



ACE
Athens Centre for
Endometriosis

GCEMI

PATIENTS' BOOKLET

Information for patients
and relatives

Athens Centre for Endometriosis
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Welcome

Hello,

I am Dr Konstantinos Kyriakopoulos, consultant gynaecologist and endometriosis specialist, and it is my pleasure to provide you with information that will help you prepare for your upcoming surgery with us.

Travelling for care can sure be stressful to say the least but rest assured that my team and I will be looking after you. We have taken all the necessary steps to ensure that all your medical needs will be met, without causing you more stress. Anything that you might need for the duration of your stay, before and after your surgery, we will do our best to provide you with.

Over these years as an endometriosis specialist, I have operated on very complex and difficult cases of endometriosis, and I am happy to say that our results are very good. I have also witnessed the struggles of every person suffering from endometriosis that came to us, some of these stories are mind blowing. What is also impressive is their strength and how well informed they are about endometriosis.

I hope that the information provided in this booklet will reduce the pressure you are under with organising your travel. And thank you to our patients who contributed to this booklet.



Dr Konstantinos Kyriakopoulos

Consultant gynaecologist and endometriosis specialist
FACOG, EFOG- EBCOG, MIGS, PhD, MSc



Hello. My name is Marina, I am an endometriosis specialist nurse and together with Dr Kyriakopoulos and other colleagues will be looking after you. I understand that coming for surgery is not easy, but I promise that I will be there for you. I will see you in our clinic and I will also visit you in the hospital and help you with whatever you need. I hope that this booklet will give a bit of insight into how to prepare for your surgery with us and what to expect overall.



Marina Gkamili
Endometriosis specialist nurse

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Introduction

This information is for you, if you wish to know more about having surgery at Athens Endometriosis Centre in Greece. It may also be helpful if you are the partner, relative or friend of someone with endometriosis and you want to find more about us.

The information here aims to help you better understand your journey to Greece for excision surgery. Please note that as your healthcare team we are here to support you in making decisions that are right for you. So, you can ask us

anything you want.

Some of the information covered by this booklet:

- How to get in touch
- Consultation
- Pre-op and surgery preparation
- Surgery day
- Surgery complications and post-operative care
- Recovery
- Further information and support available

What is endometriosis?

Endometriosis happens when tissues similar to the lining of the uterus grow outside of it. It is a disease that affects 10% of the population born with a uterus and can grow pretty much everywhere in the body. At the global level, endometriosis is one of the most common misdiagnosed chronic illnesses, with an average delay in diagnosis of up to 10 years or more since the appearance of first symptoms.

Quite often patients go through multiple medical trials and surgeries that are incomplete in order to treat their endometriosis. In search of an expert team some of them have no choice but to

travel either outside their city or outside their country.

Endometriosis is a chronic illness that can cause severe pain to the point that one can become bedridden. It is also a disease that can lead to complications such as bowel obstruction or silent kidney loss, and, of course, infertility.

There are various types of treatments that patients are often offered, however, the only method that has the best results, for both removal of the disease and symptom improvement, is excision surgery done by a multidisciplinary team.



Excision surgery

Excision surgery is considered the gold standard in endometriosis care and consists of the entire removal of endometriosis tissues. As opposed to ablation, excision can be used on important organs including bowel and nerves. It has a low rate of recurrence and can offer significant symptoms improvement, in addition to improving fertility.

However, it is important for excision surgery to be done in a dedicated endometriosis specialist centre that has a multidisciplinary team, able to operate on multiple types of endometriosis. With excision surgery organs are preserved and a histopathological diagnosis can be obtained.

Endometriosis specialist

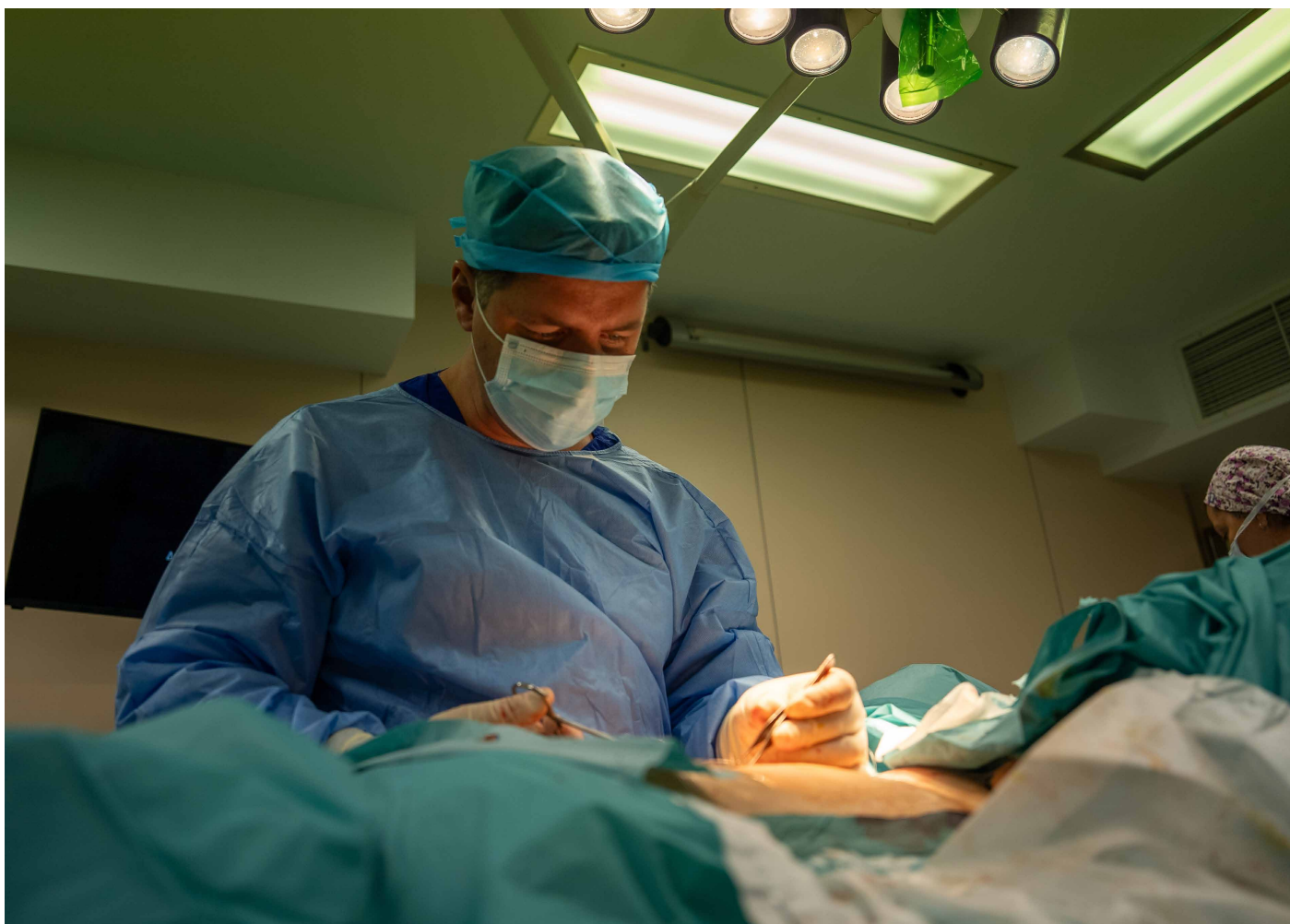
An endometriosis specialist is in general a gynaecologist surgeon that has extensive training and experience in operating endometriosis. Endometriosis is a disease that requires high-anatomical knowledge and advanced surgical skills. Due to its difficulty, it is an area that not many doctors are embracing. An endometriosis specialist works, in general, in an endometriosis centre, and operates in a multidisciplinary team.

