

**Patient
Information**

Laparoscopic Ovarian Diathermy (LOD)

Introduction

You have been given this leaflet to answer some of the questions you may have as you are now on the waiting list for Laparoscopic Ovarian Diathermy (LOD).

What is LOD?

LOD is a surgical treatment for women with polycystic ovaries who have irregular periods or when ovulation does not happen. The aim of LOD is to induce ovulation. This procedure is combined with a dye test to check your fallopian tubes. Please see leaflet GHPI0457 Laparoscopy and dye test.

LOD involves a laparoscopy (keyhole surgery) under a general anaesthetic (while you are asleep) and is usually done as a day case.

What to expect before your operation?

After your first consultation you will be assessed either by telephone or in the pre-admission clinic. We will check if you are fit for the laparoscopy.

If you are taking the contraceptive pill, there is no need to stop as the surgery is only a day case procedure.

Please avoid unprotected intercourse during the month of your laparoscopy. If there is any chance of you being pregnant your operation will be cancelled.

If you think your surgery date might coincide with your period, please contact your consultant's secretary as we might be able to give you hormone tablets. You will need to take these a week before your expected period. This will postpone your period until after the surgery.

Reference No.

GHPI0462_02_24

Department

Gynaecology

Review due

February 2027

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What happens during the procedure?

The anaesthetist and a gynaecologist will see you before your keyhole surgery to answer any questions you may have.

The surgery takes about 15 minutes.

A small cut is made below your belly button to enter the abdominal cavity using the laparoscope. Additional small cuts may be needed for use of additional instruments to perform the procedure. Small dissolvable stitches are used to close the wound.

This treatment is often successful in inducing ovulation and regular periods.

The findings will be explained to you before you go home.

What are the possible complications?

Many laparoscopic surgeries are completed without problems but the recognised risks are:

- Damage to the bowel, bladder or major blood vessels
- Failure to enter the abdominal cavity
- Uterine perforation
- Bruising
- Shoulder tip pain - this is due to the gas used during surgery
- In extremely rare cases it may be necessary to make a bigger incision than planned; a laparotomy. Should this happen, you will need to stay in hospital overnight.

After the operation

You may have a sore throat or nausea from the anaesthetic. You will be given pain relief.

As mentioned, the stitches will dissolve, but can be removed by your GP's practice nurse if they irritate you.

You can take a bath or shower the day after the procedure.

Sexual relations can be resumed as soon as you are comfortable to do so.

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When can I go back to work?

Most patients go back to work after 2 to 3 days, but some take longer. A sick note of up to a week can be given if needed.

An appointment will be sent to you if a follow up is needed.

Contact information

If you have any questions, please contact the fertility nurses on the number below:

Cotswold Fertility Unit

Tel: 0300 422 3128

Monday to Friday, 8:00am to 4:00pm

Website: www.cotswoldfertilityunit.co.uk

Content reviewed: February 2024

Making a choice

Shared Decision Making

If you are asked to make a choice, you may have lots of questions that you want to ask. You may also want to talk over your options with your family or friends. It can help to write a list of the questions you want answered and take it to your appointment.



Ask 3 Questions

To begin with, try to make sure you get the answers to three key questions if you are asked to make a choice about your healthcare.

1. What are my options?
2. What are the pros and cons of each option for me?
3. How do I get support to help me make a decision that is right for me?

These resources have been adapted with kind permission from the MAGIC Programme, supported by the Health Foundation

* Ask 3 Questions is based on Shepherd HL, et al. Three questions that patients can ask to improve the quality of information physicians give about treatment options: A cross-over trial. Patient Education and Counselling, 2011;84: 379-85