

Patient Information for Consent

OG25 Laparoscopic Oophorectomy

Expires end of June 2021

Local information

You can get information locally from your ward or consultant's secretary as below

Belfast Trust Hospitals

Belfast City Hospital **028 90 329241**

Royal Victoria Hospital **028 90 240503**

Emergency Surgical Unit (EmSU)

Ward 6C **028 9063 4355**

Ward 6B **028 9063 5549**

Assessment area **028 9063 1907**

Mater Hospital **028 90 741211**

Ward Name	Ward Direct Line Number	Consultant's Name	Consultant's Secretary Telephone Number

Get more information and references at www.aboutmyhealth.org

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Information about COVID-19 (Coronavirus)

Hospitals have robust infection control procedures in place. However, you could still catch coronavirus either before you go to hospital or once you are there. If you have coronavirus at the time of your procedure, this could affect your recovery. It may increase your risk of pneumonia and in rare cases even death. The level of risk varies depending on factors such as age, weight, ethnicity and underlying health conditions. Your healthcare team may be able to tell you if these are higher or lower for you. Talk to your surgeon about the balance of risk between going ahead with your procedure and waiting until the pandemic is over (this could be many months).

Please visit <https://www.gov.uk/coronavirus> for up-to-date information.

Information about your procedure

Following the Covid-19 (coronavirus) pandemic, some operations have been delayed. As soon as the hospital confirms that it is safe, you will be offered a date. Your healthcare team can talk to you about the risks of having your procedure if you have coronavirus. It is then up to you to decide whether to go ahead or not. The benefits of the procedure, the alternatives and any complications that may happen are explained in this document. If you would rather delay or not have the procedure until you feel happy to go ahead, or if you want to cancel, tell your healthcare team.

If you decide to go ahead, you may need to self-isolate for a period of time beforehand (your healthcare team will confirm how long this will be). If you are not able to self-isolate, tell your healthcare team as soon as possible. You may need a coronavirus test a few days before the procedure. If your test is positive (meaning you have coronavirus), the procedure will be postponed until you have recovered.

Coronavirus spreads easily from person to person. The most common way that people catch it is by touching their face after they have touched anyone or anything that has the virus on it. Wash your hands with alcoholic gel or soap and water when you enter the hospital, at regular intervals after that, and when you move from one part of the hospital to another.

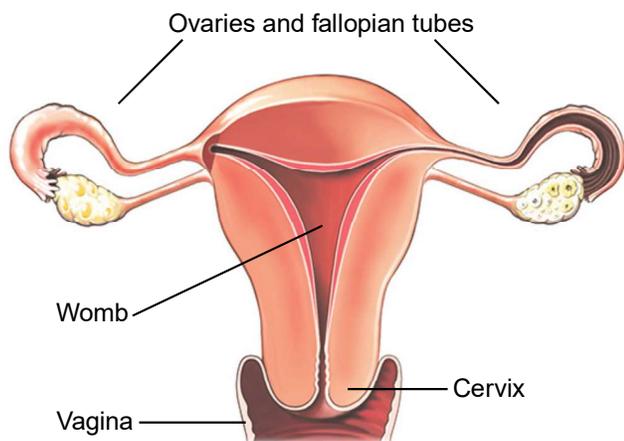
Even if you have had the first or both doses of a Covid vaccine, you will still need to practise social distancing, hand washing and wear a face covering when required.

If your healthcare team need to be close to you, they will wear personal protective equipment (PPE). If you can't hear what they are saying because of their PPE, ask them to repeat it until you can. Chairs and beds will be spaced apart. You may not be allowed visitors, or your visiting may be restricted.

Your surgery is important and the hospital and health professionals looking after you are well equipped to perform it in a safe and clean environment. Guidance about coronavirus may change quickly — your healthcare team will have the most up-to-date information.

What is an oophorectomy?

An oophorectomy is an operation to remove one of or both your ovaries. The fallopian tube connected to your ovary is usually removed at the same time. Your ovaries produce your eggs and the two main reproductive hormones, oestrogen and progesterone. Removing both your ovaries will cause you to go through menopause and become infertile (you cannot become pregnant).



The womb and surrounding structures

Your gynaecologist has recommended an oophorectomy. However, it is your decision to go ahead with the operation or not.

This document will give you information about the benefits and risks to help you to make an informed decision. If you have any questions that this document does not answer, ask your gynaecologist or the healthcare team.

