Royal Cornwall Hospitals
NHS Trust

Surgical treatment of endometriosis

Cornwall Endometriosis Centre

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Who is this leaflet for?

This leaflet is for patients who have had a diagnosis of endometriosis.
It provides guidance and advice on surgical treatment and aims to give you as much information as possible to support you.

Minor surgery – what can I expect?

If minor endometriosis is found at a laparoscopy (inspection of your abdomen with a telescope) a further two small incisions may be made to allow treatment to the affected areas. The surgeon will remove any areas of endometriosis by cutting it away with scissors or an ultrasonic scalpel. Blood vessels are cauterised to stop bleeding and if small spots of endometriosis are found, such as on the ovary, these may be cauterised rather than removing any of the ovary. Any tissue that is removed is sent to the laboratory to be analysed.

Minor surgery may also involve:

- dividing and removing adhesions or scar tissue
- draining an endometrioma (chocolate cyst) and stripping out (ablating) the cyst wall. Care will be taken to preserve as much normal ovarian tissue as possible but rarely it may be necessary to remove the ovary as it is so badly damaged or bleeding is uncontrollable.

Minor procedures are usually done as a day case but you may need to stay overnight. A catheter will be inserted during the operation and may need to remain in place overnight.

If the affected area is found to be extensive, it will not be possible to treat this during a planned minor, day case procedure. The further surgery required will be discussed with you in clinic and booked for another date. Major surgery usually requires pre-operative preparation and booking other specialist surgeons (colorectal surgeon / urologist) to operate with the gynaecologist.

Major surgery – what can I expect?

How do I prepare for it?

A hormone suppressing injection (GnRH analogue injections) may be used prior to major surgery. This will last for up to 12 weeks prior to the operation to reduce inflammation of the pelvic tissues and shrink the endometriosis, making it easier to remove and more certain that it has all been taken away.

After a GnRH injection patients may experience menopausal type symptoms, such as hot flushes, sleeplessness, decreased sex drive and mood changes – these usually reduce within a few weeks of completing treatment. In most cases there is significant reduction in endometriosis pain, which more than offsets the disadvantage of these symptoms.

What does the operation involve?

Major surgery involves cutting away the endometriosis affected tissue. Before this can be done structures that are adherent (stuck) are released. Tissue affected by endometriosis is removed from around the back and side of the uterus, around the bladder and ureter (tubes that take urine into the bladder) and the space between the rectum and vagina. Often this requires detailed dissection of the ureter and bowel to reduce the risk of injury to these structures.

The operation usually lasts between one and four hours – the amount of time depends on the severity of the endometriosis and what organs are affected. You will need to stay in hospital until you are stable and feeling more comfortable. With keyhole surgery, this can be quite quick, so most patients go home the next day, with a small number staying longer. However, if the bowel is opened as part of the surgery we usually keep you in hospital for up to five days afterwards.

What if endometriosis affects my bladder?

If it is suspected that endometriosis is affecting your bladder then a cystoscopy (looking inside the bladder with a telescope) may be done whilst you are under anaesthetic.

If any endometriosis is found it may be necessary to operate on the bladder to remove the endometriosis – this may be done in conjunction with a urologist. In such cases a catheter will be left inside the bladder while it heals. This will not necessarily keep you in hospital, as you will be able to go home with the catheter in place, and come back to the hospital to have it removed at a later date. In some cases of surgery on the bladder or ureter it may be necessary to put a thin plastic stent inside the ureter to protect it. This usually stays in place for 6-12 weeks after surgery. It is usually then removed under local anaesthetic by the urology team.

What if endometriosis affects my bowel?

If the bowel is likely to be operated on, or needs a special instrument (rectal sizer or sigmoidoscope) inserted inside it, you will need bowel preparation the day before your surgery. This medicine will be given to you at the Pre-operative Assessment clinic and will cause you to go to the toilet many times, until the bowel is completely empty.

If the bowel is involved it may be stuck to other structures (such as the uterus, vagina or ovary). Surgical treatment may involve dissecting (cutting) the bowel free. This may require taking off the surface layer of the bowel (shaving), or taking out a small disc of bowel wall and sewing up the resulting hole. Occasionally, if the involvement is more widespread or deeper into the bowel, a small section of the bowel may need to be removed and the healthy ends of the remaining bowel re-joined. This is called a segmental bowel resection and will mean that one of the small skin incisions will be enlarged to about 3cm so the section of bowel can be removed. If the bowel join is very low in the pelvis, or the operation has been technically difficult, then a stoma bag is required, which allows the bowel wound to heal. The stoma is left for around 3 months and then a small operation is needed to return the bowel into the abdomen and close the stoma.

What are the possible risks or complications?

All surgery carries risk and below is a list of the likely complications that we are aware of, and what we consider to be the chance of having such a complication. Please be aware that the risk of surgery may be increased further if a patient has existing significant medical conditions, is obese or

has had previous operations. The more complex the surgical procedure the greater the risk, so the estimates below must be used in combination with your discussion with the Endometriosis team:

Very common issues:

- general pain from the surgery
- shoulder tip / neck pain
- minor bruising around the wounds.

Common issues:

- infection in the surgical wounds
- urinary tract infection
- bleeding from surgery site.

Less common issues:

- failure to gain entry into the abdomen
- injury of the small, or large, bowel
- injury to the bladder
- injury to the ureters
- hernia in surgical port site.

Uncommon issues:

- developing a blood clot in the leg or pelvic veins
- deep vein thrombosis leading to Pulmonary Embolism
- risk of fistula formation (which is an abnormal connection between two structures, such as the bowel, bladder, ureter or vagina).
- major bleeding from a large vessel injured, or operated on, during the surgery
- in some situations it may be necessary to remove a structure (for example your uterus (hysterectomy) or ovary to stop the bleeding.

Very rare:

- surgery related death.

Information on risk likelihood

Term	Equivalent ratio	Colloquial equivalent
Very common	1/1 to 1/10	A person in the family
Common	1/10 to 1/50	A person in the street
Less common	1/50 to 1/100	A person in a hamlet
Uncommon	1/100 to 1/1,000	A person in the village
Rare	1/1000 to 1/10,000	A person in a small town
Very rare	Less than 1/10,000	A person in a large town

Recovery – what can I expect?

Following surgery recovery time will vary with each person and the lifestyle they have. The amount of time off work required will be determined by this and also the type of your employment.

With minor surgery (such as removal of a small amount of endometriosis and/or dealing with an endometriosis cyst) you may need around two weeks off work.

For major surgery the expectation may be 4 to 8 weeks, but your recovery period will be more closely determined following your surgery.

Please note

When surgery is carried out for pain it is important to appreciate that although we expect the operation to result in an improvement, in some situations the symptoms will remain. This may be because the pain is caused by some other condition. It may also be because the endometriosis has permanently damaged the tissues. The surgery will remove the disease but will not return the internal structures to the same state they were before the endometriosis started.

Any questions?

This leaflet is intended to provide with you all the information needed to decide whether to proceed with surgical treatment for your endometriosis.

If you have any further questions, please contact the Endometriosis Clinical Nurse Specialist on 01872 252824 or 07775 018100 or by email: rch-tr.endonurse@nhs.net

If you would like this leaflet in large print, braille, audio version or in another language, please contact the General Office on 01872 252690

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