



PATIENT & CAREGIVER EDUCATION

Diagnostic Laparoscopy

This information describes your diagnostic laparoscopy (LA-puh-ROS-koh-pee).

About your diagnostic laparoscopy

Diagnostic laparoscopy is a minimally invasive procedure that lets your doctor see your organs. Minimally invasive procedures are done with small incisions (cuts).

Your diagnostic laparoscopy is done by a surgeon. During your procedure, they will use a laparoscope and surgical tools. A laparoscope is a long, thin surgical tool with a video camera on the end of it. The surgeon will use the tools to:

- Look at the organs in your abdomen or pelvis to see if cancer cells have spread.
- Do a biopsy (a procedure to get tissue samples).
- Take washings (cell samples).

Your surgeon will make a small (1 to 2 inch) incision in your abdomen (belly) near your belly button. They will put the laparoscope through this incision. It will show a large picture of your organs on a television screen. This will let your doctor see the inside of your abdomen.

They will also make smaller incisions where they will put the surgical tools. After making the incisions, the surgeon will fill your abdomen with gas. The gas will push out the wall of your abdomen and move your organs away from each other. This gives them room to see and move the surgical tools during your procedure (see Figure 1).

Figure 1.
Your
abdomen
during a
diagnostic
laparoscopy

Your surgeon may need to do a biopsy or take fluid samples during your laparoscopy. To do this, they will make a few more very small (about 5 to 12 millimeter) cuts. These incisions will be between the size of a pencil eraser and the end of an AAA battery. If they need to make a larger (open) incision, they will go over this with you before your procedure.

They may do your diagnostic laparoscopy with a robotic device. This is called a robotic-assisted laparoscopy. The robotic device holds the camera and other surgical tools. This helps your doctor control the tools to make precise surgical movements.

Your laparoscopy will be an outpatient procedure. This means that you can go home the same day. Most people who have a laparoscopy can start walking, eating, and drinking within 24 hours (1 day) of their procedure.

What to do before your diagnostic laparoscopy

Your nurse will give you information about your procedure. They will also give you a resource that explains how to get ready for your procedure.

Ask about your medicines

You may need to stop taking some of your medicines before your procedure. Talk with your healthcare provider about which medicines are safe for you to stop taking. We've included some common examples below.

Blood thinners

Blood thinners are medicines that affect the way your blood clots. If you take blood thinners, ask the healthcare provider performing your procedure what to do. They may recommend you stop taking the medicine. This will depend on the type of procedure you're having and the reason you're taking blood thinners.

Examples of common blood thinners are listed below. There are others, so be sure your care team knows all the medicine you take. **Do not stop taking your blood thinner without talking with a member of your care team.**

- Apixaban (Eliquis®)
- Aspirin
- Celecoxib (Celebrex®)
- Cilostazol (Pletal®)
- Clopidogrel (Plavix®)
- Dabigatran (Pradaxa®)
- Dalteparin (Fragmin®)
- Dipyridamole (Persantine®)
- Edoxaban (Savaysa®)
- Enoxaparin (Lovenox®)
- Fondaparinux (Arixtra®)
- Heparin (shot under your skin)
- Meloxicam (Mobic®)
- Nonsteroidal anti-inflammatory drugs (NSAIDs), such as ibuprofen (Advil®, Motrin®) and naproxen (Aleve®)
- Pentoxifylline (Trental®)
- Prasugrel (Effient®)
- Rivaroxaban (Xarelto®)
- Sulfasalazine (Azulfidine®, Sulfazine®)
- Ticagrelor (Brilinta®)
- Tinzaparin (Innohep®)
- Warfarin (Jantoven®, Coumadin®)

Read *How To Check if a Medicine or Supplement Has Aspirin, Other NSAIDs, Vitamin E, or Fish Oil* (<https://sandbox18.mskcc.org/pe/check-med-supplement>). It has information about medicines you must avoid before your procedure.

Medicines for diabetes

Before your procedure, talk with the healthcare provider who prescribes your insulin or other medicine for diabetes. They may need to change the dose of the medicine you take for diabetes. Ask them what you should do the morning of your procedure.

Your care team will check your blood sugar levels during your procedure.

Diuretics (water pills)

A diuretic is a medicine that makes you urinate (pee) more often. Hydrochlorothiazide (Microzide®) and furosemide (Lasix®) are common diuretics.

If you take any diuretics, ask the healthcare provider doing your procedure what to do. You may need to stop taking them the day of your procedure.

Arrange for someone to take you home

You must have a responsible care partner take you home after your procedure. A responsible care partner is someone who can help you get home safely. They should be able to contact your care team if they have any concerns. Make sure to plan this before the day of your procedure.

If you don't have a responsible care partner to take you home, call one of the agencies below. They'll send someone to go home with you. There's a charge for this service, and you'll need to provide transportation. It's OK to use a taxi or car service, but you still need a responsible care partner with you.

Agencies in New York

VNS Health: 888-735-8913

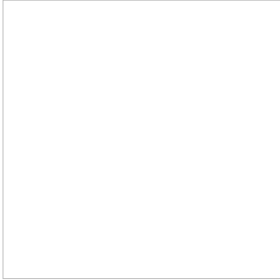
Caring People: 877-227-4649

Agencies in New Jersey

Caring People: 877-227-4649

What to do the day before your diagnostic laparoscopy

Instructions for eating and drinking: 8 hours before your arrival time

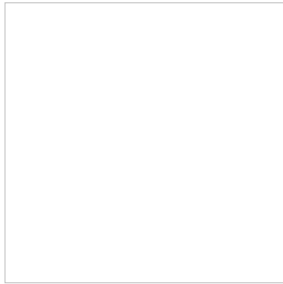


- **Stop eating 8 hours before your arrival time, if you have not already.**
 - Your healthcare provider may tell you to stop eating earlier. If they do, follow their instructions.
- 8 hours before your arrival time, do not eat or drink anything except these clear liquids:
 - Water.
 - Soda.
 - Clear juices, such as lemonade, apple, and cranberry juices. Do not drink orange juice or juices with pulp.
 - Black coffee or tea (without any type of milk or creamer).
 - Sports drinks, such as Gatorade®.
 - Gelatin, such as Jell-O®.

