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## CONDITIONS & TREATMENTS: MINIMALLY INVASIVE SURGERY

Evaluation and correction of many reproductive organ abnormalities is frequently feasible through minimally invasive surgery (MIS). Thanks to technological advances, what used to be major gynecologic surgery can now be done on an outpatient basis. This means minimal incisions and significantly shorter recovery time for the patient.

- **Laparoscopy** can lead to the diagnosis of many gynecological problems including endometriosis, fibroid tumors, ovarian cysts, ectopic pregnancies, and adhesions: Most infertile patients require laparoscopy for a complete evaluation. It involves placement of carbon dioxide gas into the abdominal cavity, creating a space that allows placement of a telescope-type device (laparoscope), approximately 0.5 inches in diameter, into the abdomen. While looking through the laparoscope, the surgeon can see the reproductive organs including the uterus, fallopian tubes, and ovaries. If problems are identified, they often can be surgically corrected using instruments guided through the laparoscope. The risks of laparoscopy are minimal, but includes anesthesia related complications, bleeding, infection and injury to abdominal organs. Certain conditions increase the possibility of complications. Individuals who have had a previous operation in the abdomen, especially involving the bowel, or history of bowel or pelvic adhesions are at an increased risk. Other conditions that lead to a higher risk of complications are evidence of infection in the abdomen, a large growth or tumor within the abdomen, and obesity. After a laparoscopy, the naval area is usually tender and your abdomen may be bruised. Your shoulders may hurt from the gas placed in the abdomen, and because of the effects of the anesthesia, you may feel nauseated and weak. You will be able to resume normal activities after a few days.
- **Hysteroscopy** is used to examine the inside of the uterus. This procedure can assist in the diagnosis of abnormal uterine conditions such as internal fibroid tumors, scarring, polyps, and congenital malformations. Therefore, hysteroscopy is an important tool in the study of infertility or abnormal uterine bleeding. Hysteroscopy uses a fluid medium to create a window into the uterine cavity and facilitates removal of polyps or resection of fibroids impinging on the uterine cavity. The hysteroscope is passed through the cervix and into the lower end of the uterus. Complications rarely occur during hysteroscopy. In a few cases, infection of the uterus or fallopian tubes can result. Occasionally, a hole may be made through the back of uterus (perforation). However, this is usually not a serious problem because the perforation spontaneously closes. After a hysteroscopy you can expect cramping similar to that experienced during your menstrual period and to have some vaginal drainage for several days. Most likely, you'll resume regular activities within one to two days after surgery. You should avoid sexual intercourse for a few days or for as long as bleeding occurs.