Endometriosis specialist centre

An endometriosis specialist centre is either a clinic, a department or a team dedicated to diagnosis and treatment of endometriosis and adenomyosis. A multidisciplinary team is a prerequisite in endometriosis surgery. There are various specialists that can be involved in endometriosis, both surgeons and treating clinicians.

In addition to surgeons, anaesthetists, endometriosis specialist nurses, an endometriosis centre might have in their team or work with fertility specialists, pelvic pain therapists, nutritionists, psychologists, etc. Because of their extensive experience the complication rate will be lower, and surgeries will take place via a minimally invasive route. This includes bowel or thoracic surgery.





About us

Athens Centre for Endometriosis is a specialist centre dedicated exclusively to endometriosis and adenomyosis diagnosis and treatment. Our primary treatment method is excision, and all our surgeries are done via keyhole. We benefit from a multidisciplinary team of surgeons, radiologist, anaesthetists, and endometriosis specialist nurse, and all our surgeries are done together with our general surgeon. This is a guarantee to patients that whatever their case complexity, we are able to handle it.

We are a close team that places a high importance on patients' autonomy in decision making and high-quality care. Informed consent is highly prioritised in our centre and patients get to decide what is the best approach for them. We are also guided by one of our core-values, "first do no harm", as such all surgeries are done by surgeons with extensive experience in their area.



**A word
from us all**



HELLO FROM US ALL!

WE'RE THE MEDICAL TEAM AT THE ATHENS CENTRE FOR ENDOMETRIOSIS!

We hope you're looking forward to starting your journey to a pain free life with us here at Athens Centre for Endometriosis. This booklet gives you an overview of what to expect when having your surgery with us, for each step that you will go through, and hopefully, it will make you feel at ease and be better prepared.

As a team, we work together to look after your needs, putting together our knowledge and expertise so you can have a life with no pain. We are based in Athens, an amazing city, with so much to see and do, so we hope that you will be able to set some time aside and do a bit of sightseeing. We also hope that this booklet will answer many of your questions and we look forward to welcoming you soon.

Our team

Athens Centre for Endometriosis benefits from a multidisciplinary team led by Dr Konstantinos Kyriakopoulos. Centred around the complexity of endometriosis, we have assembled a team of surgeons and medical practitioners that allows us to treat endometriosis in teenagers, thoracic endometriosis, bowel and urinary endometriosis and endometriosis of the pelvic nerves, in addition to pelvic endometriosis. Most of our team members have been working or training abroad in countries such as the UK, France, Spain and Italy.



Dr Konstantinos Kyriakopoulos

Our lead surgeon, Dr Konstantinos Kyriakopoulos, is a consultant gynaecologist and endometriosis specialist with advanced training in laparoscopy. He is a military doctor, having served in a few military bases, including a NATO one. Dr Kyriakopoulos spent nearly 3 years working in the UK in one of the busiest endometriosis specialist centres.

Dr Kyriakopoulos holds specialist training in neuro-pelveology, Level 2, obtained after successful training with Prof Posover in Switzerland. He is a fellow of the European Gynaecology and Obstetrics Society, and the American College of Obstetricians & Gynaecologists. Dr Kyriakopoulos is also certified in minimally invasive surgery by the European Society of Gynaecologic Endoscopy.

As a video-vetted endometriosis specialist, Dr Kyriakopoulos is known amongst patients from all over the world. His care, empathy, and bed-side manners are second to none. He pays a particular attention to patient's rights for informed decisions, and he makes sure to thoroughly explain to them all about their care, and get their say on what to do.

Dr Nikos Georgopoulos

Dr Georgopoulos is a renowned consultant colorectal surgeon. Dr Georgopoulos takes part in each surgery, as such, if during surgery bowel endometriosis is found or any other bowel issues, it will be taken care of.

Dr Georgopoulos has an impressive career of more than 30 years, having worked and trained in a few countries in Europe and in Brazil. He is trained in advanced laparoscopy and his medical degree was obtained from the Aristotle University, Thessaloniki, Greece. His surgical cases account for more than 7500 procedures, performed both in public and private care.





