

Laparotomy (abdominal surgery)

What happens?

The word laparotomy comes from the Greek “lapara” (flank) and “tomy” (cutting). It is the general term given to a cut in the abdomen to look inside and achieve some kind of surgical end. It always requires a sleeping (general) anaesthetic. The cut may be sideways on your lower abdomen (commonest gynaecological approach) or elsewhere depending on how much room and what access is required. The length of the procedure depends on what is done, but around an hour is average. The wound is closed very strongly with several layers of dissolving stitches within the abdominal wall and under the skin. The stitches don't need to be removed.

Purpose

This approach may be used to correct problems with uterine fibroids, very large ovarian cysts, or to deal with any other issue requiring direct access to the abdomen.

Post-Procedure Care

After leaving the operating theatre you will have a drip or intravenous line in your arm. This is to maintain your hydration as you will have been fasting prior to the procedure. You may also have a urinary catheter. You will be cared for in the Recovery area of the Operating Theatre which involves one on one care by a specialist member of the nursing staff.

After this you will return to the ward and may be offered something to drink after about four hours. The exact time it takes to get back to a normal diet depends on the patient, and the length and type of operation performed. The average hospital stay is three or four days. After one to two days the urinary catheter and drip may be removed.

Preparation

You should get a good night's sleep and take all your routine medications. You will be advised from when to fast. General anaesthesia generally requires a six hour fasting period. If you are unsure of when to fast from please contact my staff. It is important that you provide me with a comprehensive list of all your medications including herbal remedies and alternative remedies. Herbal remedies, aspirin and fish oil tablets can prolong post-operative bleeding in an unpredictable way and should all be brought to my attention. It is important that you stop aspirin and tablets such as clopidogrel (Plavix) for at least one week prior to the operation. If you have any concerns regarding the applicability of this to your individual circumstances, then please seek advice from me or another specialist physician. Special arrangements need to be made for patients taking Warfarin.

Please shower carefully prior to the procedure and pay special attention to the umbilicus (belly button), removing all traces of fluff and debris. You might like to use an antibacterial soap (such as Gamophen) for this purpose. *Take out any belly button jewelry if possible.*

Pain

After the operation there will be some discomfort, managed by all or some of an epidural, local anesthetic in the wound, oral tablets or suppositories. By the time you are discharged you should be well established on oral analgesics such as Voltaren, Panadol or Panadeine for wound pain. Take pain relief as often as needed and prior to retiring to help you to sleep. You will naturally tend to wean yourself from these as need subsides. Expect some discomfort for at least six weeks. There may be an area of numbness above transverse incisions (Pfannenstiel incision), this is quite normal with this type of incision and will resolve with time. Occasional aches and pains may occur for many months. Complete healing takes around six months.

Diet

Your appetite and possibly your senses of smell and taste will be disturbed for a while. Maintain a sensible light diet and fluid intake. Bowels can be quite irregular due to changes in diet, routine, immobility and analgesics. Take Fybogel or Metamucil as needed.

Wound care

The wound can be washed as soon as the dressing is removed. Pat dry gently. Do not apply antiseptic creams/Dettol/Betadine etc, unless directed by me: these are unnecessary and in some cases harmful to healing tissue. You can apply a Vit D containing skin cream should you wish. Supporting the skin with a length of Micropore tape, placed longitudinally, has also been shown to result in a narrower scar when applied over a prolonged period. Avoid soaking in baths, spas etc; preferably shower instead. Refer to website for further advice regarding wound care.

Complications

Complications of any surgery (not just laparotomy) may include the following.

All complications are more frequent in smokers.

- Small areas of the base of the lung may collapse requiring post operative antibiotics or chest physiotherapy.
- Clots in the legs (deep venous thrombosis) may cause pain and swelling and rarely may break off and travel to the lungs (pulmonary embolus), which can be fatal. Medication (Clexane or similar) is given to help prevent this.
- A heart attack may occur because of strain on the heart, or a stroke.
- Death under anaesthetic (less than 1:100,000 in fit subjects). This compares to the chance of dying in a car accident every year in Victoria, about 1:100,000; death from hang gliding 1:116,000 flights, base jumping 1:2,300, or having a baby 1:10,000.

Resuming an exercise programme

In most cases you can resume normal exercise after your six week check.

Infections

It is usual for an abdominal wound to have a degree of 'flare' for the first few weeks. The surrounding tissues may feel a little "puffy" as they accumulate fluid and the healing process progresses. However, if you experience a marked increase in redness, swelling, wound pain that doesn't respond to simple analgesics, have a malodorous discharge or feel feverish, please contact me.

What to do/ not to do

No driving for 2-3 weeks and only then if you feel comfortable and no longer inhibited in your movements when traveling in a car. You should avoid heavy lifting (anything greater than LIGHT household tasks) for six weeks. Walking is a good way to gradually restore your general fitness. Increase slowly. No gym work involving lifting and definitely no sit-ups.

Stitches

Your stitches DO / DO NOT need to be taken out. Please see ME / YOUR GP's SURGERY in ____ days to have this performed. Deeper stitches within the abdominal wall take six months to dissolve and may contribute to the feeling of wound swelling you may experience.

Queries

Queries may be directed to my rooms on 03 9530 8131; after hours or urgent queries should be directed to my call service on 9387-1000.

Follow-up

Please make an appointment to see me in ____ weeks for your post-operative check.

