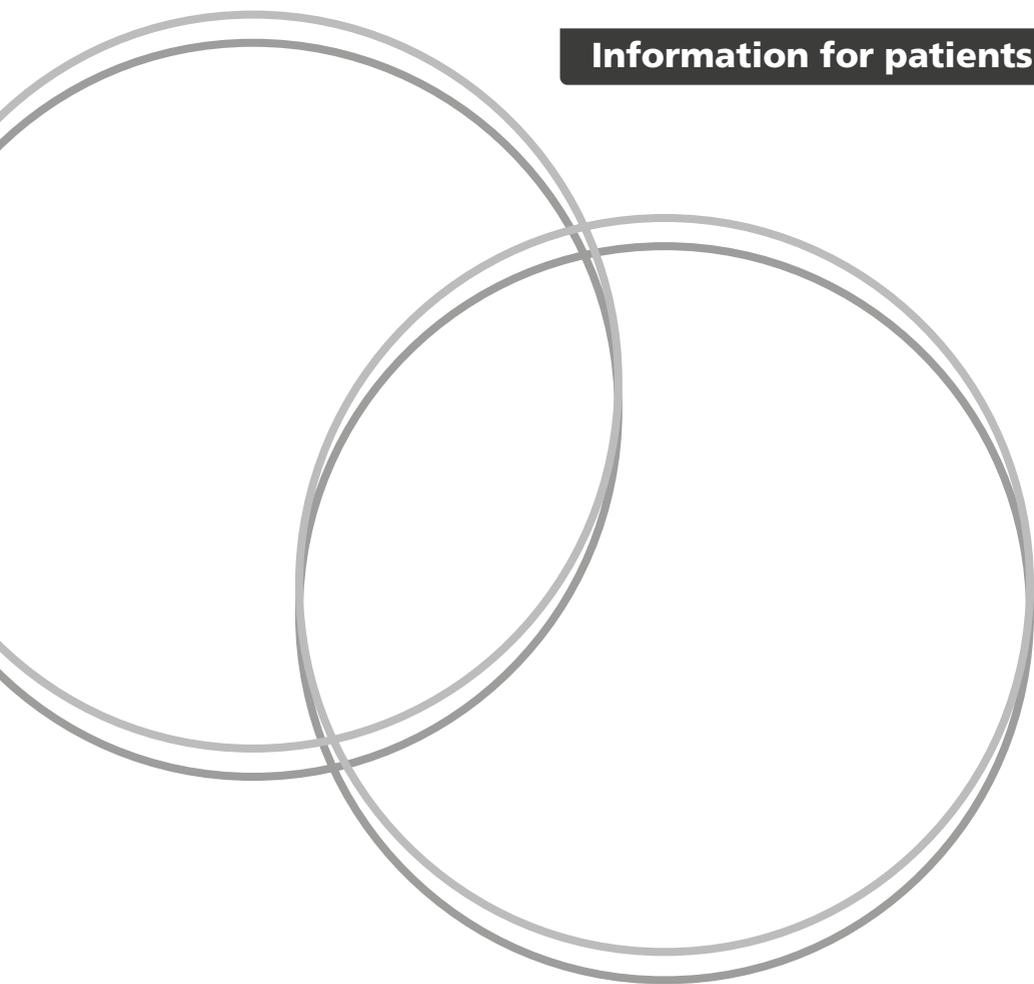


What do I need to know if I would like to consider a surgical approach to investigating or managing chronic pelvic pain?

Information for patients



Introduction

This leaflet explains the main types of surgery that may help diagnose or treat conditions that may be contributing to pelvic pain. It covers **laparoscopy (keyhole surgery)** and **hysterectomy**, including what to expect, possible risks, and where to find reliable information.

Reassurance and key points

- Most people recover well after these procedures.
- Serious complications are **rare**.
- Your surgical and anaesthetic teams are highly trained to keep you safe.
- Pain, tiredness, or light bleeding for a short time after surgery are normal.
- You can always ask your healthcare team questions at any stage.

