

Patient Information - Surgery for Severe Endometriosis

Surgery for Severe Endometriosis

Patient information leaflet

Gynaecology

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The aim of this leaflet is to explain the type of surgery you might be having, including the risks and complications. General information regarding endometriosis can be found in our endometriosis leaflet.

Surgery for severe endometriosis can be complex and may require input from other specialities such as colorectal surgery or urology. In most instances you will have the opportunity to meet with all the relevant specialists involved in your surgery.

Types of surgery:

Two types of surgery are offered. Your doctor will discuss the type of surgery that is appropriate for you.

1. Laparoscopy (keyhole surgery) - this is the most common operation that we offer in our unit.
2. Laparotomy or open surgery - which involves a cut in the abdomen, usually along the bikini line, but in some cases it may be an “up and down” cut. This depends on the complexity of the case.

What is the aim of surgery?

The purpose of surgery is to make your symptoms better and/or to improve your chances of pregnancy.

How successful is the surgery?

In the vast majority of patients pain symptoms improved significantly and they remained well when followed up for 2 years after surgery. Surgery also showed improvement in pregnancy rates.

Unfortunately, some patients will develop recurrence of symptoms after operation and this is seen in roughly 5-25% of patients when followed up for 2 years.

What does this surgery involve?

Surgery for severe endometriosis involves cutting away endometriosis from affected areas and freeing up of organs (adhesiolysis). In severe disease there might be involvement of important organs in the pelvis like the bowel, bladder, ureter and pelvic nerves. Surgery to remove endometriosis involves operating on or near these structures.

Below is a description of some of the procedures. It is important to understand that more than one organ may be involved and a combination of procedures may be required. Specific procedures may be required for endometriosis affecting the bowel, bladder and ureters.

Endometriosis involving the bowel. This may involve any of the following procedures

- Adhesiolysis - this involves freeing of the bowel from endometriosis
- Shaving - includes cutting out the lesion from the surface of the bowel without entering the lumen (opening) of the bowel.
- Disc resection - involves using a circular stapler to cut away a small circular piece of the bowel.
- Anterior resection - a segment of the bowel is removed and the healthy ends are joined together using staples.

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Endometriosis involving the bladder:

Endometriosis involving the bladder may require part of the bladder to be excised (partial cystectomy). Most of the lesions can be cut away without breaching the cavity, if the lesion has not gone too deep into the bladder. The bladder usually heals very well but you are likely to need a catheter for 7-14 days.

Endometriosis involving the ureters:

Ureters are the tubes that carry urine

What to expect after surgery:

You will be admitted to the hospital for 2-5 days depending on the type of the operation either laparoscopy (keyhole) or laparotomy, also if there are any complications during the surgery as mentioned above.

You will have a urinary catheter for 24 hours after the operation but you might need it for up to 14 days if you have had bladder surgery. You might have a drain (small tube) inserted through your lower abdominal wall to drain off any blood or fluid that may accumulate immediately after your operation, this will be removed before you leave hospital.

The recovery period following surgery is usually 4-6 weeks after the operation.

Getting back to normal:

Exercise:

Everyone will recover at a different pace but it can take up to 6 weeks for full recovery and heavy or strenuous exercise should be avoided until full recovery has been reached. If you would like further advice you can contact your GP.

Driving:

You should not drive for 24 hours after a general anaesthetic, and it can take up to 2

weeks after the operation until you are able to drive. We recommended that you contact your car insurer for advice.

Having sex:

You should usually allow 2 to 4 weeks after your operation before sexual intercourse. A small amount of light bleeding may occur but if it persists you will need to seek medical advice. If you've had any stiches in the vagina these may take up to 6 weeks to dissolve.

If this leaflet has not answered all of your queries, please feel free to speak to us during any consultation and we will be happy to assist you further.

This leaflet has been developed in partnership with the Patient Information Group and our DGT Patient Partners

Patient Information

Further patient leaflets are available from the Dartford and Gravesham NHS Trust website: <https://www.dgt.nhs.uk/patients-and-visitors/patient-information-leaflets> Please ask a member of staff if you require information in another language or format.

Complaints, Comments, Concerns and Compliments

Please speak to the staff in the ward or department caring for you if you have any concerns or questions relating to your care or that of a loved one.

Compliments can be shared by visiting: <https://www.dgt.nhs.uk/contact-us/compliments>

Alternatively, please contact the Patient Advice and Liaison Service (PALS) on 01322 428382 Email: dgn-tr.PALS@nhs.net

Patient Property

Please do not bring large sums of money or valuable items into the hospital. Dartford and Gravesham NHS Trust accepts no responsibility for the loss or damage to personal property unless it is handed into Trust staff for safe-keeping.

Dartford and Gravesham NHS Trust operate smoke-free hospitals. This means that smoking is not permitted anywhere on hospital grounds. For help to quit smoking please visit www.kentcht.nhs.uk/service/one-you-smokefree/

Use of alcohol or illicit drugs is not permitted anywhere on the hospital site. For drug and alcohol support please speak to your nurse or doctor or

Visit: www.changegrowlive.org/westkent/help

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