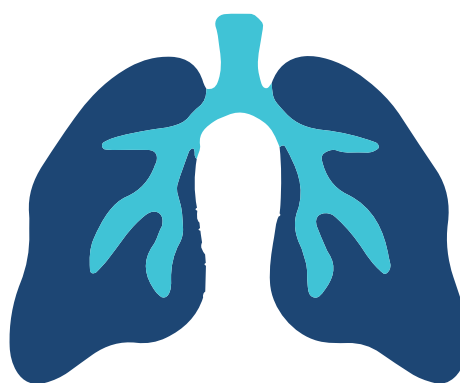
Dr Nikos Brattis

Dr Brattis is a consultant urologist and is the one who takes care of urinary endometriosis. Dr Brattis graduated in 2005 from Aristotle University and holds advanced training in laparoscopy. Dr Brattis spent a few years working in public hospitals in the UK. Currently he works in private care in and at 401 Military Hospital, a public hospital in Athens.



Dr Konstantinos Konstantinidis

Dr Konstantinos Konstantinidis is a consultant thoracic surgeon trained in minimally invasive surgery, including robotic surgery. Dr Konstantinidis is a Fellow of the European Board of Thoracic Surgery. He completed his training in cardiothoracic surgery in a public hospital in the UK. He was also a fellow in thoracic surgery at St James University Hospital, Leeds, UK. Dr Konstantinidis is a published researcher and an author. He has a special background in the military academy.



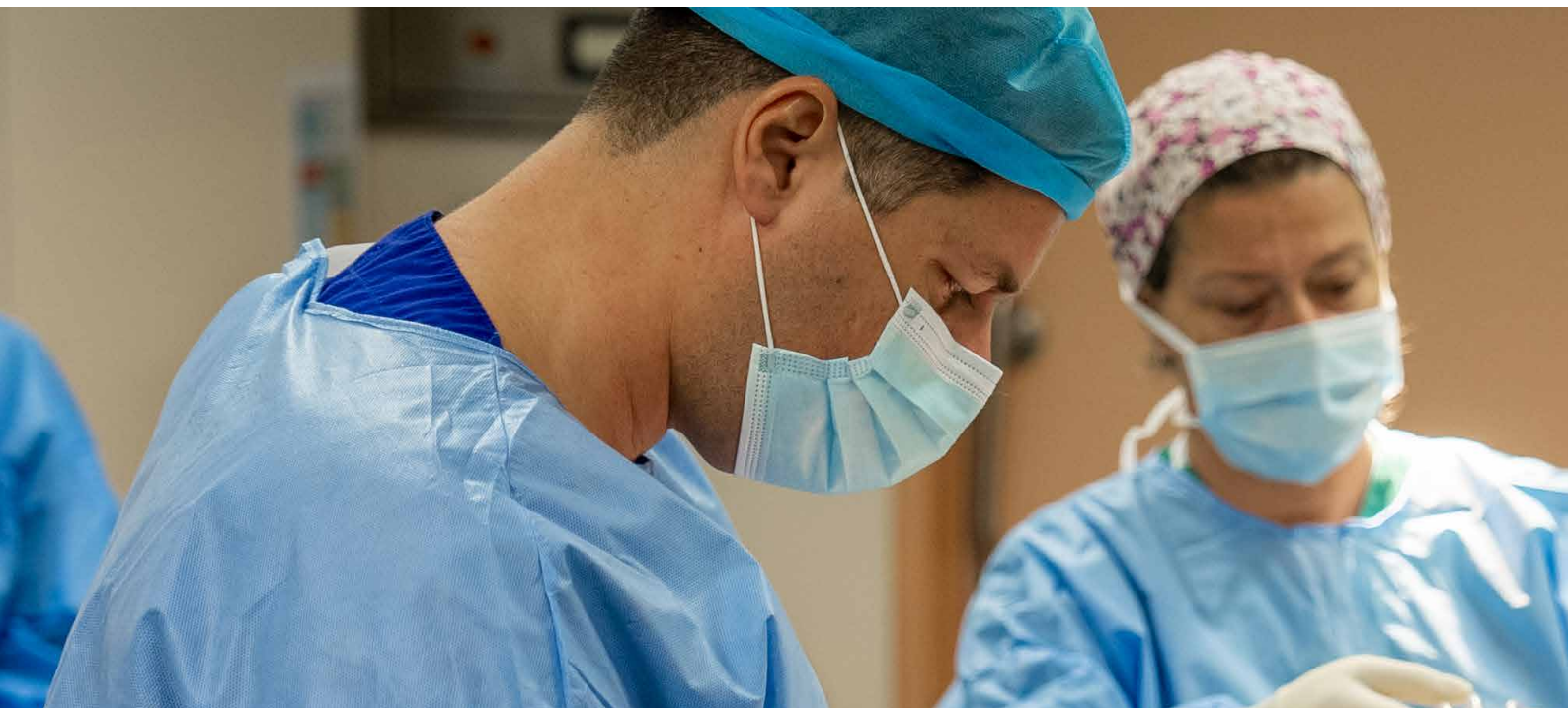


Dr Anna Spanomanoli

Dr Anna Spanomanoli is a consultant anaesthetist, with 20 years of experience. Dr Spanomanoli holds a degree in psychology from the University of Baltimore. Her medical degree was obtained in Hungary, and she is currently working in private care.

Dr Georgia Dragini

Dr Georgia Dragini is a consultant anaesthetist and the director of the anaesthesiology department at Mediterraneo Hospital. She graduated from the University of Patras as a medical doctor, and she has more than 20 years of experience.



