University Hospitals Dorset
NHS Foundation Trust

Laparoscopic (keyhole) Oophorectomy

Gynaecology Department Patient Information

This leaflet has been produced to help explain your operation and recovery.

What is a Laparoscopic Oophorectomy?

This is a surgical procedure under a general anaesthetic that involves the removal of one or both ovaries. Normally it would involve the removal of the fallopian tube on that side too if present.

What are the aims and benefits of the procedure?

The aim of this procedure could be to reduce or resolve pelvic pain, remove an ovary that contains a cyst or endometriosis, remove a damaged ovary (in ovarian torsion), as a preventative procedure for patients at increased risk of ovarian cancer or as a treatment for patients with severe pre-menstrual tension. Laparoscopic removal of ovary / ovaries is a minimal access procedure. Benefits to the patient are smaller wounds and less pain, a shorter hospital stay, and quicker return to everyday activities.

How is the procedure performed?

Two to three small 1cm incisions, one through the umbilicus (belly button) and one or two lower down are used to introduce the laparoscope (thin tube with a camera) and other surgical instruments. Some carbon dioxide gas is put in to the abdomen to create space and allow clearer vision. This gas is released at the end of the operation although some may remain which will be gradually absorbed. An instrument is inserted into the vagina to hold the cervix (neck of the womb). This allows the uterus to be moved to assist the surgeon.

Hormone Replacement Therapy (HRT)

If you have both your ovaries removed or have no ovaries left at the end of the procedure then you will go into the menopause immediately following your operation regardless of your age. This is known as surgical menopause. Menopausal symptoms include hot flushes, sweating, disturbed sleep, vaginal dryness and tiredness. You may be offered hormone replacement therapy (HRT) to replace the hormones of your ovaries, namely oestrogen, at the time of your surgery. Oestrogens are recommended to protect your bones, blood vessels, hair and skin. There are risks associated with HRT therapy however, recent evidence and the National Institute for Health and Care Excellence (NICE) 2015 state that the risks of HRT are small and are usually outweighed by the benefits. The need for HRT and the risks and benefits will be discussed with you by your Gynaecologist before admission for surgery. HRT is normally started before you leave hospital and the HRT doses and types adjusted and monitored by your GP. Removal of one ovary would not result in menopause if the remaining ovary is healthy.

What are the risks and complications with this procedure?

- Shoulder tip pain - this can occur if there is residual gas in the abdomen and can be relieved by mobility and use of simple analgesia
- Urinary infection
- Infection of incision wounds - please keep the wounds clean & dry to help prevent any potential infection
- Wound bruising or gaping
- Failure to gain entry into the abdominal cavity and complete the intended procedure.

Serious:

- Injury to the uterus, bladder, bowel, urinary tract or major blood vessels requiring return to theatre for repair of organ injury and/or to manage bleeding
- Bleeding (vaginal or abdominal) requiring blood transfusion - please inform staff if you cannot have blood products
- Conversion to open procedure - not very common and only carried out if essential
- Blood clots in the legs or lungs - you will be given anti-embolic stockings before surgery and encouraged to mobilise after your surgery
- Pelvic infection or abscess - very rare but if you should develop a temperature or offensive discharge when home, please seek medical advice
- Hernia at the site of the wound incision.

What happens after the procedure?

The small wounds are normally closed using a dissolvable stitch and a small dressing applied. You may go home later the same day if you are feeling well or you may stay overnight. The wound dressing can be removed after 48 hours. Use sanitary towels if you have a discharge rather than tampons. You can resume sexual intercourse when you feel comfortable. We advise you should rest for at least one week, but you may not feel ready to resume work for two weeks. If you experience any heavy bleeding, offensive discharge or severe lower abdominal pain, please see your GP who will investigate.

Useful Contacts

Emergency Gynaecology Assessment Unit, Royal Bournemouth Hospital
Mon-Fri 9am to 5pm

Contact numbers: **0300 019 6392** or **0300 019 5652**

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