

## **INTRODUCTION**

Laparoscopy is a type of surgical procedure in which a small incision is made, usually in the navel, through which a viewing tube (laparoscope) is inserted. The viewing tube has a small camera on the eyepiece. This allows the doctor to examine the abdominal and pelvic organs on a video monitor connected to the tube. Other small incisions can be made to insert instruments to perform procedures. Laparoscopy can be done to diagnose conditions or to perform certain types of operations. It is less invasive than regular open abdominal surgery (laparotomy) (*Kurtz,, et al.; 2006*).

Laparoscopy is used for both diagnosis and treatment. It may be recommended for diagnosing a woman who may have salpingitis ,evaluating infertility ,Looking at and removing an abnormal pelvic mass found on abdominal ultrasound ,Pelvic pain due to Infections (pelvic inflammatory disease) that don't respond to drug therapy, uterine tissue found outside the uterus in the abdomen (endometriosis), Ovarian cyst, Scar tissue (adhesions) in pelvis , suspected twisting (torsion) of an ovary, puncture (perforation) of the uterus after dilatation &curettage (D & C) or by an intra-uterine device (IUD), removing the uterus (hysterectomy), removing uterine fibroids (myomectomy), sterilization (tubal-ligation) and surgically treating a tubal pregnancy (*Katz et al.; 2007*).

There are a number of advantages to the patient with laparoscopic surgery versus an open procedure. These include, reduced hemorrhaging which reduces the chance of needing a transfusion, smaller incision which reduces pain and shortens recovery time, less pain that leads to less pain medication needed, hospital stay is less, and often with a same day

discharge which leads to a faster return to everyday living, reduced exposure of internal organs to possible external contaminants thereby reduced risk of acquiring infections and can be used in Gamete intrafallopian transfer (GIFT) surgery to put the eggs back into the fallopian tubes ( *Stephen et al.; 2004*).

The role of the nurse during laparoscopy is to gather appropriate information that includes a menstrual, reproductive and medical history and use words that the woman can understand. The nurse frequently assesses vital signs such as pulse, Blood pressure (BP), assist with gynecologic examinations and collection of specimens through prepares and support the woman during physical and diagnostic examinations, ask the woman to void prior to the examination and explain that a general anesthetic will be used .Offer suggestions for relieving discomfort, prepare for surgical interventions. Care for them during recovery; provide specific health teaching instructions to achieve symptomatic relief (*Priscilla &Karen, 2008*).

The nurse should have a crucial role during the post operative following laparoscopy such as patients are required to remain in a recovery area until the immediate effects of anesthesia wear off and until normal voiding is accomplished after urinary catheter removal ,she carefully measures intake and out put and reports any sudden decrease in the urinary output . Vital signs are monitored to ensure that no reactions to anesthesia have occurred or signs of infection. For healthy patients undergoing elective procedures such as tubal ligation, diagnostic laparoscopy, checks the incision sites for bleeding and relieves discomfort by administering a prescribed medication .laparoscopy is usually an outpatient procedure and patients are discharged from the

recovery area within a few hours after the laparoscopy (*Soderstrom and Richard 2003*).

The nurse should instruct the woman about discharged care that will follow at home as activity (don't stay in bed, get up & move around, don't drive for 7 days and avoid strenuous activity for 2 weeks). Incision & Other Care (take pain medications as directed, don't drink alcohol while on pain medications, don't pull off the strips of tape (Steri-Strips) used to close the incisions. Let them fall off on their own. If having a gauze bandage, replace it after 24 hours. Don't swim or take a tub bath for 2 weeks (*Health Sheets, 2009*).

### **Justification of the problem:**

By observing the statistics record, from 2004 until 2008, of the women who come to the Gynecological & Obstetrical Department to do pelvic laparoscopic surgery. I found that the flow rate in women increased (60 cases). Most of the women have many questions about this surgery and they do not have experience about pelvic laparoscopic surgery as apparatus. Although the pelvic laparoscopic surgery is minimal wound that may occur the potential postoperative complications such as bleeding . Therefore it is important to assess the nursing care given for the women who have pelvic laparoscopic surgery.