PATIENT & CAREGIVER EDUCATION

Diagnostic Laparoscopy

This resource explains how to get ready your diagnostic laparoscopy (LA-puh-ROS-koh-pee) at MSK. It also explains what to do after your procedure.

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).

A surgeon will do your diagnostic laparoscopy. During your procedure, they'll use a laparoscope and surgical tools. A laparoscope is a long, thin, flexible tube with a video camera on the end. The surgeon will use the tools to:

- Look at the organs in your abdomen (belly) 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 near your belly button. They'll put the laparoscope through this incision. Images of your organs will appear on a television screen. This lets your doctor see the inside of your abdomen.

They'll also make smaller incisions where they'll put the surgical tools. After they make 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).

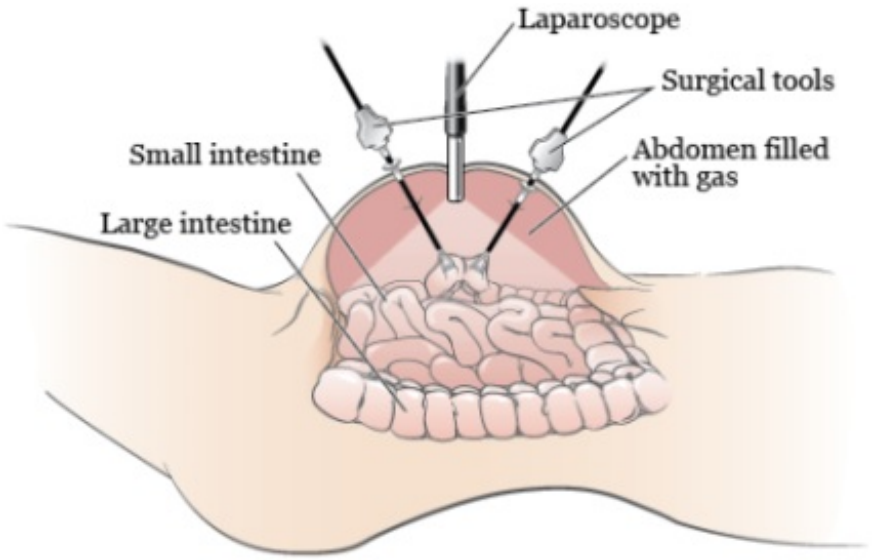


Figure 1. Your abdomen during a diagnostic laparoscopy

Your surgeon may need to do a biopsy or take fluid samples during your procedure. To do this, they'll 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'll go over this with you before your procedure.

Your surgeon may use a robotic device to do your diagnostic laparoscopy. 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 is an outpatient procedure. This means 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 procedure

Your nurse will give you information about your procedure. They'll 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 usual medicines before your procedure. Or, you may need to take a different dose (amount) than usual. Talk with your healthcare provider about how to take your medicines before your procedure. Do not change how you take your medicines without talking with a healthcare provider.

This section lists some examples of medicines, but there are many others. **Make sure your care team knows all the prescription medicines, over-the-counter medicines, and dietary supplements you take.** A prescription medicine is one you can only get with a prescription from a healthcare provider. An over-the-counter medicine is one you can buy without a prescription.



It's very important to take your medicines and supplements the right way in the days before your procedure. If you don't, we may need to reschedule your procedure.

Anticoagulants (blood thinners)

A blood thinner is a medicine that changes how your blood clots. Blood thinners are often prescribed to help prevent a heart attack, stroke, or other problems caused by blood clots.

If you take a blood thinner, ask your healthcare provider what to do before your procedure. They may tell you to stop taking it a certain number of days before your procedure. This will depend on the type of procedure you're having and the reason you're taking a blood thinner.

Here are some examples of blood thinners. There are others, so be sure your care team knows all the medicines 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 injection (shot)	• 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®)

Other medicines and supplements can change how your blood clots. Examples include vitamin E, fish oil, and nonsteroidal anti-inflammatory drugs (NSAIDs). Read *How To Check if a Medicine or Supplement Has Aspirin, Other NSAIDs, Vitamin E, or Fish Oil* (www.mskcc.org/pe/check-med-supplement). It will help you know which medicines and supplements you may need to avoid before your procedure.

Diabetes medicines

You may be taking insulin or other diabetes medicines. If so, talk with your MSK healthcare provider and the healthcare provider who prescribes it. Ask them what to do before your surgery or procedure. You may need to stop taking the medicine or take a different dose (amount) than usual. You may also need to follow different eating and drinking instructions before your surgery or procedure. Follow your healthcare provider's instructions.

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

GLP-1 medicines for weight loss

It's important to tell your healthcare provider if you take a GLP-1 medicine. You must follow special eating and drinking instructions before your surgery or procedure. **It is very important to follow these instructions. If you do not follow them, your surgery or procedure may be delayed or canceled.**

- **Follow a clear liquid diet the day before your surgery or procedure.** Do not eat any solid food. Read *Clear Liquid Diet* (www.mskcc.org/pe/clear-liquid-diet) to learn more.
- **Stop drinking 8 hours before your arrival time.** Do not eat or drink anything after this time, including clear liquids. You can have small sips of water with your medicines.