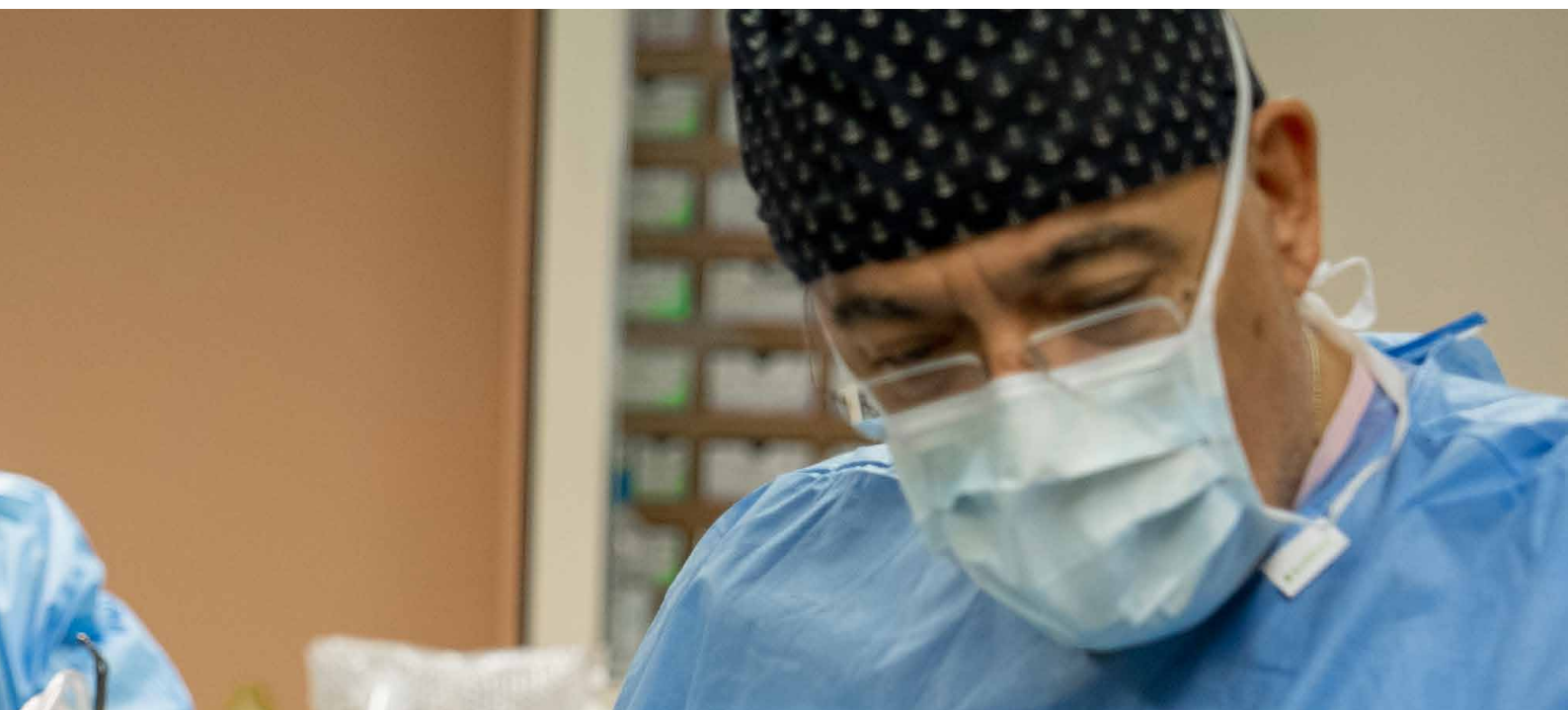


Dr Stefanos Lachanis

Dr Stefanos Lachanis is a consultant radiologist and a specialist in MRI for endometriosis. Dr Lachanis experiences in radiology span decades, diagnosing both benign and malignant diseases.

Marina Gkamili

Marina is an endometriosis specialist nurse, and a graduate of the University of West Attica, School of Health and Welfare Professions, as midwife. She trained in Argos, a town in Greece, in the gynaecology department of the General Hospital and later on she became an endometriosis specialist nurse.



Our services

OUR CENTRE IS
DEDICATED MAINLY
TO **ENDOMETRIOSIS,**
AND ADENOMYOSIS

We are able to treat:

- Pelvic endometriosis
- Ovarian endometriosis
- Bowel endometriosis
- Abdominal endometriosis
- Urinary endometriosis
- Thoracic endometriosis
- Pelvic nerves endometriosis

We can also see teenagers in our centre and menopausal patients.

What tests do you need?

In some cases, based on personal history and if there is a suspicion of organs involved, an MRI of the pelvis with contrast under strict endometriosis protocol and an ultrasound of kidney-ureter-bladder might be asked. These can be reviewed as written reports or when needed, we are asking for the images to be sent, to review them with our radiologist.

Note: You do not need a prior diagnosis to have surgery with Athens Centre for Endometriosis.

Our outpatient clinic

Our clinic, Gynaecology Clinic for Endometriosis and Minimally Invasive Surgery, is based in Athens, on the 4th floor of a commercial building. Set in a quiet area of Athens, our clinic is the place where we see patients for consultation before and after surgery.

Mediterraneo Hospital

Our surgeries take place at Mediterraneo, a private multidisciplinary hospital based in Glyfada, one of the nicest areas in Athens, close by to lovely beaches, with plenty of taverns and restaurants around. Mediterraneo is a multi-floor boutique hospital that benefits from 120 beds, and it has a multilingual service.



Administrative help

We offer various medical letters for patients that come to us, from visas to cost reimbursement, free of charge.

GET IN TOUCH

To have your case reviewed by Dr Kyriakopoulos you can send an email at info@drkyriakopoulos.gr. Once we receive your email, Dr Kyriakopoulos will answer you and send you, our questionnaire. After that he will advise you further, if surgery is needed. For patients that want, a skype consultation can be offered. This is free of charge.

Patients surgical journey

THIS PART CONTAINS ALL THE
INFORMATION THAT YOU NEED TO KNOW
ABOUT YOUR UPCOMING SURGERY AT
ATHENS CENTRE FOR ENDOMETRIOSIS.



