

Mini-Laparotomy (Mini-Lap) for Gynecologic Surgery



A mini-laparotomy (mini-lap) is a way of performing major gynecologic operations such as hysterectomy through a small abdominal incision—about 2–3 inches—made just above the pubic hairline, rather than the traditional incision of 6–8 inches.

The advantage of this type of surgery is that it allows for rapid post-operative recovery and return to normal activities. Because the instruments used for the mini-lap are soft plastic and are gentle to the tissues, there is also significantly less pain and discomfort than for standard procedures performed through larger incisions.

Medical conditions that a mini-lap can treat

The mini-lap procedure can also be used for the following surgeries:

- Myomectomy to remove fibroids that are very large, painful, or that cause excessive bleeding
- Sterilization through tubal ligation
- Removal of ovarian cysts or other growths
- Hysterectomy
 - Supracervical Hysterectomy (formerly known as partial or subtotal). The uterus is removed but the cervix, tubes and ovaries remain.
 - Total Hysterectomy. The uterus and cervix are removed but the ovaries and tubes remain. This means that the ovaries still produce hormones and you may experience normal gradual symptoms of menopause.
 - Hysterectomy with salpingo-oophorectomy. The ovaries and fallopian tubes are removed as well as the uterus. Salpingo-oophorectomy can

also be done during a supracervical hysterectomy. You may experience sudden symptoms of menopause after surgery when ovaries are removed.

Preparing for surgery

In most cases, a mini-lap surgery takes no longer than standard abdominal or laparoscopic surgery—usually 2–4 hours. Knowing what to expect before and after surgery can help reduce any concerns or fears you might have. Be sure to follow any instructions your doctor gives you.

Before surgery, you may be asked to:

- Stop smoking, since it may constrict the blood vessels and increase the time for the incision to heal. Smoking can also increase the risk of pneumonia after surgery.
- Have blood, urine and other tests as determined by your physician.
- Stop taking certain medications such as aspirin and non-steroidal anti-inflammatory medications which may increase bleeding. Ask your physician about other medications that may increase the chance of bleeding.
- Stop eating and drinking eight hours before surgery.
- Sign a consent form before surgery.

At the hospital, you will have an intravenous (IV) line to provide fluids and medications such as antibiotics into a vein near your skin surface. During the surgery, you will also receive anesthesia to keep you pain free.

Risks and complications

Although we do not expect any problems, there are some risks to be aware of. Your doctor will discuss these risks at the time



you sign the consent form. The more common risks are:

- infection
- bleeding
- side effects from anesthesia
- damage to nearby organs
- blood clots in legs or lungs

Recovery in the hospital

- After surgery, you'll spend a few hours in the recovery room, and then be moved to another room where you will build up your strength.
- Your incision will be covered with a type of band-aid. The stitches or staples will be inside and will dissolve on their own.
- Your incision will be numb for a while after surgery and any pain will be relieved by medication.
- You may be surprised at how soon you will be urged to get up and walk—first with help, then by yourself. Walking can lower your risk of blood clots and breathing problems. It also helps your bowels recover from anesthesia. In a procedure like the mini-lap, when most women go home the same day, walking becomes even more important.
- There are no restrictions on meals, so you can eat as soon as you wish.
- You can urinate as soon as you can get up.
- A small amount of vaginal bleeding is likely. You may need to use sanitary pads.

Recovery at home

Healing takes time, and how much time depends on your health and the type of surgery you have. You can expect it to be 4–6 weeks before you feel really well, but you may feel well enough to return to normal activities after 2–3 weeks.

During that time there is a lot you can do to make sure you regain your health and energy.

Take care of yourself physically and increase activity gradually.

- Take short walks twice a day.
- Take showers instead of baths until your incision heals completely.
- Do not use tampons or douches. They can increase your risks of infection. Use pads to absorb bleeding or discharge.
- Avoid intercourse for 6 weeks.
- Eat foods high in fiber such as fruits, vegetables, and whole grains to avoid constipation. Drink at least 8 glasses of water each day. You may take an over-the-counter stool softener, twice a day for 6 weeks if you wish.
- Use pain medications, if necessary, as directed.
- To heal, you need to rest. Plan a rest for 1–1½ hours each day. Tell family and friends how they can help.
- For 2–4 weeks, avoid tasks or movements that can strain your incision, such as lifting and bending.
- You can drive after 2 days, but do not drive while taking pain medication.

Take care of yourself emotionally.

Having any surgery may affect your emotions. Although you may feel relieved not to have symptoms, you may feel down about the changes in your body. And you may have mood swings or hot flashes if you have a hysterectomy with ovaries removed and you have not yet reached menopause. Be sure to talk to your doctor, your partner, or friends about how you feel. You may want to consider short term hormone replacement or anti-depressant medication if your doctor recommends it.

Call your doctor if you have:

- fever above 101°
- heavy vaginal bleeding, requiring two or more pads per hour for two hours in a row
- redness, bleeding, or discharge on the incision site
- pain, swelling, or cramping in your legs or calves.

If you experience shortness of breath or chest pain, go to the nearest ER or call 911.

Staying healthy

Once you have healed from surgery, you can focus on enjoying life. You may have more energy now that symptoms of severe pain and bleeding are gone. To feel your best, try to eat a balanced diet and walk or engage in other physical activity every day.

Remember that we at Kaiser Permanente want you to thrive. If you need support to stop smoking or increase your physical activity, or if you need further information on other topics, check out these other Kaiser Permanente resources.

Other resources

- Connect to our Web site at members.kp.org to access health and drug encyclopedias, interactive programs, message boards, health classes, and much more.
- Check your *Kaiser Permanente Healthwise Handbook*.
- Contact your Kaiser Permanente Health Education Center or Department for health information, programs, and other resources.
- With a Kaiser Permanente Healthphone Directory, you can pick topics and messages to hear on Kaiser Permanente Healthphone (1-800-332-7563; TTY: 1-800-777-9059). Request a Directory from your Health Center or Department; or download a copy at members.kp.org. (Search "Healthphone".)

This information is not intended to diagnose health problems or to take the place of medical advice or care you receive from your physician or other health care professional. If you have persistent health problems, or if you have additional questions, please consult with your doctor.