You can keep having these until 2 hours before your arrival time.

What to do the day of your diagnostic laparoscopy

Instructions for drinking: 2 hours before your arrival time



Stop drinking 2 hours before your arrival time. This includes water.

What to bring with you

Wear or bring loose-fitting, comfortable clothes to wear home. Your abdomen may be a little swollen or sore after your procedure.

What to expect when you arrive

Many staff members will ask you to say and spell your name and birth date. This is for your safety. People with the same or similar names may be having a procedure on the same day.

When it's time to change, you'll get a hospital gown, robe, surgical head covering, and nonskid socks to wear. You'll need to remove any prosthetic devices, wig, and religious articles, if you have them.

Meet with an anesthesiologist

You will also meet with an anesthesiologist (A-nes-THEE-zee-AH-loh-jist). An anesthesiologist is a doctor with special training in anesthesia. They will give you anesthesia during your procedure. They will also:

- Review your medical history with you.
- Ask if you've had any problems with anesthesia in the past. This includes nausea (feeling like you're going to throw up) or pain.
- Talk with you about your comfort and safety during your procedure.
- Talk with you about the kind of anesthesia you'll get.
- Answer questions you have about anesthesia.

Going into the procedure room

When it's time for your procedure, you'll remove your hearing aids, glasses, and dentures, if you have them. You'll either walk into the procedure room or a staff member will bring you there on a stretcher.

Inside the procedure room

A staff member will take you into the operating room and help you onto the operating table. Your anesthesiologist will place an intravenous (IV) line into a vein, usually in your arm or hand. The IV line will be used to give you fluids and anesthesia during your procedure.

Your anesthesiologist will also monitor your heart rate and breathing throughout your procedure.

Once you're asleep, your healthcare provider will place a catheter (thin, flexible tube) into your bladder to drain urine. They may also place a tube through your nose or mouth into your stomach to empty it. They will usually remove these in the operating room before you wake up.

Then, they will start your laparoscopy. Once they finish, your doctor will release the gas from your abdomen. They will close your incisions with sutures (stitches), Dermabond® (skin glue), or Steri-Strips™ (surgical tape).

What to do after your diagnostic laparoscopy

In the Post-Anesthesia Care Unit (PACU)

You'll be in the PACU when you wake up after your procedure. A nurse will be keeping track of your temperature, pulse, blood pressure, and oxygen levels. You may get oxygen through a tube resting below your nose or a mask over your nose and mouth. You'll also have compression boots on your lower legs.

Caring for yourself at home

The following are general instructions to follow after your laparoscopy. **If your doctor or nurse gives you different instructions from the ones below, follow the instructions they gave you.**

- Rest on the day of your procedure. You will be drowsy from the anesthesia.
- Do not drink alcohol for 24 hours after your procedure.
- Do not drive a car for 24 hours after your procedure.
- Do not shower for 24 hours after your procedure.
- Starting 24 hours after your procedure, you can slowly start doing your usual activities again, depending on how you feel.
- Avoid strenuous activity for at least 1 week after your procedure. This includes activities such as lifting objects heavier than 10 pounds (4.5 kilograms).

Call your doctor's office to schedule a follow-up appointment if you do not have one scheduled.

How to manage your pain

Pain after a laparoscopy is different for everyone. Pain from your incisions is usually mild and can last for several days. Many people have shoulder pain, which is a common side effect of expanding your abdomen. This can range from mild to severe (very bad) and may last for 7 to 10 days. Your healthcare provider will tell you what medications to take to manage your pain.

How to care for your incisions

You can take off the bandages covering your incisions 24 hours after your laparoscopy. You can shower after you take off the bandages. Leave your incisions exposed to the air to help them heal.

If you have Steri-Strips or Dermabond over your incisions, it will fall off by itself in 7 to 10 days. If you have stitches, they should dissolve on their own.

When to call your healthcare provider

Call your healthcare provider if you have:

- A fever of 101 °F (38.3 °C) or higher.
- Pain, even after taking medication to help.
- Redness around or drainage from your incision(s).
- Severe bloating or swelling in your abdomen.

More Resources

For more information, read:

- *Getting Ready for Surgery*
(https://sandbox18.mskcc.org/pe/getting_ready_surgery)
- *How To Check if a Medicine or Supplement Has Aspirin, Other NSAIDs, Vitamin E, or Fish Oil* (<https://sandbox18.mskcc.org/pe/check-med-supplement>)
- *Herbal Remedies and Cancer Treatment*
(https://sandbox18.mskcc.org/pe/herbal_remedies)

If you have any questions, contact a member of your care team directly. If you're a patient at MSK and you need to reach a provider after 5 p.m., during the weekend, or on a holiday, call 212-639-2000.

For more resources, visit www.mskcc.org/pe to search our virtual library.

Diagnostic Laparoscopy - Last updated on May 9, 2023

All rights owned and reserved by Memorial Sloan Kettering Cancer Center