Travelling to Greece and duration of stay

Patients are asked to arrive 2-3 days before the operation. Dr Kyriakopoulos will see them in our clinic, at a given date and time, then the next day will be the pre-op tests. After surgery, patients are recommended to stay for 3-5 days in the country before going home.

Note: For patients that will do an MRI with us, it is required to arrive in the country 4 days before surgery. This will give Dr Kyriakopoulos and our radiologist time to review it and then discuss the findings in detail with the patient.



Consultation

Outpatient consultation

Consultation takes place in our clinic, which is in a different area than the hospital. Consultation consists of a thorough conversation with Dr Kyriakopoulos about medical history, areas affected by endometriosis, and very important, about what to be done for each part where endometriosis might be found and the possible risks. We place a high importance on informed consent. And all our patients are fully involved in surgery decision making.

Dr Kyriakopoulos will also do abdominal and transvaginal scans and after consultation Marina, our nurse, will provide you with a medical kit which includes all

necessary medication for the postop period. If you are on your period, you will still be seen by Dr Kyriakopoulos, providing that you are comfortable with. You will also receive information about dieting and bowel prep, if applicable.

Relatives or friends of the patient can take part in the consultation. They will be included in the conversation and the information shared.

Note: If bowel endometriosis or thoracic endometriosis is suspected or diagnosed, patients will also have consultation with the relevant surgeon.



After consultation

After having your consultation with Dr Kyriakopoulos, you should have an in depth understanding of what exactly it will be done in your case. By this, we mean:

- What will be done for each area where endometriosis is found;
- What are the risks and benefits of each surgical gesture;
- What will the results be such as pain or fertility improvement, and when it is likely to be achieved;
- What to expect when coming out of surgery;
- What to expect during your recovery based on what was done during surgery;

Surgery kit

All our patients are provided with a kit, free of charge, that will contain various things needed for after surgery such as plasters, bandages, painkillers, enema, Fortrans and Clexane injections. Clexane injections will be taken after surgery.

Note: If you find it hard to understand the dosage written on some meds, feel free to ask Marina or Dr Kyriakopoulos.



Tests

Pre-operative tests

All our pre-operative tests are done at Mediterraneo Hospital, a day or two prior to surgery. On your arrival report to the main reception and they guide you further.

As part of testing, patients are doing blood tests, EKG, x-rays if patients are 40 years or older. At this time, patients will also meet the anaesthetist and the cardiologist.

At this stage, patients will also sign whatever documents are needed.

COVID testing

All patients and their carers are required to do a rapid Covid test.

Note: Passport is required for pre-op and COVID testing.

MRI for endometriosis

If an MRI for endometriosis is needed, this will be done by our radiologist specialist in MRI for endometriosis at the Iatropolis Radiology Centre in Chalandri, area of Athens.

Note: We generally work with what patients have done in their country. If the patient did not do an MRI in their country and if during consultation Dr Kyriakopoulos notes signs of endometriosis on the bowel or other organs, he recommends an MRI.

Preparation: The day before the MRI you are allowed only water and tea, and in the evening, you have an enema.

The MRI for endometriosis uses vaginal gel is only. Rectal gel is used only when there are big or multiple rectal nodules. The MRI is done with contrast media. There is also an open MRI for claustrophobic patients, however, the precision is not as good as with the classic MRI machine.



Preparation

Surgery preparation

Each patient will go through a surgery preparation stage consisting of a diet and bowel prep. The days for preparation are based on whether bowel surgery is needed or not.

Preparation for surgery **without bowel resection** starts 2 days before surgery:

- 2 days before surgery you have a liquid diet consisting of creamy foods like soup, mashed potatoes or smoothie for the whole day.
- 1 day before surgery you are allowed to drink only water or tea.
- the night before surgery you need to do an enema. Another enema will be done at the hospital on the day of surgery.

Preparation for surgery **with bowel resection** starts 3 days before surgery:

- Day 3 and 2 before surgery you have a liquid diet consisting of creamy soups, mashed food, broth soups.
- 1 day before the surgery water and tea only.

Note: Bowel preparation is done over 2 days.

Patients that will undergo bowel surgery, will need to take an oral solution to clean their bowel, named Fortans. This is included in the kit we give to patients at consultation.

Instructions for Fortans

The package contains 4 sachets. In 1l of water you dissolve one sachet. You will drink that twice a day, in the morning and in the evening.

- Day 2 before surgery: 1l of Fortans in the morning, 1l of Fortans in the evening.
- Day 1 before surgery: 1l of Fortans in the morning, 1l of Fortans in the evening.

Note: The taste is not too bad, but it might make you a bit sick. You can use a lemon if you find it hard to drink it.



Other surgery preparation information

1. Patients are told to stop eating and drinking 4-8h before surgery, but this information will be given by our anaesthetist at consultation.
2. If you are on hormonal medication, it would be better to stop it 4-6 weeks before the surgery to reduce chances of thrombosis.
3. If you are on your period, you will still have your surgery. You should be aware that in case you see blood in urine after surgery, do not get scared, it might be from your period.
4. We also recommend shaving your pubic at home a couple of days before the operation so that the skin has healed until the day of the operation.

Baggage for hospital stay

Mediterraneo Hospital will provide patients with toiletries, hospital dress, compressing shocks and slippers. Following surgery, you can change into your own clothes. Some things that you need with you:

- Telephone charger and adapter (depending on the one used in your country);
- Loose trousers or a dress, underwear. After surgery you will be bloated and the tummy might feel sore, so loose clothes will help.
- Pj, a bathrobe, slippers, and tampons. After surgery you might bleed, so it is good to have some pads with you.
- Anything that brings you comfort (sweets, a book, a personal object).
- Strepasil for throat pain.
- Personal hygiene (hair, teeth, lip balm).
- Ear plugs, sleep mask.
- A bottle with a straw to drink water without lifting yourself up.



