

What is laparoscopic resection of endometriosis?

[Endometriosis](#) is a lifelong condition where women have severe pelvic pain or infertility. It happens when endometrial tissue is found in other places of the body, like:

- Ovaries
- Fallopian tubes
- Surface of the uterus
- Cul-de-sac (the space behind the uterus)
- Bowel and rectum
- Bladder and ureter (the tube that connects your kidneys to your bladder)

Laparoscopic resection of endometriosis is a surgery where a laser is used to remove endometriosis and scar tissue caused by endometriosis. Four small cuts are made on the abdomen and a laser is attached to the telescope. The instruments we use can cut and burn tissue.

Endometriosis can affect many organs. You should talk to your doctor about how big a surgery you would like. Endometriosis is not a life-threatening condition. The goal of surgery is to lower your pain and minimize your risk of complications.

What is a tubal dye test?

If the surgery is being done for infertility, a blue dye can be passed through the uterus to the fallopian tubes. If the blue dye spills out of the tubes, then the tubes are open. If no blue dye spills out of the tubes, then the tubes could be blocked. If you have a tubal dye test, you might see some blue discharge on your pad after your surgery.

I was told my endometriosis involves my bowels. What are my options?

If your endometriosis involves your bowel and rectum you may be asked to choose whether you want to have the endometriosis removed. Usually a general surgeon will help your doctor with this part of the surgery. You may need a colonoscopy before surgery if endometriosis of the bowels is suspected.

If the endometriosis is only on the surface of the bowel, then it can usually be shaved off.

If the endometriosis is invading deep into the bowel you might need a bowel resection. This means the removal of a section of the bowels. Usually, the bowels can be re-attached or repaired at the time of surgery. Other times, there is a risk of needing a stoma. This is where the bowels are brought to the surface of skin and you would empty your stools into a bag attached to your abdomen. This might be short term or permanent.

You can also choose to not remove endometriosis around the bowels. This is a good option if you do not have many symptoms or pain with bowel movements.

During surgery, your doctor will also look at your appendix because endometriosis can affect it. Talk to your doctor about removing your appendix if it looks like there is endometriosis. This might help your pain.

I was told my endometriosis involves my bladder or my ureter. What are my options?

If your endometriosis involves your bladder you might need to have a part of the bladder removed. If this occurs, you will need a catheter in the bladder for at least 2 weeks. You will also be given antibiotics to prevent an infection.

The ureter is the tube that takes urine from the kidney to the bladder. Scarring from endometriosis can constrict the ureter and can cause kidney problems. During the surgery, your doctor will look and remove the scarring. You might need a stent to keep the ureter open and potentially a second surgery if the ureter does not heal properly.

What are the risks of laparoscopic resection of endometriosis?

The risks are the same for all laparoscopic procedures.

Because endometriosis can involve many organs, the risks to injuring surrounding organs are higher than a typical laparoscopic case. The risk of a bowel injury can be as high as 10%. A bowel injury could result in a bowel resection and potentially a stoma. You might also have temporary difficulty emptying your bladder. This is short term but might mean that you need a catheter into your bladder for a few days and may require you to stay overnight in the hospital after the surgery.

What is the recovery after laparoscopic resection of endometriosis?

The recovery is the same for all laparoscopic procedures. You should be able to go home the same day as surgery. It is important that you do not have sex and avoid baths, hot tubs, swimming pools and heavy lifting over 10 lbs for 2-4 weeks after surgery. You should also avoid constipation and straining. Stool softeners and laxatives can be used.