

Information Sheet



Association
Française
d'Urologie
www.urofrance.org

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LAPAROSCOPIC SURGERY

This information sheet, written by the AFU (Association Française d'Urologie -- French Association of Urology), is aimed at patients and health system users.

This sheet was given to you during your urologic consultation before any diagnostic or therapeutic procedure. It is aimed at helping you understand better what your urologist told you orally. He explained your disease to you, together with his diagnosis. He informed you about the different treatment possibilities and alternatives, along with the consequences you may be confronted with in case you should refuse the procedure.

In this information sheet, you will find out about the reasons of the procedure, how it is going to be performed and what consequences and risks you should expect, whether common or/and serious. Monitoring conditions following the examination or intervention are also detailed.

This document, added to the oral information from your practitioner, will thus give you time to think about the procedure and take the right decision with your urologist.

Your urologist has suggested you undergo laparoscopic surgery.

How is the intervention performed?

Laparoscopy does not alter the surgical intervention but the technique is different from standard "open" surgery.

What is the surgical technique?

Laparoscopy consists in operating under general anaesthesia with the use of a video screen connected to a small optical video camera. The camera and surgical instruments are placed into tubes named trocars, and advanced to the surgical site once the abdominal wall has been punctured. The number and location of small orifices intended for the trocars depend on the type of intervention and surgical conditions.

In order for your surgeon to perform the intervention, carbon dioxide must be insufflated into your abdominal cavity.

The main advantages of this surgical technique are: decreased post-surgical pain, shorter convalescence, and reduced scarring as compared to standard surgery.

What are the risks and complications?

In most cases, no complications are observed during or after the intervention. However, each surgical intervention presents risks and complications among which:

Warning:

Smoking enhances the risk of surgical complications. Stopping smoking 6 to 8 weeks before the intervention eliminates the risk.

If you smoke, please inform your doctor, surgeon and anaesthetist, or call at 3989 (Tabac-Info-Service -- Information Service about Smoking) to help you reduce the risks and take no chances.

- ✚ Complications related to your general condition and anaesthesia that may arise with any intervention. They will be detailed during your pre-surgical consultation with the anaesthetist or surgeon.
- ✚ Complications due to laparoscopic surgery that are uncommon but remain possible. Some of them are related to laparoscopy itself and anatomical variations that are not always predictable:
 - A nearby organ might be injured (vascular, visceral or nerve injury) while the trocars are placed into your body.
 - Some cardiac or respiratory disorders might result from carbon dioxide intolerance.
 - Gas embolism might ensue from the entry of carbon dioxide into vascular structures.
 - Hernia or gastric incarceration into one of the trocar orifices might occur.

We would like to remind you that each surgical intervention presents risks that may be vital and vary from one patient to another. Besides, they cannot always be anticipated. Some of these complications are more than exceptional (such as injuries to nerves, vessels or the digestive system) and may sometimes be incurable. During the intervention, the surgeon might be faced with unintended events and discoveries requiring supplementary or alternative interventions, or even conversion from laparoscopic to open surgery.

What happens next?

You may have temporary symptoms such as subcutaneous crepitation due to the passage of gas, pain in your shoulder due to diaphragm irritation because of gas, or pain in various parts of your body resulting from haematomas.

In case complications due to the intervention should arise, please refer to the corresponding information sheet. Your urologist might have to continue the intervention using standard "open" surgery if he thinks this is the best solution to overcome the complications.

* The French Association of Urology does not assume responsibility for possible harmful consequences due to the exploitation of data extracted from these documents, or resulting from mistakes or inaccuracies.

Your urologist is at your disposal for any information.