What are the benefits of surgery?

Needing to remove an ovarian cyst is the most common reason for having an oophorectomy. A cyst can cause symptoms such as pain, bloating, pressure on your bowel or bladder, and sometimes tiredness. An oophorectomy should improve your symptoms.

If you have a cyst larger than 7 centimetres in diameter, or a cyst that is growing or has changed, there is a risk that it may develop into ovarian cancer.

Some women have a family history of ovarian cancer so removing their ovaries will remove the risk of developing ovarian cancer.

An oophorectomy may also be performed to treat problems such as a twisted ovary and endometriosis, where the lining of your uterus (womb) grows outside your womb.

Your gynaecologist will discuss with you why they have recommended removing one of or both your ovaries.

Are there any alternatives to surgery?

Pain is usually controlled with painkillers or by using hormone treatment such as the oral contraceptive pill.

If you have not yet gone through menopause, small cysts can usually be safely left alone. They will often settle after a few months.

If you have a cyst 5 to 7 centimetres in diameter, it may be appropriate to have regular ultrasound scans and blood tests to check it is not developing into ovarian cancer.

What will happen if I decide not to have the operation?

Your doctor will monitor your condition and try to control your symptoms.

You may feel that you would prefer to put up with your symptoms rather than have an operation. Your gynaecologist will tell you the risks of not having an operation.

What happens before the operation?

Your gynaecologist may arrange for you to have a pre-admission assessment. They will carry out several tests and checks to find out if you are fit enough for the operation. If you have any questions about the operation, you should ask the healthcare team at this visit.

Your gynaecologist may ask you to have a pregnancy test. Sometimes the test does not show an early-stage pregnancy so let your gynaecologist know if you could be pregnant.

What does the operation involve?

The healthcare team will carry out a number of checks to make sure you have the operation you came in for. You can help by confirming to your gynaecologist and the healthcare team your name and the operation you are having.

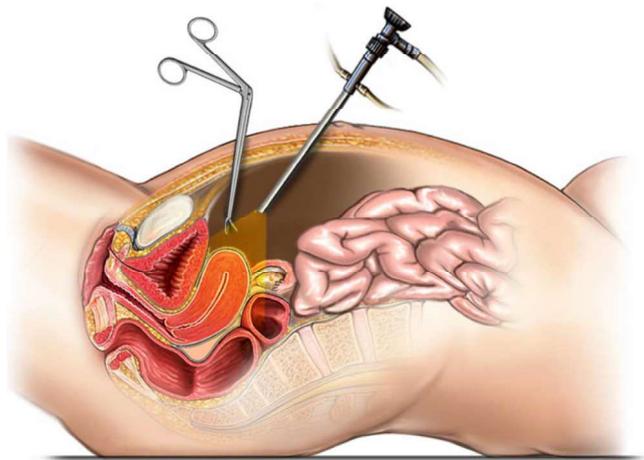
The operation is usually performed under a general anaesthetic but various anaesthetic techniques are possible. Your anaesthetist will discuss the options with you. You may also have injections of local anaesthetic to help with the pain after the operation.

You may be given antibiotics during the operation to reduce the risk of infection. The operation usually takes about 30 minutes.

Your gynaecologist will use laparoscopic (keyhole) surgery as this is associated with less pain, less scarring and a faster return to normal activities. They may empty your bladder using a catheter (tube). They may also examine your vagina.

An instrument called a manipulator might be inserted through the neck of the womb (cervix) and into your womb by your gynaecologist to help them perform the surgery. The manipulator allows them to move your womb during the laparoscopy so that they can get a good view of your pelvic area.

Your gynaecologist will make a small cut, usually on or near your belly button, so they can insert an instrument in your abdominal cavity to inflate it with gas (carbon dioxide). They will make several small cuts on your abdomen so they can insert tubes (ports) into your abdomen. Your gynaecologist will insert surgical instruments through the ports along with a telescope so they can see inside your abdomen and perform the operation.



Laparoscopic surgery

For each ovary that needs to be removed, your gynaecologist will separate your ovary, and usually the connected fallopian tube, from the blood supply and surrounding tissue. They will remove your ovary through one of the small cuts. Your gynaecologist may need to place instruments through your vagina to help them remove your ovary.

For less than 3 in 100 women it will not be possible to complete the operation using keyhole surgery. The operation will be changed (converted) to open surgery, which involves a larger cut usually on your 'bikini' line or downwards from your belly button (and in some cases from above your belly button).