LAPAROSCOPY

(Keyhole surgery)

Laparoscopy is a keyhole operation that allows doctors to look inside your tummy using a small camera. It helps to diagnose or treat causes of pelvic pain such as **endometriosis**, **ovarian cysts**, or **adhesions** (tissues that are stuck together).

Small cuts are made on the abdomen so that the camera and fine instruments can be used. Sometimes areas of endometriosis can be removed, cysts drained or removed, or scar tissue separated.

It may be important to you to know that in order to move the womb around during this operation (to see behind it and to allow space to safely treat anything we find) we do also put a small instrument into the neck of the womb through the vagina.

Risks of laparoscopy

Immediate risks (during or shortly after surgery)

Less common (fewer than 1 in 20):

- **Significant bleeding:** Heavy bleeding may need further treatment or a blood transfusion.
- **Damage to the uterus:** A small hole may be made in the womb; this usually heals on its own.
- **Damage to surrounding organs:** Rarely, the bladder, bowel, ureters, or blood vessels may be injured and need repair.
- **Change from keyhole to open surgery:** Sometimes a larger cut is needed for safety or better access.

Rare (fewer than 1 in 100):

- **Failure to complete the procedure:** Occasionally the operation cannot be finished safely.
- **Perioperative risks:** As with all operations, there is a small risk of anaesthetic reaction, infection, blood clots, or heart problems.
- **Bowel or bladder resection:** Rarely needed if endometriosis is deep.
- **Stoma required:** Very rarely, part of the bowel may need to be brought to the surface temporarily.
- **Unplanned oophorectomy:** Sometimes an ovary may need to be removed if diseased or if bleeding can't be stopped in any other way.

Early risks (within days after surgery)

Common (more than 1 in 20):

- **Abdominal or shoulder tip discomfort:** Caused by gas used during keyhole surgery; improves within days.
- **Wound infection:** May cause redness, swelling, or discharge; treated with antibiotics.
- **Vaginal bleeding:** Light bleeding for a few days is normal.
- **Urinary infection:** Burning or needing to pass urine often; antibiotics help.
- **Ongoing symptoms:** Some people will have persistent pain after surgery.

Less common (fewer than 1 in 20):

- **Further treatment needed:** If tissue samples show other findings.

Rare (fewer than 1 in 100):

- **Blood clots:** In legs or lungs (deep vein thrombosis or pulmonary embolus).
- **Repeat operation:** Occasionally required to correct bleeding or internal issues.
- **Death:** Extremely rare (around 1 in 20,000).

Late risks (months or years after surgery)

Common (more than 1 in 20):

- **Abdominal adhesions:** Internal scar tissue may cause pain or rarely bowel blockage.
- **Post-surgical pain:** 2-3 people out of 10 will have persisting post-surgical pain 6-12 months after an operation

Less common (fewer than 1 in 20):

- **Recurrence:** Endometriosis or cysts can sometimes return.
- **Reduced ovarian reserve:** May affect fertility.
- **Hernia from a keyhole cut:** A small lump may appear near a scar and sometimes needs repair.

Rare (fewer than 1 in 100):

- **Pelvic ligament weakening:** May increase risk of pelvic organ prolapse later on.

HYSTERECTOMY

(Removal of the womb)

A hysterectomy removes the womb (uterus). Sometimes the cervix (neck of the womb), fallopian tubes and ovaries are also removed. It can be performed through keyhole surgery, vaginal surgery, or open abdominal surgery. Most people stay in hospital overnight and return to normal activities within a few weeks.

After hysterectomy, you will not have periods or be able to become pregnant.

What about the ovaries?

Your ovaries make **oestrogen**, a natural hormone that supports many parts of your body and plays a key role in your reproductive health.