Duration of hospital admission

Hospital admission is based on the type of surgery and can be 1 night, or 2-3 nights for bowel resection. In case of thoracic endometriosis, patients spend one day in ICU and another 1-2 nights in the hospital.

Dietary needs

The food provided by the hospital is normal food consisting of vegetables and meat. Patients with dietary needs can inform Dr Kyriakopoulos or Marina and they will make the necessary arrangements.

Hospital rooms

Each hospital room has an ensuite bathroom and places to keep your belongings. There is also a call button, in case you need any help.

Dr Kyriakopoulos arranges for his patients to share a room. In some cases, patients can stay alone, provided there is availability. A relative or a friend can also stay overnight. There is a sofa that can be used as a bed.

Visiting hours

The hospital has visiting hours, so the person you are with can come and see you. In some cases, the person can stay with you for the whole day, or come and see you outside the visiting hours as well.

Payment

Payment for surgery is taken as a deposit before surgery, then the rest is paid after discharge.

Surgery day

Patients should arrive at the hospital at the given time. This is usually 3h before surgery. Upon arrival, please report to the reception. Early patients will be notified about reception opening hours and where to go.

After arrival the patient will be met by a nurse and taken inside the hospital to start preparation for surgery. Some paperwork might be given for signing at this stage.

Part of surgery preparation a cannula will be inserted, and blood will be taken. Afterwards, you will be taken to your room where other steps of preparation will be done. A second enema might also be needed. Usually, your surgery will happen within 3-4 hours of your arrival, but there may be delays so bring something to keep you busy.

You will then change into a hospital gown and single use underwear is offered as well. Depending on Dr Kyriakopoulos time, he might come and see you before surgery and have a last-minute chat. When the time comes you will be taken into the theatre room on a bed.

Medical and admin staff

On the day of your surgery, you will likely meet a few people, each with their own role, from nurses to admin staff, and, of course, the medical team. You might see them in your room, or in the theatre. Also, the staff change based on a rota, so by the time you come into your room, you might see a different nurse. It can be overwhelming having to speak with more people than you are normally used to. Take your time and let them know if you are stressed or anxious.

In the operating room

We are a large medical team, and each person has their own important role. It can be a bit emotional once you are there, but we are all around you and we will be speaking with you, until you fall asleep.

Once you lie on the operating table, with your arms by your side, you will be covered with a blanket.

The anaesthetic team starts preparing you. They will attach various things to monitor you, including an oxygen monitor that will be attached to your finger.

The anaesthetic is usually given through an IV line.

Once the medication kicks in, you will fall asleep. This happens very fast, within seconds.

Once you fall asleep, you will be uncovered, positioned, cleaned and covered with sterile sheets.

Other steps such as a bladder catheter insertion will be done.

Surgery is ready to begin.



Surgery

After you fall asleep, surgery will start. The surgeons will create an incision in the belly button through which the gas and the camera are inserted, then the other incisions will be done. They will first run a thorough inspections of all areas, and then start removing the disease.

For endometriosis of the diaphragm, when lesions are found on the obvious part of the diaphragm, the liver will be mobilised. If the diaphragm is clean, then the liver is not routinely mobilised.

If fibroids are found, then they can be surgically removed as well in the same surgery.

Ovarian suspension is done as a standard method during surgery. The suspension is usually removed at the end of the surgery but on some occasions, it might be left in place, and removed after 4-6 days.

A uterine manipulator is used in case of hysterectomy.

In the case of VATS, it can be done at the same time with laparoscopy, provided that the pelvic part does not take too long. If it does, then it will be done separately. This is to avoid keeping the patient too long under anaesthesia.

A urinary catheter will be used and removed before the patient wakes-up or afterwards when they can go to the toilet by themselves.

For bladder endometriosis surgery, the catheter will stay in place for 10-14 days.



Incisions

Dr Kyriakopoulos uses three incisions in general:

- belly button through which the camera and the gas is inserted;
- left side quadrant above the hip;
- suprapubic;

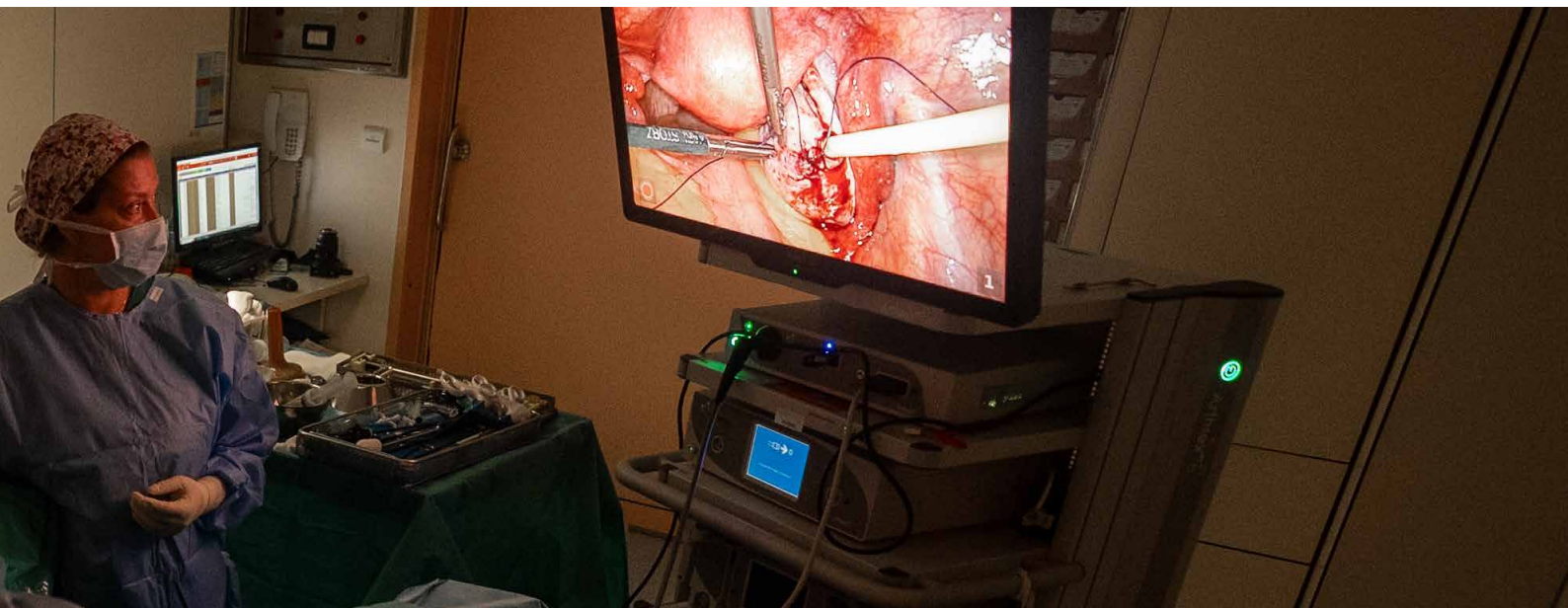
If needed, a 4th incision will be made on the right side, above the hip, to facilitate access. Incisions are closed with absorbable stitches for better aesthetic results and patients' convenience.

