

Patient information

Staging Laparoscopy for Cancer

General Surgery – Aintree Hospital

This leaflet has been written to help you understand the investigation you are about to have. If you want more information pertaining to your case, please discuss with your treating consultant surgeon.

What is a staging laparoscopy?

Staging laparoscopy/keyhole surgery for staging under general anaesthetic allows the surgeon to insert a camera into your abdomen to view your major internal organs. This is usually done for either suspected or proven cancer of some of abdominal organs and rarely organs not in the abdomen. This allows the surgeon to look at the internal surfaces of your liver, bowel and other organs to check for spread of disease.

In majority of patients undergoing this procedure, this is a useful test in addition to other tests to decide whether surgery can proceed or be undertaken for treatment of main (primary) cancer that has been diagnosed.

What happens before the procedure?

You will be seen in a pre-clerking/assessment clinic a few days before your procedure or you may be admitted directly to the ward. You will have a chance to discuss any concerns with the medical and nursing staff. Blood samples may be taken along with other routine investigations.

How long will I be in hospital?

You will be advised when to come into hospital and may remain overnight, depending when the procedure is done. Usually, you will be discharged within 24 hours of your admission.

Can I eat and drink before surgery?

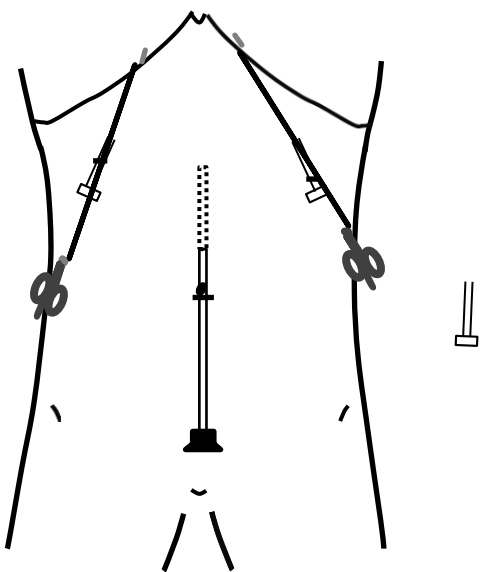
You will need to fast avoiding all food and drink for up to six hours before the procedure, as it will be done under general anaesthetic. Your standard medications for the heart or blood pressure can be taken with a few sips of water at your usual time or early morning, unless advised during pre-operative assessment.

If you are on **aspirin** or **clopidogrel** (blood thinning medications), you will need to stop as per doctor's advice given at time of discussion of procedure in the clinic, anaesthetic assessment or pre-operative checkup (usually at least seven days).

If you are on **warfarin** (blood thinning medication) or any other special/new type of blood thinner, this will definitely be stopped, at least four days before procedure. An alternative may or may not be used depending on your underlying problem for which warfarin is being used.

What happens during the staging laparoscopy?

The surgeon will make two to three small cuts in your abdomen (one cut usually near the belly button). The position of cuts can vary depending on what the problem is (the surgeon will explain appropriately). A camera is inserted. The surgeon looks inside abdominal cavity for any signs of cancer growth or spread. Biopsy of suspected tissues may be undertaken. The results sometimes are available the same time or sometimes four-five days later. Fluid may or may not be put into abdominal cavity (washout), removed and sent for analysis to the pathology lab to look for free floating cancer cells.



Will it hurt?

Some pain at the sites of surgical cuts (incisions) is always present, but standard painkillers (paracetamol or codeine containing medications for more severe pain) should help with this. Getting up and being mobile is also very helpful as it works as physiotherapy for the stiff muscles. Some, if not most, patients also can experience some degree of shoulder pain due to trapped gas under the diaphragm. This will also get better with painkillers and time.

What complications can occur?

The healthcare team will try and make your operation as safe as possible. However, some complications can happen, some of these can be serious and can even cause death. You should ask your doctor if there is anything you don't understand. Your doctor may be able to tell you if your risk of complications is higher or lower for you. Generally the consultant will discuss the issues around common complications only.

There are uncommon and/or serious complications that you may wish to know about and you can ask questions about these and get details if you so wish.

If you are worried about any particular complication-s, that you know about or have read about (elsewhere or as mentioned in this leaflet), please ask the consultant/surgeon who will be performing your operation.

The complications fall into three categories:

1. Complications from anaesthesia.
2. General complications of any operation.
3. Specific complications for this operation.

1 Complications from anaesthesia

Your anaesthetist will be able to discuss with you the possible complications of having an anaesthetic.

2 General complications of any operation

- **Pain** – It is normal to have pain after surgery. The healthcare team will try and reduce your pain by giving you medication to control it. It is important you take your medication as advised so that you can move about and cough freely. After a laparoscopy, it is common to feel bloated and to have pain in your shoulders because a small amount of gas may be left under your diaphragm. Your body will usually absorb the gas naturally over the next 24 hours, which will ease the symptoms. You may also notice that you have a slightly sore throat. This is due to the 'breathing' tube which is placed in your throat during surgery and should subside in a day or two.
- **Bleeding** – During or after surgery. This occasionally requires blood transfusions or further surgery.
- **Infection in the surgical wound** – This may require treatment with antibiotics or occasionally further surgery.
- **Developing a hernia in the scar** – If you have open surgery, the deep muscle layers may fail to heal causing an incisional hernia. This appears as a bulge or rupture and if it causes problems may require a further operation.
- **Blood clots** – In the legs (deep vein thrombosis). This can occasionally move through the bloodstream to the lungs causing a pulmonary embolism (PE), making it difficult for you to breathe. The nurses will encourage you to mobilise soon after surgery and may give you injections to reduce the risk of blood clots.