To learn more, read *Eating and Drinking Before Your Surgery or Procedure When Taking GLP-1 Medicines* (www.mskcc.org/pe/eat-drink-glp1).

Here are some examples of GLP-1 medicines. There are others, so be sure your care team knows all the medicines you take. Sometimes, these are prescribed to help manage diabetes or other conditions. Other times, they're prescribed for weight loss.

• Semaglutide (Wegovy®, Ozempic®, Rybelsus®) • Dulaglutide (Trulicity®)	• Tirzepatide (Zepbound®, Mounjaro®) • Liraglutide (Saxenda®, Victoza®)

Diuretics (water pills)

A diuretic is a medicine that helps control fluid buildup in your body. Diuretics are often prescribed to help treat hypertension (high blood pressure) or edema (swelling). They can also be prescribed to help treat certain heart or kidney problems.

You may be taking a diuretic. If so, ask the healthcare provider doing your procedure what to do before your procedure. You may need to stop taking it the day of your procedure.

Here are some examples of diuretics. There are others, so be sure your care team knows all the medicines you take.

• Bumetanide (Bumex®) • Furosemide (Lasix®)	• Hydrochlorothiazide (Microzide®) • Spironolactone (Aldactone®)

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 procedure

Instructions for eating

Important: If you take a GLP-1 medicine, do not follow these instructions. Follow the instructions in *Eating and Drinking Before Your Surgery or Procedure When Taking GLP-1 Medicines* (www.mskcc.org/pe/eat-drink-glp1) instead.



Stop eating at midnight (12 a.m.) the night before your surgery or procedure. This includes hard candy and gum.

Your healthcare provider may have given you different instructions for when to stop eating. If so, follow their instructions. Some people need to fast (not eat) for longer before their surgery or procedure.

What to do the day of your procedure

Instructions for drinking

Important: If you take a GLP-1 medicine, do not follow these instructions. Follow the instructions in *Eating and Drinking Before Your Surgery or Procedure When Taking GLP-1 Medicines* (www.mskcc.org/pe/eat-drink-glp1) instead.

Between midnight (12 a.m.) and 2 hours before your arrival time, only drink the liquids on the list below. Do not eat or drink anything else. Stop drinking 2 hours before your arrival time.

- Water.
- Clear apple juice, clear grape juice, or clear cranberry juice.
- Gatorade or Powerade.
- Black coffee or plain tea. It's OK to add sugar. Do not add anything else.
  - Do not add any amount of any type of milk or creamer. This includes plant-based milks and creamers.
  - Do not add flavored syrup.

If you have diabetes, pay attention to the amount of sugar in your drinks. It's easier to control your blood sugar levels if you include sugar-free, low-sugar, or no added sugar versions of these drinks.

It's helpful to stay hydrated before surgeries and procedures, so drink if you're thirsty. Do not drink more than you need. You'll get intravenous (IV) fluids during your surgery or procedure.



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

Your healthcare provider may have given you different

instructions for when to stop drinking. If so, follow their instructions.

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'll give you anesthesia during your procedure. They'll 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 help you onto the procedure 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. They'll also track your heart rate and breathing during your procedure.

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

Then, they'll start your procedure. Once they finish, your doctor will release the gas from your abdomen. They'll close your incisions with either:

- Sutures (stitches)
- Dermabond® (skin glue)
- Steri-Strips™ (surgical tape)

What to do after your procedure

In the Post-Anesthesia Care Unit (PACU)

You'll be in the PACU when you wake up after your procedure. A nurse will keep 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 may also have compression boots on your lower legs.

Caring for yourself at home

Here 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'll be drowsy from the anesthesia.
- Don't drink alcohol for 24 hours after your procedure.
- Don't drive a car for 24 hours after your procedure.
- Don't shower for 24 hours after your procedure.
- Starting 24 hours after your procedure, you can slowly start doing your normal 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 make a follow-up appointment if you don't have one already.

How to manage your pain

Pain after a laparoscopy is different for everyone. Pain from your incisions is usually mild (not bad) and can last for several days.

Many people have shoulder pain. This can range from mild to severe (very bad) and may last for 7 to 10 days. This is a common side effect of expanding your abdomen.

Your healthcare provider will tell you what medicine 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 procedure. You can shower after you take off the bandages. You don't need to put a new bandage on after you shower. 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 medicine to help.
- Redness around or drainage from your incision(s).
- Severe bloating or swelling in your abdomen.

More resources

To learn more, read:

- *Getting Ready for Surgery* (www.mskcc.org/pe/getting-ready-surgery)
- *How To Check if a Medicine or Supplement Has Aspirin, Other NSAIDs, Vitamin E, or Fish Oil* (www.mskcc.org/pe/check-med-supplement)
- *Herbal Remedies and Cancer Treatment* (www.mskcc.org/pe/herbal-remedies)

If you have questions or concerns, contact your healthcare provider. A member of your care team will answer Monday through Friday from 9 a.m. to 5 p.m. Outside those hours, you can leave a message or talk with another MSK provider. There is always a doctor or nurse on call. If you're not sure how to reach your healthcare provider, call 212-639-2000.

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

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