Your gynaecologist will remove the instruments and close the cuts. They may place a catheter in your bladder to help you to pass urine. Your gynaecologist may insert a drain (tube) in your abdomen to drain away fluid that can sometimes collect.

What should I do about my medication?

Make sure your healthcare team knows about all the medication you take and follow their advice. This includes all blood-thinning medication as well as herbal and complementary remedies, dietary supplements, and medication you can buy over the counter.

What can I do to help make the operation a success?

If you smoke, stopping smoking now may reduce your risk of developing complications and will improve your long-term health.

Try to maintain a healthy weight. You have a higher risk of developing complications if you are overweight.

Regular exercise should help to prepare you for the operation, help you to recover and improve your long-term health. Before you start exercising, ask the healthcare team or your GP for advice.

You can reduce your risk of infection in a surgical wound.

- In the week before the operation, do not shave or wax the area where a cut is likely to be made.

- Try to have a bath or shower either the day before or on the day of the operation.
- Keep warm around the time of the operation. Let the healthcare team know if you feel cold.

What complications can happen?

The healthcare team will try to reduce the risk of complications.

Any numbers which relate to risk are from studies of people who have had this operation. Your doctor may be able to tell you if the risk of a complication is higher or lower for you.

Some complications can be serious and can even cause death (risk: 3 to 8 in 100,000). You should ask your doctor if there is anything you do not understand.

Using keyhole surgery means it may be more difficult for your gynaecologist to notice some complications that may happen during the operation. When you are recovering, you need to be aware of the symptoms that may show that you have a serious complication.

Your anaesthetist will be able to discuss with you the possible complications of having an anaesthetic.

General complications of any operation

- **Pain.** The healthcare team will give you medication to control the pain and it is important that you take it as you are told so you can move about and cough freely. After keyhole surgery, it is common to have some pain in your shoulders because a small amount of carbon dioxide gas may be left under your diaphragm. Your body will usually absorb the gas naturally over the next 24 hours, which will ease the symptoms.
- **Feeling or being sick.** Most women have only mild symptoms and feel better within 1 to 2 days without needing any medication.
- **Bleeding during or after the operation.** You may need a blood transfusion or another operation.

- **Infection of the surgical site (wound).** It is usually safe to shower after 2 days but you should check with the healthcare team. Let the healthcare team know if you get a high temperature, notice pus in your wound, or if your wound becomes red, sore or painful. An infection usually settles with antibiotics but you may need special dressings and your wound may take some time to heal. In some cases another operation might be needed.

- **Allergic reaction to the equipment, materials or medication.** The healthcare team is trained to detect and treat any reactions that might happen. Let your healthcare team know if you have any allergies or if you have reacted to any medication or tests in the past.

- **Unsightly scarring of your skin.**
- **Developing a hernia in the scar.** This appears as a bulge or rupture called an incisional hernia. If this causes problems, you may need another operation.

- **Blood clot in your leg (deep-vein thrombosis – DVT).** This can cause pain, swelling or redness in your leg, or the veins near the surface of your leg to appear larger than normal. The healthcare team will assess your risk. They will encourage you to get out of bed soon after the operation and may give you injections, medication, or special stockings to wear. Let the healthcare team know straightaway if you think you might have a DVT.

- **Blood clot in your lung (pulmonary embolus),** if a blood clot moves through your bloodstream to your lungs. Let the healthcare team know straightaway if you become short of breath, feel pain in your chest or upper back, or if you cough up blood. If you are at home, call an ambulance or go immediately to your nearest Emergency department.

Specific complications of this operation

Keyhole surgery complications

- **Surgical emphysema** (a crackling sensation in your skin caused by trapped carbon dioxide), which settles quickly and is not serious.

- Damage to structures such as your bowel, bladder or blood vessels when inserting instruments into your abdomen (risk: less than 3 in 1,000). The risk is higher if you have had previous surgery to your abdomen. If an injury does happen, you may need open surgery. About 1 in 3 of these injuries is not obvious until after the operation.
- Making a hole in your womb or cervix with possible damage to a nearby structure during placement of the manipulator (risk: less than 8 in 1,000). You may need to stay overnight for close observation in case you develop complications. You may need another operation (risk: less than 1 in 1,000).
- Developing a hernia near one of the cuts used to insert the ports (risk: 1 in 100). Your gynaecologist will try to reduce this risk by using small ports (less than a centimetre in diameter) where possible or, if they need to use larger ports, using deeper stitching to close the cuts.