Oestrogen helps to:

- **Protect your heart and blood vessels**, helping to keep cholesterol levels healthy.
- **Keep your bones strong**, reducing the risk of osteoporosis.
- **Support brain health and memory**, and help with mood and sleep.
- **Keep the skin, bladder, and vaginal tissues healthy and comfortable.**
- **Regulate your menstrual cycle** and prepare the womb lining each month for pregnancy.
- **Support fertility** by helping eggs to mature and by maintaining a healthy environment for conception.

Keeping your ovaries until the usual menopause (around age 50) is often advised.

Removing both ovaries before menopause can:

- Increase the risk of **heart disease, osteoporosis, and memory problems**.
- Raise the chance of **earlier death** if HRT is not taken.

If both ovaries are removed, you will go into menopause straight away. HRT is usually offered until natural menopause age.

Removing ovaries can lower the risk of ovarian cancer and may help endometriosis symptoms.

Your doctor will help you decide what's best for your health and circumstances.

Risks of hysterectomy

Common (more than 1 in 20):

- **Abdominal or shoulder tip discomfort** after keyhole surgery.
- **Bloating or slow bowels (ileus)** for a few days.
- **Change from keyhole to open surgery** if needed for safety.

Less common (fewer than 1 in 20):

- **Subtotal hysterectomy:** The cervix may be left if removal is unsafe.
- **Significant bleeding:** May need a transfusion or another procedure.
- **Urinary retention:** Difficulty passing urine may need a temporary catheter.
- **Premature ovarian insufficiency:** Early menopause symptoms if blood supply to ovaries is reduced.
- **Ongoing pelvic symptoms:** Pain or bladder changes may persist.

Rare (fewer than 1 in 100):

- **Damage to nearby organs:** Bladder, bowel, or blood vessels may rarely be injured.
- **Fistula formation:** Rare links between bladder or bowel and vagina may need repair.
- **Blood clots:** Small risk in legs or lungs; movement and stockings reduce risk.
- **Pelvic abscess or haematoma:** May need drainage.
- **Death:** Very rare (about 1 in 3,000).

Early risks (days after surgery):

- **Wound infection or slow healing.**
- **Vaginal bleeding** for up to 6 weeks.
- **Pelvic infection or sluggish bowels.**

Late risks (months or years after surgery):

- **Adhesions:** Internal scar tissue may cause pain or bowel blockage.
- **Dyspareunia (pain during sex):** Some temporary discomfort is normal.
- **Persistent pain or development of a new post-surgical pain**
- **Hernia from keyhole cuts.**
- **Vaginal vault prolapse:** The top of the vagina may drop slightly over time.

Recovery and self-care

- Rest and move gently for the first few days.
- Eat light meals and drink plenty of water.
- Avoid heavy lifting or sex until your doctor advises.
- Contact the hospital if you have **fever, heavy bleeding, severe pain, or feel very unwell.**

Further information and support (UK)

General information

- RCOG: Laparoscopy – recovering well:
www.rcog.org.uk/for-the-public/browse-our-patient-information/laparoscopy-recovering-well/
- RCOG: Laparoscopic Hysterectomy – recovering well:
www.rcog.org.uk/for-the-public/browse-our-patient-information/laparoscopic-hysterectomy-recovering-well/
- RCOG: Abdominal hysterectomy – recovering well:
www.rcog.org.uk/for-the-public/browse-our-patient-information/abdominal-hysterectomy-recovering-well/
- RCOG: Vaginal hysterectomy – recovering well:
www.rcog.org.uk/for-the-public/browse-our-patient-information/vaginal-hysterectomy-recovering-well/
- Royal College of Anaesthetists – Preparing for Surgery:
www.rcoa.ac.uk/patients/patient-information-resources/preparing-for-surgery

Further information

If you would like an interpreter, please speak to the department where you are being seen.

Please also tell them if you would like this information in another format, such as:

- Easy Read
- large print
- braille
- audio
- electronic
- another language.

We have tried to make the information in this leaflet meet your needs. If it does not meet your individual needs or situation, please speak to your healthcare team. They are happy to help.

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