



# WHAT TO EXPECT BEFORE, DURING, AND AFTER LAPAROSCOPY FOR ENDOMETRIOSIS

CanSage, 2025

Laparoscopy is the gold standard for diagnosing and treating endometriosis. Many patients notice an immediate improvement in their symptoms and continued relief after their procedure.

Preparing ahead of time and knowing what to expect can make the experience less stressful and support a smoother recovery. Use this handout to keep track of the details, get ready, and heal.

## WHEN IS MY SURGERY?

Hospital Name:

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Date and Time:

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Pre-Admission Telephone Number:

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Surgeon's Office Telephone Number:

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## BEFORE YOUR SURGERY

### The Pre-Op Assessment

You'll have a series of appointments with the nurse, pharmacist, and anesthesiologist at the hospital's pre-operative clinic in person or by telephone.

### They will:

- Review your full medical history and allergies.
- Go over your prescriptions, OTC medications, and supplements.
- Ask about regular use of cannabis, alcohol, or street drugs.
- Order bloodwork, urine, ECG, or pregnancy test if needed.
- Ask about past reactions to anesthesia (like malignant hyperthermia).
- Get info on other chronic health conditions, like diabetes.

This is a good time to ask questions about anesthesia or post-surgical pain control, too.

## PRE-OPERATIVE INSTRUCTIONS

The surgeon's office will provide instructions to follow in the days leading up to the procedure.

### You may be asked to:

- Stop eating solid food and drinking non-clear fluids 8–12 hours before surgery
- Stop drinking clear fluids 3–6 hours before arriving at the hospital
- Avoid alcohol, cannabis, NSAIDs, and certain prescriptions (e.g., semaglutide)
- Quit smoking or switch to an alternative, like a nicotine patch
- Use special soap or antibacterial wipes the night before
- Have blood work, a COVID test, or a pregnancy test



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## WHAT TO ASK YOUR CARE TEAM:

- How long will my surgery take?
- Can you explain how you'll remove or treat my endometriosis lesions?
- Will you examine my uterus, ovaries, and fallopian tubes during the procedure?
- What are the risks or possible complications associated with my surgery?
- How should I manage pain afterward?
- What medications will you prescribe, and how should I take them?
- How much time should I plan to take off from work or school?
- Will I have restrictions during recovery (lifting, exercise, sex, driving)?
- When should I schedule a follow-up appointment?
- Will my symptoms improve after surgery, and if so, how much?
- What if I need another surgery in the future?

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## DURING THE PROCEDURE

You'll arrive at the hospital a few hours before the surgery is scheduled to start. This gives the pre-admission team time to get you ready in advance.

You'll:

- Check in and sign any paperwork.
- Change into a gown and remove all jewelry.
- Have your vitals checked and an IV started.
- Talk to the anesthesiologist and surgeon briefly.
- Lay on a stretcher and be transported to the OR.
- Be given oxygen and medication to make you fall asleep.

After you're asleep, the surgeon will:

- Make 1–4 small cuts in your abdomen.
- Gently inflate it with gas so they can see the area clearly.
- Use a laparoscope and instruments to identify and treat endometriosis.
- Remove the instruments, release the gas, and close all incisions.



You'll wake up in recovery a short time later. A nurse will monitor your condition and may give you medicine for pain, if you have any. Most patients can go home with a support person later the same day.



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## WHAT TO EXPECT DURING RECOVERY

Healing happens in stages, and knowing what's typical can help you plan ahead. Most patients notice steady improvement over a predictable timeline.

### Days 1 & 2:

- You'll feel groggy.
- Nausea is also common.
- Your incisions may be sore.
- You may have shoulder or chest pain from the gas.

Try to rest and use OTC or prescription medications as directed or on a set schedule.

### Week 1:

- You'll tire easily, but be more active.
- Bloating and cramping are common.
- You may notice light spotting or bleeding.

Try to take short walks around the house or even your neighborhood, but be mindful of how your body reacts. Rest early and often as needed.

### Weeks 2–4:

- Energy usually improves at this point.
- Most patients go back to work or school.
- Light walking and exercise is safe.
- Avoid lifting anything heavy or vigorous exercise.

## WHEN TO CALL THE DOCTOR

Complications after laparoscopy are very rare, but it's important to know the warning signs. Call your surgeon or go to the nearest emergency room if you experience:

- Fever above 38°C (100.4°F).
- Confusion, delirium, or difficulty staying awake.
- Heavy vaginal bleeding (soaking through a pad in 1–2 hours).
- Severe abdominal pain not controlled with medication.
- Redness, pus, swelling, or discharge at incision sites.
- Chest pain, trouble breathing, or persistent nausea/vomiting.

If your surgery was very recent, you can also call the hospital and ask to speak with the nurses on the floor or ward you were on. They may ask you to come back in instead.

## A stylized illustration of a pregnant woman with brown hair and rosy cheeks, sitting cross-legged on a large red cushion. She is wearing a pink long-sleeved shirt and brown pants, and is holding a white mug with both hands. She has a gentle smile and her eyes are closed. The background is a simple light blue and white wall.

## This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.