

Possible Complications Following Laparoscopic Surgery

All surgical procedures are associated with some risk. Although the majority of laparoscopic operations are completed safely and as planned, on occasion adverse events may occur. Such events may fall into one or more of the following categories:

1. Anesthesia: anesthesiologists have made significant advances in improving patient safety; however, anesthetic accidents can happen. The anesthesiologist will discuss possible complications with you before the surgery. If you had prior anesthesia complications you should notify the anesthesiologist during your preoperative consultation.
2. Hemorrhage: excessive bleeding can occur when developing the portals of entry in the abdominal wall, as well as during abdominal and pelvic dissection. Both events are infrequent and can usually be dealt with at the time of laparoscopy, but hemorrhage can occur requiring a transfusion and an open operation is sometimes required. Although the necessity for blood transfusions in laparoscopy is uncommon, you may choose to donate your own blood prior to the procedure to avoid receiving blood from donors, thus lessening the chance of such sequelae as hepatitis and AIDS.
3. Gastrointestinal injuries: Injuries to the intestinal tract can occur. This may happen when establishing the portals of entry from the instruments as well as during pelvic dissection. This is a serious complication and must be rectified. The repair may be conducted at the time of laparoscopy but on occasion may require major surgery. On rare occasions an injury may not be recognized until days after the laparoscopy.
4. Urologic injury: Because much dissection is done around the drainage tubes from the kidney (ureters) and the urinary bladder, there is the possibility of injury to one of these structures. These may be minor or serious, resulting in major surgery.
5. Phlebitis (blood clots in the veins): You may experience tenderness along the vein used for intravenous administration of fluids and medications. This responds to warm compresses and is usually temporary. Occasionally, a small lump at the intravenous site will persist. Although we will take steps to minimize the risk of blood clots in the veins of the legs, such a complication is possible. A related complication is an embolus. This occurs when a clot in the vein becomes dislodged and gets trapped in the lungs, (pulmonary embolus). This is a rare event but can be very serious or fatal.
6. Incisions: infrequently an incision will become infected, requiring warm compresses, antibiotics, and drainage.
7. Pelvic infections: It is possible to develop a pelvic infection after surgery. You will receive an antibiotic during surgery to lessen this prospect. If you believe that you develop an infection after your operation, you must notify your physician immediately.
8. Allergic reactions: You should remember to disclose to your doctor any and all allergies to medication. Several medications are used during surgery, and there is the possibility of a reaction to one or more of them. Corrective measures are taken in the event of an allergic reaction.
9. In addition to the foregoing, complications may occur related to the specialized instruments. Accidental burns and lacerations are in that category.

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10. Ovarian failure: the ovaries may go into permanent failure after surgery resulting in menopause. This is extremely unlikely and is usually associated with extensive ovarian surgery, such as removal of cysts.
11. Neurologic injuries: pelvic nerve injuries may occur when extensive pelvic dissection is required. These are most often characterized by temporary numbness or tingling in the abdomen or lower extremities, but muscle weakness may occur rarely and be permanent. Similarly, weakness of the upper extremity has been reported, but fortunately, is very infrequent.
12. Failed procedure: Occasionally the surgeon will have to terminate laparoscopy and perform an open operation due to technical problems or because the procedure is inappropriate for the disease, as in the discovery of a malignancy. Major surgery could be done at that time only for an urgent problem, and, if appropriate, after consultation with the family.
13. Death: Catastrophic complications resulting in death of a patient is extremely rare with laparoscopy.