3 Specific complications for this operation

A Laparoscopic complications

- **Damage to internal organs** – When placing instruments into the abdomen (risk 1 in 1,000). The risk is higher in people who have previously had surgery to the abdomen. If an injury does happen, you may require open surgery, which involves a much larger cut. About one in three of these injuries is not obvious until after surgery, so if you have been in pain which does not improve each day after surgery, you should let your doctor know.

- **Developing a hernia near one of the cuts used to insert the ports** – (Risk 2 in 10,000). Your surgeon will try and reduce this risk by using small ports (less than 10mm in diameter) where possible or, if they need to use larger ports, using deeper stitching techniques to close the cuts.
- **Surgical emphysema** – (Crackling sensation in the skin due to trapped gas), which settles quickly and is not serious.

Should I worry about death?

Routine or elective (planned non-emergency) surgery in general has usually low risk of death as compared to emergency surgery. Risk of death is dependent on how complex the operation is, what your co-existing medical conditions are (for example – diabetes, heart or breathing problems, kidney problems) and if you develop any complications after surgery.

In general, risk of death after general anaesthetic is 1 in 100,000 and risk of death after staging or diagnostic laparoscopy procedure has variously been reported around 8/100,000. Most elective or planned diagnostic laparoscopic procedures are done as short-stay procedures (overnight stay or day-case), so the risk will be on the lower side. Please discuss with consultant or your doctor if you worry about this.

When can I eat and drink again?

You will be able to eat and drink as soon as you are fully awake.

How long do I stay in Hospital?

Usually this procedure can be done as a day-case, which means you will be able to go home the same day. Sometimes if the procedure is done very late or the doctor wants you to stay in for a particular reason, you may have to stay in overnight.

What do I get at time of discharge?

1. Discharge information leaflet.
2. Medications (called TTOs).
3. E-discharge copy (electronic discharge statement that your GP gets).
4. Leave certificate for work (if applicable).

If you do not get the above documents/ prescription, please discuss with your discharge nurse/ward nurse/doctor on ward.

At home

- **Returning to normal daily activities** – After three to four days or so you should be able to resume most of your normal daily activities. It is normal to feel tiered after surgery, so take some rest, two to three times a day and try and get a good night sleep. You should avoid heavy lifting and vigorous exercise for at least two weeks.

- **Driving** – You should not drive for at least four to five days. Before driving you should ensure that you can perform a full emergency stop, have the strength and capability to control the car, and be able to respond quickly to any situation that may occur. Please be aware that driving whilst unfit may invalidate your insurance.
- **Returning to work** – You can return to work as soon as you feel well enough. This will depend on how you are feeling and the type of work you do. Typically you will need between one week off work.
- **Eating** – You can go back to normal diet more or less the same day.
- **Bowels** – You may find it takes 48 hours to have normal movement. If you have not had a bowel movement in three days following surgery, a mild laxative should help. Your local chemist should be able to advise you. Remember to drink plenty of fluids so that you don't get dehydrated.

When do I need to seek advice?

- If you have a discharge of blood or pus from your wounds.
- If you develop a temperature above 38.5C.
- Vomiting that continues for more than three days after surgery.
- Inability to have a bowel movement after four days.
- Persistent pain not relieved with your prescribed painkillers.
- Persistent abdominal distension (bloating of your stomach).
- Increasing pain or swelling around your wounds.
- Chest pain and shortness of breath.

Crackling sensation under the skin, especially in the neck area.

What do I do if there are problems after surgery?

Please read this leaflet carefully regarding side-effects and risks of surgery.

Check with your doctor before discharge from hospital after surgery.

Standard procedure to follow would be to contact the consultant's secretary and ask for advice in working hours. The secretary may be able to contact the registrar or the consultant for advice that may be passed on to you.

If no team member is available to deal with your query or if you have any problems out of hours, it is best to check with your GP or attend the Accident and Emergency Department at Aintree Hospital for a clinical review and advice.

What happens next?

You will be seen at the outpatient clinic by the upper gastro-intestinal cancer team to discuss the results and to plan the next stage of your treatment. Occasionally you may be seen on the ward following your procedure for results.

What about my family?

This is a difficult time for both you and your family. We will keep you informed as to what is happening. Your family will be able to visit you whilst you are in hospital. If you have any further questions please do not hesitate to ask any of the team. You may find it helpful to write down any questions that you may think of at home and ask them when you see the doctor in clinic.

This leaflet has been developed by a specialist working in Aintree Hospital and having a special interest and practice in this particular clinical problem.

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Feedback

Your feedback is important to us and helps us influence care in the future.

Following your discharge from hospital or attendance at your outpatient appointment you will receive a text asking if you would recommend our service to others. Please take the time to text back, you will not be charged for the text and can opt out at any point. Your co-operation is greatly appreciated.

Further information

**General Surgery department
Aintree Hospital
Lower Lane
Liverpool L9 7AL
Telephone number: 0151 525 5980**

**Author: General Surgery Aintree Hospital
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