

Island Reproductive Services

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Laparoscopy/Hysteroscopy Patient Information Sheet

Assessing conditions inside the pelvis or uterus that can interfere with fertility can be done using modern, minimally invasive techniques, called endoscopy. This involves using a small camera attached to the end of a thin telescope under general anesthesia. This allows your physician to visualize scar tissue, endometriosis, fibroids, and diseases of the ovary which may not show up on ultrasound or x-rays.

Prior to this procedure, your physician will order a pregnancy test and other blood tests in preparation. Depending on your general health, other pre-operative evaluations may be needed. The procedure is usually performed after your menstrual bleeding stops and before ovulation occurs. If not performed at this time, contraception will be required to ensure that a pregnancy is not disrupted.

General anesthesia will be administered by an anesthesiologist. Following this, a small (5-10 mm) incision will be made at the base of the umbilicus (belly button) and your abdominal cavity will be filled with gas. Then the laparoscope (telescope) will be placed inside to investigate any problems which may contribute to infertility, pelvic pain, or other reason for your procedure. Additional instruments may be inserted through an extra small incision site(s) in order to remove endometriosis, fibroids, scar tissue, or to more thoroughly assess the fallopian tubes. Blue dye may be injected through the cervix into the fallopian tubes to determine an exact site of obstruction (if applicable). The instruments and gas are then removed from the abdominal cavity. A small dissolvable suture is placed, when needed, over any small incisions. The hysteroscope, another small telescope, is then inserted through the cervix in order to visualize the inside of the uterine cavity. A small specimen may be removed if necessary. If a polyp (extra piece of tissue) or fibroid is found, it may also be removed at that time.

Following the procedure, you will be woken up and taken to the recovery room for an average of 2 hours until the effects of general anesthesia have worn off. Then you will be able to go home. After the procedure, you may have some discomfort ranging from mild to moderate in severity. If you experience severe pain, you should call Dr. Knochenhauer or Dr. Traub immediately. Discomfort should improve every day. You may experience some pain in your shoulder from any gas still left inside your belly. You may have some vaginal bleeding or spotting which should subside over 3-4 days. We recommend that you rest at home the day after surgery. If you then feel fine, you may resume normal daily activities unless instructed otherwise. There are no limitations on your activity other than no intercourse, swimming, bathing, or tampon use after surgery. You can shower and remove band aids over the operative sites and you may replace the band aids, for comfort, if you wish to do so.

The risks of the procedure(s) are minimal. Although serious complications associated with anesthesia or with the procedure have been reported, they are extremely rare. They include damage to the bowel, bladder, ureters, or blood vessels, and these occur with a risk of about 1 in 500 cases. When they occur and are promptly recognized, they can be corrected, but may require a larger surgery, with an incision on your belly that is often vertical (up and down). Although rare, the most common complication from surgery is local skin infection or a bladder infection requiring antibiotic therapy. Infection inside the pelvis or uterus is extremely rare.

You will be examined by your physician in the office 2-3 weeks after your procedure. At that time, he will discuss in further detail the findings, pathology report, and recommendations for your care.