



Surgery for endometriosis

Laparoscopy

This factsheet is for anyone who has been offered laparoscopic surgery for endometriosis or suspected endometriosis. It explains how this surgery is used to diagnose and treat endometriosis, as well providing information on the different surgical techniques you may be offered.

What is a laparoscopy?

During a laparoscopy the surgeon will use a small camera called a laparoscope to look inside your abdomen (tummy) for signs of endometriosis. The surgeon may also take a small sample of tissue for analysis. This is known as a biopsy.

Why do I need a laparoscopy?

Surgery can confirm your diagnosis and treat endometriosis. Laparoscopic surgery is the only way to be certain you have endometriosis. Endometriosis does show up on some scans. However as not all endometriosis shows up on scans you can still have endometriosis and have a negative scan result. During surgery your surgeon will aim to remove any endometriosis that is visible to help improve your symptoms. Sometimes your endometriosis can not be treated at the same time as your diagnosis. This will depend on where the endometriosis is and how it affects you. Your surgeon will talk to you about your surgery and discuss your options. The type of surgery you have will depend on your individual circumstances.

What happens during a laparoscopy?

If laparoscopy is used to treat as well as diagnose endometriosis, the aim of the surgery is to:

- Destroy or remove areas of endometriosis
- Destroy or remove ovarian endometriotic cysts
- Divide scarring to free tissues or improve fertility

At the start of the operation, your bladder will be emptied (catheterised) and the vagina and in some cases, rectum maybe examined for signs of endometriosis. A surgical instrument is often put inside the womb (uterus), this allows the surgeon to move the womb to facilitate surgery. A fine needle will then be inserted inside your belly button and your tummy will be filled with carbon dioxide gas. The carbon dioxide gas lifts the tummy wall away from the bowel to create space for examination and possible surgical treatment. Two or three small cuts of around 1cm are made. One just inside the belly button, and one on the bikini line for an instrument to help

to look at the organs. Another cut may be made to add a further instrument to remove endometriosis.

A careful inspection is made of the womb, ovaries, fallopian tubes, Pouch of Douglas (area behind the womb near the rectum), bowel, bladder and all surrounding areas. A record of the severity of the disease is made by either drawing, photographs or video.

Making decisions about surgery

Your surgery should be decided in partnership between you and your surgeon. Endometriosis is either treated by excision meaning the endometriosis is cut out. Or ablation where an energy source like heat is used to destroy the endometriosis tissue. The type of surgery you have will depend on your individual case and your own needs and priorities.

These could include:

- Whether you have deep or superficial endometriosis
- Where your endometriosis is, for example close to an organ like the bladder or bowel
- If you've had any previous surgery
- Risks or side effects of surgery
- Your medical history or health risks

Deep endometriosis is treated by excision. However, in some cases this isn't possible due to individual circumstances, such as if excision would be a risk to organs or blood vessels.

Superficial endometriosis may be excised or ablated depending on individual circumstances, and the techniques available at your hospital.

Your surgeon will explain the planned surgery to you and can advise you any benefits, risks, or side effects.

Some questions to ask include:

- What is the aim of my surgery?
- Will I be symptom free after surgery?
- Will the pain return after surgery?
- Will my endometriosis come back after surgery?
- Will this surgery improve my chances of getting pregnant?
- What surgical method will you use to remove endometriosis, and why?
- How long will the surgery take?
- How long will it take me to recover?
- What symptoms can I expect after surgery?

Laparoscopic surgery techniques

Not all techniques are available at all hospitals and not all surgeons are trained in each surgical technique. The type of surgery offered to you will depend on where you are treated and your individual circumstances. If you are unsure or have any questions about your surgery you can speak to your surgeon or clinical nurse specialist.

Excision Surgery

This involves using surgical equipment, like scissors, electrosurgery, ultrasound or lasers, to cut out areas of endometriosis.

Laser ablation/excision

The word laser stands for Light Amplification by Stimulated Emission of Radiation. It uses a thin beam of concentrated light to create an intense energy beam that burns endometriosis tissues. Lasers can be used to ablate (destroy) or excise (cut out) endometriosis.

Robotic-assisted surgery (RAS)

A robotic surgical system includes a camera arm and mechanical arms with surgical instruments attached to them. The surgeon controls the arms while seated at a computer console near the operating table. The console gives the surgeon a high-definition, magnified, 3D view of the surgical site. RAS can be used to ablate (destroy) or excise (cut out) endometriosis.

Electrocoagulation/Diathermy

This technique uses electrical heat to destroy and remove endometriosis, as well as control bleeding.

Harmonic Scalpels

These are devices that use high frequency vibration to destroy or remove endometriosis.

After the operation

The anaesthetic will stop and wear off as soon as the operation is completed, and you will wake up quickly. It is normal to feel sore after the operation. Your anaesthetist will give you painkillers and they should be already working when you wake up.

You can expect to:

- Feel sore around the incisions and sometimes have period-like pelvic pain.
- Have swelling or bruising around the wounds.
- Feel bloating and discomfort in your ribs and shoulders from the carbon dioxide gas. This is normal and will get better over a few days.

- Feel sick or be sick. This can be caused by the anaesthetic and your pain medication.
- Have some vaginal bleeding. A surgical instrument is often put inside the womb to facilitate surgery. This instrument is removed at the end surgery. This can disturb the lining of the womb causing a light period like bleed or spotting and should not be heavy.

Any pain or discomfort will be treated with painkillers. Sickness can be treated with anti-sickness medication. You should start to feel better within two weeks, but it may take up to 8 weeks to feel the full benefit from the surgery. Your first few periods after surgery may be different to your usual periods, this should settle after a couple of months.

At home

When you go home you should be able to get up and about gradually return to normal activities. You can expect to have pain which can be treated with painkillers for the first few weeks. You can resume driving when you have stopped taking strong painkillers that make you drowsy. You will need to sit comfortably in the car seat, can turn to look in the mirror and do an emergency stop.

Complications

You should look out for signs of complications. These will include:

Infection

Signs of infection include a high temperature and flu-like symptoms; Other signs of infection may include:

Urinary tract infection - weeing more frequently, pain when weeing, or strong-smelling wee

Wound infection – the wound site is hot to touch, red, swollen or has discharge If you experience any of these symptoms following surgery, you should phone the ward or contact your GP.

Urinary retention

This means not being able to wee. If you feel like you need to wee but can't, go to A&E

Pain and bleeding

Pain and bleeding are to be expected after surgery. If you are bleeding so much that you fill a sanitary pad in 30 minutes, or your pain is not controlled by your prescribed painkillers it could be a sign of infection or complications. If you're unsure contact the ward, you can also visit your GP. If you need emergency care, go to A&E.

How we can help

Surgery for endometriosis can be a daunting experience. If you're finding things difficult, we're here to help. Our trained volunteers, all with personal experience of endometriosis, can offer you the help you need to understand your condition and take control. We offer quality information and emotional and practical support through our network of support groups, helpline, webchat, and online forum.

Visit www.endometriosis-uk.org/get-support or Helpline: 0808 808 2227

Further information on endometriosis

[NHS England](#)

[NHS Inform Scotland](#)

Tell us what you think

You can give us feedback on all our publications by contacting us on information@endometriosis-uk.org

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