Laparoscopic (Key Hole) Surgery for removal of Ovarian Cysts or Ovaries.

Laparoscopic surgery for ovarian problems is performed for various reasons:

1. To remove cysts and some part of the affected ovary
2. To remove cysts and affected ovary if it is not possible to save the ovary
3. To remove both ovaries for various medical reasons, e.g., family history of ovarian cancer, past history of breast cancer. If you are not already post-menopausal.
4. Removal of both ovaries will lead to an acute menopause and also remove fertility

What is a laparoscopy?

Laparoscopy is an operation to look inside your abdominal cavity and pelvis (tummy). Three or more small cuts are made in the lower part of the abdomen so that the telescope and other instruments can be inserted.

What are the benefits of having laparoscopic surgery?

The recovery time is much quicker and keyhole surgery avoids the long incision (cut) in the abdomen which would normally be necessary in conventional (open) surgery.

Are there any risks or side-effects involved in having laparoscopic surgery?

The doctor will discuss the risks and side-effects with you. When you understand them, you will be asked to sign a consent form. As with any surgery, there may be complications from anaesthetic and surgical complications (about 1:100 risk) such as:

- Excessive bleeding.
- Damage to bowel, bladder, ureters or internal blood vessels.

Because of the "high tech" nature of laparoscopic surgery, these risks are higher than in conventional surgery. However, the benefits of reduced pain after the operation and shorter stay in hospital outweigh these risks. If such complications do occur, the doctor may decide to perform open surgery (called laparotomy). This involves a much larger cut on your abdomen. Laparoscopic surgery can be difficult and inappropriate if you are obese; have had previous abdominal operations or have other medical conditions. If significant complications occur, additional operations may be necessary to repair the bladder or ureters and bowel resection and colostomy for bowel injuries.
If you are concerned about any of these risks, or have any further queries, please speak to your consultant.

**What happens during laparoscopic surgery?**

The operation is usually performed under general anaesthetic (which means you will be asleep).

Usually 3-4 small cuts are made in your tummy wall to insert the instruments. One cut is made just below the tummy button and 2 others each side lower down. These are approximately 2cm in length. Other cuts may be necessary.

The laparoscope is inserted through the cut just below your tummy button. This is connected to a video camera and television so that the inside of your abdomen can be seen on the screen. The doctor is then able to get a good view of your pelvic organs.

At the start of the operation, gas is introduced into your abdomen to make it swell. This makes it easier to see what is happening through the camera. The gas is released at the end of the operation. Through the other cuts, instruments are inserted to carry out the surgery. The ovaries are detached from their suspending ligaments which are cauterised. The fallopian tubes lie quite close to the ovaries and are usually removed at the same time. After the ovary or ovaries and tubes are detached, they are removed from the abdominal cavity. The cuts are closed with stitches. The stitches usually dissolve. The cuts will then be covered with a small dressing.

**What happens if laparoscopic surgery is not possible?**

Sometimes, it is not possible to remove the ovaries safely by laparoscopic surgery. This could be because of previous surgery in the pelvis, or other medical conditions, causing the ovaries to lie in a difficult position which would be added to the risks of performing laparoscopic surgery. The surgeon will then opt to carry out the operation in the traditional way for safety reasons. This will mean performing a laparotomy by making an incision in the abdomen approximately 10cm long. This would normally be done under the same anaesthetic. This will increase your hospital stay. If, for any reason, you did not wish this to be done on the same day as the planned laparoscopic operation, please tell your doctor. A laparotomy may also be necessary as an emergency if there are major complications during keyhole surgery.

**What should I expect after the operation?**

When you wake up after the operation you will probably feel drowsy and you may feel slightly sick. This will wear off after a few hours. General anaesthetic may make you feel lethargic for a few days and you may have some general muscular aching. Your throat may feel dry and sore, but this will improve after a couple of days.
Going home
You may be discharged on the same day or expected to stay overnight.

You must not drive or go home by public transport. Please make arrangements for someone to collect you. It is not appropriate to go home unaccompanied in a taxi.

DISCHARGE INFORMATION AND AT HOME ADVICE

For at least 24 hours after your operation you must not:

- Drive. Your insurance company may refuse to meet a claim if they feel you have driven too soon.
- Lock yourself in the bathroom or toilet or make yourself inaccessible to the person looking after you in case you collapse or faint.
- Operate any domestic appliances or machinery.
- Drink alcohol.
- Make any important decisions or sign any important documents.
- Be responsible for looking after small children. You will need support.

Pain
You will experience some discomfort around the cuts and a feeling of bloatedness in your tummy and aching around your shoulders. The discomfort around the shoulders is due to the gas used during the operation creating pressure on an abdominal nerve that is also connected to the shoulder area. The discomfort can last for up to a week. You may take painkillers such as Paracetamol or peppermint water, which will help to relieve it - please follow the manufacturer’s instructions and do not exceed the stated dose.

Dressings
The elastoplast or dressings may be removed the morning after your laparoscopy. Plasters may be needed if oozing is present. You may have a bath or shower the following day.

Stitches
Your wound has dissolvable stitches, which do not need to be removed. If however, they have not dissolved after 10 days or feel uncomfortable, your GP should remove them for you. Please make an appointment to have this done at your GP’s surgery.

Returning to work
You should have a few days off work and after that you can return as soon as you feel able to do so. If you require a certificate, please ask about this before going home or contact your GP.

What are the effects of having both my ovaries removed?

Removal of both the ovaries before the menopause causes oestrogen (female hormone) levels in the body to fall. This means that you will go into an acute
menopause and may start getting symptoms associated with this. Commonly, these symptoms are hot flushes, night sweats, tiredness and difficulty in sleeping. These symptoms may start approximately a week after the ovaries have been removed and may last several months. This will also remove your fertility.

Hormone replacement therapy may be of benefit to patients who develop troublesome menopausal symptoms. HRT is however not recommended for patients who are being treated for breast cancer. Discuss this with your doctor.

On the other hand if only ONE ovary is removed, or part of the ovary removed for a cyst you should not have any menopausal symptoms if you have any remaining ovarian tissue.

Follow-up appointment

You will be given a letter to give to your GP as soon as possible after returning home. No routine follow-up visits are arranged in hospital in response to instructions from your GP and PCT.

The next few days

You should take it easy for about a few days after your operation.. You will probably still be feeling some discomfort when you are back at home. Ordinary painkillers such as Paracetamol should help - please follow the manufacturer’s instructions and do not exceed the stated dose.

Points to note

- You may experience some vaginal bleeding - this is normal and may last 1 – 2 weeks.

- If you develop increasing abdominal pain in the first few days after going home, you should contact the hospital on the number stated below or contact your GP.

- Contact your GP if your wounds become increasingly painful, red or swollen in the days after you go home.