For bowel endometriosis resection surgery, a small incision will be made to extract the part. In some cases, the belly button incision can be expanded to extract the resected part of the intestine. Also, the colorectal surgeon will advise on what to eat after bowel resection surgery.

Coming out of anaesthesia

Once surgery is finished, the anaesthetic team will begin the process of waking you. They will slowly reduce the medication, remove equipment and they will start calling you by name, so you become alert and asking you to breathe. When you are coming out of anaesthesia, you will be in a sort of confused unclear state, you can hear and see them around you, until you get a bit alert, and you can answer/speak to them.

Note: This is all normal. Do not panic. It only lasts for a few seconds.



After surgery

Once surgery is finished you will stay in the recovery room near the theatre for up to 1h then taken to your room. You will likely to sleep for some time, and you might not remember much once you are fully awake. Once you are awake you can start drinking water 2- 4h after surgery, depending on the complexity of surgery. Post-operative surgery pain is managed with painkillers. If the meds given do not work, patients can inform the nurse and other types of meds will be given.

Note: If you have specific meds that you take for pain you can bring them with you.

Post-surgery visit

After surgery, both Dr Kyriakopoulos and Marina will come and see you in the hospital. They will help you to change your bandages and with anything else that you might need. Dr Kyriakopoulos will also inform you about what was done during surgery.

Discharge

The next day after surgery Dr Kyriakopoulos will come and visit you and if everything is ok, you will be discharged.

On the way back to your place, you might want to inform the driver that you had surgery, to drive slowly. Some roads are a bit bumpy, and it will hurt. Also sit in the middle, not on the side, above the wheel. This will reduce the impact of the bumps.

Post operative care

After surgery, patients are required to do 10 doses of Clexane injections, each day, at the same time. Clexane injections are done to avoid the risk of thrombosis and they are done in the belly. They do not hurt but do sting and the area might get bruised. You can ask Marina or Dr Kyriakopoulos to do one for you, so you see how it is done.

Bathing/showering

You can take a bath/shower whenever you feel ready. Just be careful not to slip, if you feel a bit tired or still weak from surgery.

Pain after surgery

Pain after surgery is expected, its intensity depends both on what was done and the level of pain tolerance of the person. The pain is likely to be felt around the belly/incisions and you will also be bloated. The incisions might feel stiff.

Gas pain

Gas pain is one of the most common types of pain after surgery. It usually felt around the chest/neck/shoulder and can be quite sharp. To help with gas pain it is important to move. Moving also helps with reducing the risk of blood clot.

Constipation

Another common side effect of surgery is constipation. During surgery, the bowel is moved around, plus the diet before surgery, can lead to constipation. Drink as many fluids as you can, mainly water, and food such as soups, yoghurt. Do walk as well, even if it is just small steps.

After bowel resection surgery

After bowel resection, your intestinal transit will be affected for a while. You will likely be on a special diet after surgery and your first bowel movement might take some time. When it happens, it will be painful and there might be some blood in the stool. The bowel movements will likely alternate from constipation to diarrhoea, having multiple stools a day, in some cases, will be liquid.

Emotional state

For some patients it has been hard to receive a diagnosis or to be taken seriously. After years of being in pain and being told that all looks normal, finding that you did have endometriosis, it can be overwhelming. You might also feel anger, disappointment or any other negative feelings. These are normal. To keep yourself up, think of all the things that you can do now and work to heal your mental state. Focus on your recovery and take your time to process what happened.

Incision care

When showering avoid holding the shower head directly onto incisions, or use high water pressure. To dry them, do not rub the towel on them, but softly pat them dry. Incisions are to be covered with plasters and bandages given in your kit for 2 weeks.

Hormonal changes

A change in your hormonal cycle is likely to happen. Your period might start earlier or later than your normal time and the flux might be affected as well, it might be heavier than usual or lighter.

Post-surgery consultation

After surgery, Dr Kyriakopoulos will see you at our clinic and will discuss surgery findings. He will also provide you with surgical photos before and after excision and any other information needed.

Complications of surgery

In general, especially when it is done by a surgeon with advanced experience, laparoscopy is a safe procedure with a low rate of complications. All these risks are fully explained by Dr Kyriakopoulos at consultation.

Laparoscopy complications can be:

- During surgery
- After surgery

Some complications that might happen during surgery are: organ injury such as bowel, bladder or ureter, internal bleeding, infection, blood vessels or nerve

damage. After surgery you might have infection at the incisions site.

One post-surgery complication that requires attention is fistula. A fistula is a complication of bowel resection surgery and depending on its size, a second surgery might be needed to close it and a protective temporary stoma will be used.

Note: All the risks are fully explained by Dr Kyriakopoulos at consultation.

