

Advice for Patients Having Staging Laparoscopy

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Author: Surgical Care Team
Department: Urology
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About staging laparoscopy

This is a key-hole operation that allows us to see inside your abdominal cavity to assess the extent of your cancer. It is the most accurate way of detecting any spread of cancer around the abdominal cavity.

Why do I need a staging laparoscopy?

Before we can discuss the options for treating your cancer, we need to thoroughly assess its extent (also known as its “stage”). The CT body scan and PET scan in the X-ray department is good at detecting the spread of cancer in the liver and lungs. However, it cannot detect tiny deposits of cancer spread inside the abdominal cavity. That is why we recommend that you undergo a staging laparoscopy procedure.

The results of this procedure will allow us to fully discuss and plan treatment with you.

Laparoscopy (or “key hole”) surgery allow us to see inside your abdomen without having to make large incisions. This is a major advantage to you in getting over the procedure. This procedure is performed while you are under a general anaesthetic.

Before your procedure

Most patients attend a pre-admission clinic, when you will meet a member of the team who will be looking after you in hospital. At this clinic, we will ask for details of your medical history and carry out any necessary clinical examinations and investigations. Please ask us any questions about the procedure, and feel free to discuss any concerns you might have at any time.

We will ask if you take any tablets or use any other types of medication either prescribed by a doctor or bought over the counter in a pharmacy. Please bring any packaging with you. This procedure involves the use of anaesthesia. You will see an anaesthetist before your procedure.

We anticipate that you need to stay in hospital for a maximum of one night after the operation. If at all possible, we will allow you home in the evening after your operation. Sometimes we can predict whether you will need to stay for longer than usual and your doctor will discuss this with you before you decide to have the procedure.

During the procedure

Before your procedure, you will be given a general anaesthetic. This is usually performed by giving you an injection of medication intravenously (into a vein) through a small plastic cannula (commonly known as a drip), placed usually in your arm or hand.

While you are unconscious and unaware, your anaesthetist remains with you at all times, monitoring your condition and controlling your anaesthetic. At the end of the operation, your anaesthetist will reverse the anaesthetic and you will regain awareness and consciousness in the recovery room, or as you leave the operating theatre.

While you are asleep we make a small hole by your tummy button (umbilicus) and inflate your tummy up with carbon dioxide gas which is completely harmless. Through the hole we can use a special long camera to look inside the abdominal cavity. We make two other small holes, one on each side of the abdomen and we pass long instruments through these which move the organs around and allow us to examine them closely.

During the procedure, we frequently take tissue and fluid samples for analysis and to assist in our decision making. We will inform you when we have done this, but may not have the results before you go home.

At the end of the operation, before you wake up, all the port sites in your abdomen will be injected with local anaesthetic so that when you first wake up there should be very little pain. Some patients have some discomfort in their shoulders, but this wears off quite quickly.

After the procedure

Once your surgery is completed you will usually be transferred to the recovery ward where you will be looked after by specially trained nurses, under the direction of your anaesthetist. The nurses will monitor you closely until the effects of any general anaesthetic have adequately worn off and you are conscious. They will monitor your heart rate, blood pressure and oxygen levels. You may be given oxygen via a facemask, fluids via your drip and appropriate pain relief until you are comfortable enough to return to your ward.

Sometimes, people feel sick after an operation, especially after a general anaesthetic, and might vomit. If you feel sick, please tell a nurse and you will be offered medicine to make you more comfortable.

Eating and drinking: You will be able to drink immediately after the operation and provided you do not feel sick, then you will be able to eat something.

Getting about after the procedure: We will help you to become mobile as soon as possible after the procedure. This helps improve your recovery and reduces the risk of certain complications. If you have any mobility problems, we can arrange nursing or physiotherapy help.

Leaving hospital: Some patients feel well enough to get home the same day of their procedure, but most people stay one night and then go home the next day after their breakfast. You may feel discomfort for seven to ten days afterwards, but simple painkillers taken by mouth are usually all that people need to enable them to be fully mobile at home.

Resuming normal activities including work: We expect you to return to normal activities in a matter of days following your procedure. You can drive again when you can comfortably make an emergency stop (generally about seven days, but must be checked in stationary car first!). Other more vigorous activities can be resumed after two weeks.

Special measures after the procedure: All the wounds are closed with dissolvable stitches under the skin and therefore nothing needs to be done to these after the operation. Each of the wounds is covered with a small waterproof dressing which we ask you to keep intact for five days if possible. It is shower proof but will come off in a hot bath. We suggest that you get into a hot bath on day five and gently remove the dressings and leave the wound open to the air. If they rub on your clothing you may find it more comfortable to put a small elastoplast dressing over each wound.

Check-ups and results: We are able to give you some information before you go home. If we have taken samples, we will arrange with you how we will communicate the results to you. This may be by telephone or at review in the outpatients clinic. This will be discussed with you before you are discharged home. Clearly it is a time of great anxiety waiting for the results of tests, but it is very important that these tests are performed properly so that the right treatment is chosen for you.

If you have any concerns please contact your GP
or the Ward for advice:

Ward 4A 0151 430 1420

Ward 4B 0151 430 1440

Ward 4C 0151 430 1441

Whiston Hospital
Warrington Road,
Prescot, Merseyside, L35 5DR
Telephone: 0151 426 1600

St Helens Hospital
Marshall Cross Road,
St Helens, Merseyside, WA9 3DA
Telephone: 01744 26633

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www.sthk.nhs.uk