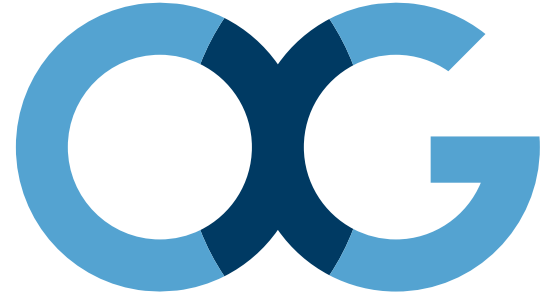


Laparoscopy and treatment to bowel endometriosis



How can a laparoscopic treatment of rectovaginal endometriosis help?

Laparoscopic treatment is a keyhole operation to remove rectovaginal endometriosis (en-doh-mee-tree-oh-sis). The most common problems that lead women to seeing a gynaecologist include: painful periods; abnormal or irregular bleeding; pain with intercourse; pelvic pain not associated with periods; and pain on surrounding areas and organs.

Keyhole surgery, where possible, has benefits over open surgery. These benefits include: a quicker recovery; less pain; less time in hospital; and a faster return to work.

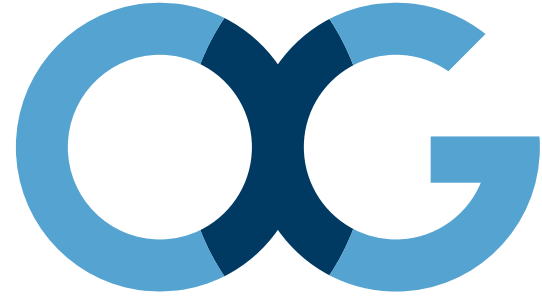
What are the risks of laparoscopic treatment to endometriosis?

All treatments and procedures have risks, and we will talk to you about the risks of laparoscopic treatment to endometriosis. Risks can be divided up into two categories common (less serious) and rare (more serious).

Problems that may happen straight away

Common risks of laparoscopic treatment to endometriosis include: general abdominal pain; shoulder pain; wound infection; urinary infection; pelvic infection; difficulty passing urine; and bleeding.

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There can be side-effects associated with general anaesthesia and include nausea, vomiting and a sore throat. The anaesthetic doctor will discuss these.

If you have had a portion of the bowel removed there is a risk that the joined-up area may leak. You may have a stoma performed at the same time to rest this area.

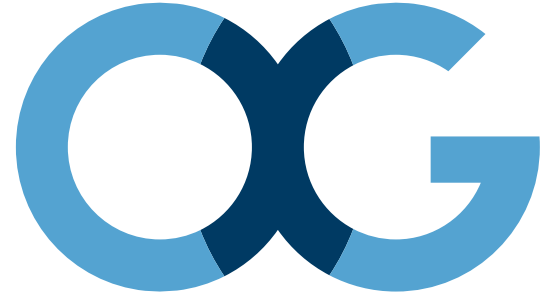
Problems that may happen later

Future risks can include developing scar tissue within the pelvis, ongoing pain despite having your endometriosis removed, and further surgery following a complication or unexpected severe endometriosis requiring a multidisciplinary team of surgeons (colorectal, urologist, or thoracic surgeon).

There is a risk of functional change to your bladder or bowels due to disruption in the nerves that can run through the endometriosis. There is a risk that surgery on the bowel or ureter may cause strictures or narrowing requiring further interventions.

If there is an injury to the bowel or a leak at the site of a join in conjunction with a hysterectomy there is a risk of a tract forming between the bowel and the bladder or vagina called a fistula. This may require further interventions.

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Problems that are rare, but serious

Rare but more serious complications include injury to internal organs such as the bowel, bladder, ureters (tubes that connect the kidneys to the bladder) or major blood vessels.

There is also a risk of forming blood clots in the legs or lungs or having a severe allergic reaction to drugs used during surgery. There is a small risk of developing a hernia at the site of the cuts.

Laparoscopic treatment to rectovaginal endometriosis has different options:

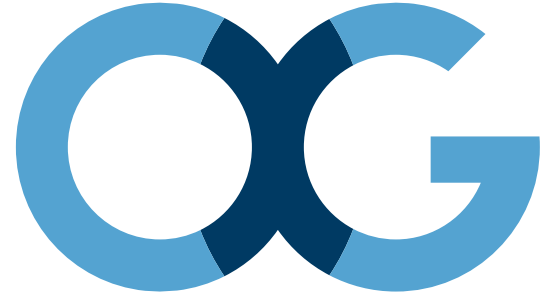
Excision (cutting out) or ablation (burning away): Mr Hirsch and the endometriosis team at Oxford Gynaecology perform excision surgery as this is believed to have greater benefits. Please ask for further details if required.

What additional procedures may be required?

Additional procedures that may become necessary but are not planned during your surgery include a blood transfusion if there is heavy bleeding.

If this bleeding continues or there is injury, the surgery may be converted from keyhole to open surgery to try and stop the bleeding or perform a repair of an injury.

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This can be associated with more pain and a longer recovery period. You may require bowel surgery including a stoma, bladder surgery, or semi-permanent stents into the tubes that connect the kidney to the bladder.

What will happen if I choose not to have laparoscopic treatment for rectovaginal endometriosis?

If you choose against having a laparoscopic treatment to endometriosis the symptoms which led you to the gynaecological clinic are likely to continue.

What alternatives are available?

The alternatives available include: doing nothing; taking medical treatments; and other surgical procedures.

Doing nothing is unlikely to change your symptoms or endometriosis. Medical treatments can help control pain and bleeding although medical treatments can have side-effects. Other surgical procedures or techniques include LASER and Robotic surgery not currently offered. There is no evidence to suggest these are more effective than laparoscopic surgery by an endometriosis specialist such as Mr Hirsch. These can be covered in your consultation with the doctor.