Oophorectomy complications

- Ovarian remnant syndrome, where you continue to get symptoms similar to a period such as pain, bloatedness, headaches and premenstrual tension, if your gynaecologist was not able to remove all your ovarian tissue.
- Damage to a ureter (tube that carries urine from a kidney to your bladder). Your ureters lie close to the blood supply to your ovaries. Your gynaecologist will usually notice any damage and repair it during the operation. However, damage may not be obvious until after the operation and you may need another operation.

How soon will I recover?

In hospital

After the operation you will be transferred to the recovery area and then to the ward. You should be able to go home the same day. However, your doctor may recommend that you stay a little longer. If you do go home the same day, a responsible adult should take you home in a car or taxi and stay with you for at least 24 hours. Be near a telephone in case of an emergency.

You need to be aware of the following symptoms as they may show that you have a serious complication.

- Pain that gets worse over time or is severe when you move, breathe or cough.
- A heavy discharge or bleeding from your vagina.
- A high temperature or fever.
- Dizziness, feeling faint or shortness of breath.
- Feeling sick or not having any appetite (and this gets worse after the first 1 to 2 days).
- Not opening your bowels and not passing wind.
- Swelling of your abdomen.
- Difficulty passing urine.

If you do not continue to improve over the first few days, or if you have any of these symptoms, let the healthcare team know straightaway. If you are at home, contact your gynaecologist or GP. In an emergency, call an ambulance or go immediately to your nearest Emergency department.

Returning to normal activities

Do not drive, operate machinery or do any potentially dangerous activities (this includes cooking) for at least 24 hours and not until you have fully recovered feeling, movement and co-ordination. If you had a general anaesthetic or sedation, you should also not sign legal documents or drink alcohol for at least 24 hours.

To reduce the risk of a blood clot, make sure you carefully follow the instructions of the healthcare team if you have been given medication or need to wear special stockings.

Rest for 1 to 2 days and take painkillers if you need them. If you develop any problems such as bleeding or a discharge from your vagina, let your doctor know.

Regular exercise should help you to return to normal activities as soon as possible. Before you start exercising, ask the healthcare team or your GP for advice.

Do not drive until you are confident about controlling your vehicle and always check your insurance policy and with your doctor.

The future

Most women make a good recovery and return to normal activities.

If you have not yet gone through menopause, removing both your ovaries will cause you to become infertile. Removing only one ovary can cause a small reduction in your fertility and can cause you to go through menopause a year or two earlier.

If you have already gone through menopause, you are unlikely to notice any hormonal changes.

Will I need hormone replacement therapy (HRT)?

If your oophorectomy is performed while you are still having periods and both your ovaries are removed during the operation, it is likely you will have menopausal symptoms. These may include hot flushes, night sweats, passing urine more often, a dry vagina, dry skin and hair, mood swings and lack of sex drive. These symptoms can usually be treated with HRT.

It is common for your doctor to recommend that you take HRT until the time when you would have gone through menopause naturally (about age 50 to 52) but you can carry it on for longer if you want. You should discuss this with your doctor.

HRT is most often taken in tablet form but it is also available as patches, gels, nasal sprays, vaginal rings and implants. The healthcare team will be able to discuss the options with you.

After an oophorectomy your doctor may want you to have HRT. You may be offered an oestrogen-only HRT or HRT that contains oestrogen and progesterone (although this is usually given to women who still have their womb). Your gynaecologist will explain why they have recommended a particular type of HRT for you.

Summary

An oophorectomy is an operation to remove one of or both your ovaries. An ovarian cyst is the most common reason for having an oophorectomy. It is also performed to treat problems such as a twisted ovary and to remove the risk of developing ovarian cancer.

Surgery is usually safe and effective but complications can happen. You need to know about them to help you to make an informed decision about surgery. Knowing about them will also help to detect and treat any problems early.

Keep this information document. Use it to help you if you need to talk to the healthcare team.

Some information, such as risk and complication statistics, is taken from global studies and/or databases. Please ask your surgeon or doctor for more information about the risks that are specific to you.

This document is intended for information purposes only and should not replace advice that your relevant healthcare team would give you.

Acknowledgements

Reviewers: Clare Myers (MBBS, FRANZCOG), Jeremy Hawe (MBChB, MRCOG)

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