.

Physiotherapy

Physiotherapy is an important part of your recovery and helps to reduce the risk of some complications. Your physiotherapist will visit you from the first day after your operation to help you with your breathing and moving about. You will usually be helped to sit out of bed at this time.

After that, you will gradually increase your level of activity each day with the help of the physiotherapist and nursing staff. You will also be shown exercises that will help you regain muscle strength and joint mobility.

Recovering after surgery

Most patients stay in hospital for three to five days after laparoscopic surgery. Recovery from the operation happens very much at your speed. Some patients initially feel ‘washed out’ and lack energy. You have just gone through an operation and full recovery may take a little time. Before you leave hospital, we will remove the tubes, help you to gradually eat a more normal diet and help you to regain your strength.

How will the surgery effect my eating?

You will be allowed to eat soon after your surgery. Usually patients start with taking water and gradually move on to a light diet. Some people feel nauseous or experience bloating which may be influenced by the type and amount of tissue removed during surgery.

Activity and lifestyle

Recovering your strength and increasing your level of activity is an important part of recovery. For the first few days at home,

you should rest much the same as you did in hospital. Try to alternate periods of gentle activity, such as walking around, climbing stairs or walking outside, with resting on a chair or in bed. Do not be surprised if you continue to feel tired. Your body needs time to recover. Aim to gradually increase your activity. Continue to take your painkillers, as prescribed, so that you are able to move around easily, breathe deeply and cough.

Try to maintain good posture when sitting, standing and walking. Avoid long periods of stooping or sitting slumped in a chair, as this may cause back pain later on.

Resuming sexual relationships

This is a very personal and individual issue and it is difficult to give general advice. You may well feel very tired and rather sore for the first few weeks but when you feel more comfortable, there is no reason why you should not resume sexual activities when you feel ready. Many aspects of your illness and its treatment will affect the way you feel. If you are concerned, do not hesitate to talk it through with your doctor, nurse or another member of the team caring for you.

Returning to work and study

This depends on your particular level of recovery and also on your occupation. Discuss your own situation at your first outpatient clinic appointment.

Leisure and sport

Again, discuss your individual needs at your first clinic appointment. When you do resume, start slowly and build up exercise gradually. If you have difficulties, stop. If you need further advice, contact the physiotherapy department (see page 6).

Lifting, housework and gardening

The general rule is to go gently for the first six weeks after your operation while your wound and muscles have time to heal. This means you must not carry out pushing, pulling, stretching and twisting activities.

From six to 12 weeks you may gradually increase your activity. Always be aware of your posture when you bend to lift anything – bend your knees, keep your back straight and hold the object close to you. Always stop lifting if you notice any pain.

Do not carry out activities such as carrying heavy shopping, lifting children, lifting wet washing, ironing, vacuuming and moving furniture for the first six weeks. After this time, introduce these activities gradually and slowly build up the amount you do.

Driving

You may resume driving from about six weeks, once you are able to move freely and quickly, turn and move adequately in the car, concentrate sufficiently and tolerate the pressure of the seat belt over your wound. Remember that you should be able to react and move fast enough should you need to make an emergency stop. Start by going somewhere quiet and take someone with you in case you become tired. Check that your insurance is valid after major surgery before you resume driving.

Follow up

We will give you an appointment to return to your surgeon's outpatient clinic usually three weeks after leaving hospital. At that time the histology (the report from the examination of the tumour removed) should be available. Your surgeon will discuss these results with you. They may recommend that you see a member of the medical oncology team for their specialist advice and this will be explained to you at your clinic appointment. At this appointment, your surgeon will recommend how often and for how long you should attend the surgical outpatient clinic.

Contact details

Often you may have questions you wish to ask. Writing these down beforehand may help you to remember them. You are also welcome to bring someone with you to your appointments.

Your Consultant

Name

Tel

Your Clinical Nurse Specialist (Key Worker)

Name

Tel

Physiotherapist

Name

Tel 020 7808 2821

Dietitian

Name

Tel 020 7352 8171 Ext 1653

Alternatively, please contact:

The Royal Marsden Macmillan Hotline: 020 8915 6899

You can ring the hotline 24 hours a day, 7 days a week.

Call us straight away if you are feeling unwell or are worried about the side effects of cancer treatments.

This service provides specialist advice and support to all Royal Marsden patients, as well as to their carers, and both hospital and community-based doctors and nurses caring for Royal Marsden patients.

For further information and support on living with cancer, please talk to your specialist nurse or contact The Royal Marsden Help Centre on 0800 783 717.

References

This booklet is evidence based wherever the appropriate evidence is available, and represents an accumulation of expert opinion and professional interpretation.

Details of the references used in writing this booklet are available on request from:

The Royal Marsden Help Centre

Freephone: 0800 783 7176

Email: patientcentre@rmh.nhs.uk

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Should you require information in an alternative format, please contact The Royal Marsden Help Centre.



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