What to expect after surgery

There are some things that are normal after surgery and others - a few of them - that require medical attention.

Anaesthesia side effects

Anaesthesia can cause nausea, drowsiness, confusion or headaches. They are temporary and they will go away within a day or two.

Tiredness/fatigue

Your body has been through a surgery, maybe quite complex, so it is normal to feel tired. Your energy levels might be low as well, as you go through the recovery stage.

Ups and downs

One day you feel like you can climb up the mountain and be ok, and on other days, you struggle with simple tasks. It's important to listen to your body and do not rush your recovery. Take each day as it comes and enjoy being looked after.

Pain

As you go through recovery your pain level will alternate. Some people feel little or no pain after surgery, and for others, it takes some time to recover. Keep on top of your painkillers to prevent the pain from building and becoming severe and remember to rest.

What not to do after surgery

- Do **not** use heat on incisions or belly. If you are in pain and you want to use something, try ice.
- Do **not** compare your recovery with other people. Each body is different, so be mindful of that.
- Do **not** sit in bed/indoors all the time. It is good to move around and go for walks to avoid blood clots.
- Do **not** engage in conversations that might upset you.
- Do **not** binge on social media. Some online communities might have posts that can trigger your emotions, or controversy discussions.

What to expect after surgery

Constipation

For a few days after surgery - if you did not have bowel resection - you might have constipation. That's the result of not much food before surgery and the manipulation of the bowel. Medication can also cause constipation.

If you have had bowel resection, your bowel movements will alternate. You can have 10-15 bowel movements a day, or you can go days without having one. Paying attention to what you eat is very important. Keep yourself hydrated and keep moving, even if it is just a few steps.

Bloating

Bloating has many causes, and in some cases, having surgery might not resolve this. However, after surgery it is normal to be bloated, until you heal inside.

Period changes

Your period will likely be subjected to some changes. It might be on time, it might be late, or early. Also, your first couple of periods might be painful.

Ovarian reserve levels

If you test your AMH level 2-3 months after surgery, your ovarian reserve levels might be lower than before surgery. When you operate on ovaries, the AMH level can be affected. Dr Kyriakopoulos takes great care with ovaries and fertility when he operates. However, it can happen.

Mood changes

One day you are happy, the next day you might feel a little bit down. You might run out of patience as well, if your recovery is a bit slower than what you have expected.

When to seek medical attention

It is important to keep in contact with Dr Kyriakopoulos and let him know when you experience symptoms that might concern you, such as fever or temperature, nausea, vomiting or continuous diarrhoea.

Recovery

Recovery can be quite challenging for some, and very easy for others. In some cases, it can be very short, 1-2 weeks and in other cases - if there are complications - it can last for a few months. It is important not to compare your journey with others and to keep in mind what was done: bowel resection, thoracic surgery, nerve surgery.

Recovery is different from person to person and how fast you will recover depends on:

- What was done during surgery. The more complex the surgery, the longer the recovery might be.
- Your personal journey with endometriosis.
- The support that you have around you during recovery.
- Your normal lifestyle.

General tips

- Try and get a good night's sleep every night.
- To reduce the discomfort associated with sleeping on your back, put a pillow under your legs - could be under your feet, knees, or thighs - this will allow a slight bend in them, and it will reduce the feeling that your body is stretching causing pain around the incisions site.
- Make sure to include times to rest in our plans.
- Aim for at least 1h of walking/moving around each day.
- Slowly introduce hobbies and activities.

Protect your abdomen

For 2-3 weeks after surgery, or based on the time given by Dr Kyriakopoulos:

- Do **not** do any movements or exercises that will stretch the skin where the incisions are so that the stitches don't break.
- Do **not** kick or push anything heavy with your legs.
- Do **not** reach places above your head to grab stuff.
- Do **not** lift, push or pull anything heavier than 1-2 kg.

Getting out of bed

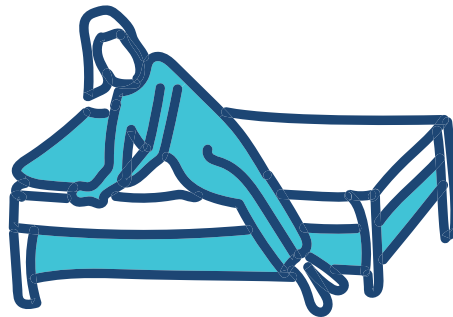
Even though it might have been a “simple” surgery, it can still hurt, especially when getting out of bed or lying on your back in bed.

When you get out of bed use the 3-step ‘log roll’ method. The ‘log roll’ is a simple technique to make it easier to get in and out of bed and is useful when you have back pain or decreased balance and strength.

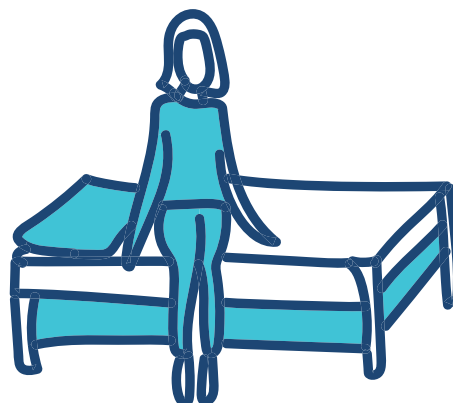
Step 1. Lie on your back. Straight the leg close to the bed side and keep the other one bent. Roll onto your side and bend both knees.



Step 2. Use your top arm to push your body into a sitting position. Try to keep your abdomen relaxed. Move your feet off the bed.



Step 3. Sit on the side of the bed before you stand up.



Further information and support

All our patients are encouraged to keep in touch with us and keep us informed on their progress. We are happy to provide you with whatever information and help you need from us.

We have a few social media accounts where we constantly post information on endometriosis, raising awareness as well, and sharing some of our patients' journey. There are also online communities that can be a source of support and information.

You can find us on:

Facebook

Instagram

LinkedIn





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