Having a laparoscopic salpingo-oophorectomy (removal of one or both fallopian tubes and one or both ovaries)

Introduction

This leaflet is for women who have been advised to have one or both of their fallopian tubes and ovaries removed by a keyhole operation known as a laparoscopic salpingo-oophorectomy. It outlines the potential benefits and risks of this operation, and explains what to expect during your recovery.

What is a laparoscopic salpingo-oophorectomy?

A laparoscopic salpingo-oophorectomy is an operation to remove one or both fallopian tubes and ovaries. It is a 'keyhole' operation carried out through three or four small cuts in the tummy.

Why is this operation necessary?

There are a number of reasons why your doctor may have advised you to have this operation.

1. You may have an abnormal cyst (or multiple cysts) on one or both of your ovaries.
2. You may have endometriosis causing pelvic pain.
3. You may have an infection causing an abscess on the fallopian tube and ovary
4. The ovary may have twisted causing severe pain. This is known as ovarian torsion.
5. You may be at an increased risk of developing ovary cancer due to a strong family history or because of a genetic fault such as BRCA1 or BRCA2. Removing the fallopian tubes and ovaries will reduce your risk of developing this condition. This is known as risk reducing surgery.

Will I need HRT?

Your gynaecologist will discuss the impact of removing your ovaries on menopause and will also advise you on the best way to manage this.

How is a laparoscopic salpingo-oopherectomy performed?

This operation is done under a general anaesthetic, which means you are asleep. The surgeon will make a small, one centimetre cut near to the belly button and inject gas

(carbon dioxide) which makes it easier to see the internal organs. A laparoscope is gently inserted through the small cut into the space inside your tummy (this is called the abdominal cavity). Two or three further small cuts (less than a centimetre in length) are usually made on the lower left side, lower right side and / or the lower central area of the tummy. The instruments used to perform the operation are inserted into the abdominal cavity through these small cuts. Your ovary (or ovaries) and fallopian tube (or tubes) are then removed through these cuts. They will be sent for a detailed examination to our hospital laboratory. Once the operation is complete, the gas is let out of the abdominal cavity and fine dissolvable stiches are used to close the small cuts. The operation usually takes around an hour.

What are the risks of a laparoscopic salpingo-oophorectomy?

- Minor complications are estimated to occur in one or two out of every hundred cases. They include wound bruising, shoulder tip pain, wound infection and wound gaping
- More serious complications include damage to the bowel, bladder, ureters, uterus or major blood vessels which would require immediate repair by laparoscopy or laparotomy (open surgery is uncommon). However, up to 15% of bowel injuries might not be diagnosed at the time of laparoscopy. This occurs in two in a thousand women.
- You may develop a hernia at the site where the instruments are inserted. This occurs in less than one in a hundred cases.
- The surgeon may be unable to gain entry to the abdominal cavity and to complete the intended procedure
- You may develop a blood clot in a leg vein (deep vein thrombosis or DVT) which can break off and block the blood flow in one of the blood vessels in the lungs (pulmonary embolus or PE) (less than one in a thousand)
- Three to eight women in every one hundred thousand undergoing laparoscopy die as a result of complications.

After the operation

Immediately after the operation, it’s common to feel some discomfort in the tummy. This discomfort is usually controlled with simple painkillers such as paracetamol and ibuprofen. Shoulder tip pain may also occur due to small amounts of gas remaining in the tummy. This will settle after a few hours. You will normally be able to eat and drink within a few hours of the operation and most people leave hospital on the day of the operation, or the following day. You should arrange for someone to drive you home because you must not drive for at least 48 hours after a general anaesthetic. When you go home, make sure that you are not on your own and that someone can stay with you overnight.

What should I expect when I get home?

It is normal to experience some continued discomfort in your tummy for a few days after the operation. You can take regular over-the counter painkillers to treat this. You will have three or four dressings on your tummy to cover the small cuts made during the operation.

The dressings can be removed at home 24 hours after the operation when you have a shower or wash. Your stitches will dissolve by themselves over ten to fourteen days. You should expect some vaginal bleeding for up to 48 hours after the operation. This will be less than a normal period. The anaesthetic effects are very short lasting, but you may feel more sleepy than normal for the first 24 hours and during this time your judgement may be impaired.

When can I go back to work after a laparoscopic salpingo-oophorectomy?

You should expect to return to work two weeks after the operation. If you need a medical certificate for your employer, please ask your nurse on admission so that it can be prepared in time for your discharge later in the day.

Contact

If you have any further questions you can contact either Sonning Ward on 0118 322 7181, or the clinical admin team (CAT6) on 0118 322 8964.

Further information

- Further information about ovarian cysts is available on the NHS website: *https://www.nhs.uk/conditions/ovarian-cyst/treatment*
- Information about laparoscopy is also available via the RCOG website: https://www.rcog.org.uk/globalassets/documents/patients/patient-information-leaflets/recovering-well/laparoscopy.pdf

References

1. Diagnostic laparoscopy consent advice No 2 (2017) RCOG

This document can be made available in other languages and formats upon request.

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