



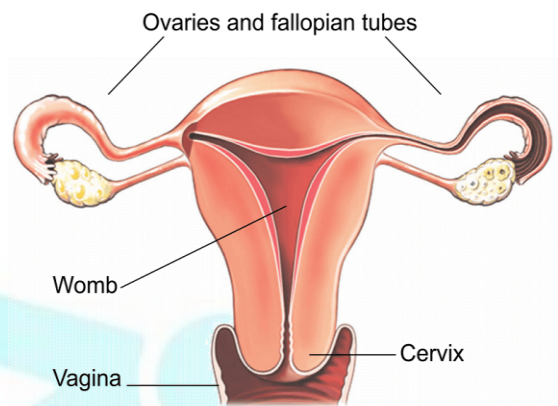
## Operation Information

### Ovarian Cystectomy/ Salpingo-Oophorectomy (Laparoscopic/ Open)

#### Introduction

Ovarian cyst is a fluid filled sac (pocket) of a woman's ovary. In many cases, ovarian cysts are harmless and they usually disappear after observation for some weeks without the need for treatment. These are functional cysts which develop as part of the menstrual cycle. On the other hand, some cysts are pathological and they occur after abnormal cell growth.

There are two types of surgery to remove ovarian cysts: laparoscopy or laparotomy. The doctor recommends operation for the patient if there are concerns that the cyst would increase in size, it might be cancerous, or when symptoms (such as pelvic pain, heavy or irregular period, difficulty in getting pregnant) become severe and interfere with daily life. In some case, Salpingo-Oophorectomy will also be performed to remove the fallopian tube and ovary. Please discuss with your doctor for better option plan(s) and treatment.



Source:  
<https://media.healthdirect.org.au/images/inline/original/abdominal-hysterectomy-illustration-1186e1.png>

#### Outcomes

The doctor recommends removal when it is uncertain whether the cyst is of benign or malignant nature. Operation is also necessary to prevent sudden twisting, rupture or infection of an ovarian cyst. The cyst is removed and sent for pathology examination.

The hormonal status will not be affected if normal ovarian tissue is retained.

#### Procedures

##### Laparoscopy (keyhole surgery):

1. The operation is performed under general anaesthesia;
2. Carbon dioxide gas is used to distend the abdomen;
3. A urinary catheter may be inserted to empty the bladder;
4. 3 - 4 punctures are made in the lower part of abdomen;
5. A laparoscope and surgical instruments are inserted through these small incisions to remove the cyst;
6. The wounds are sutured.
7. Tissues removed are sent to laboratory for histology and pathology examination.
8. Laparotomy may be necessary if laparoscopic surgery is not feasible.

## Laparotomy:

1. The operation is performed under general anaesthesia;
2. A cut usually several inches long is made in the abdomen;
3. The whole cyst or ovary is removed;
4. The wound is closed with stitches or staples;
5. Tissues removed are sent to laboratory for histology and pathology examination.

## Possible Risks and Complications

1. Wound bleeding
2. Wound scar formation (adhesions inside the abdomen, and scars on skin)
3. Damage to the bowel, urinary tract, bladder or blood vessels
4. Infection to the wound, pelvis, urine or chest
5. Venous Thromboembolism (VTE)
6. Very small chance of incisional hernia
7. Chance of Laparotomy if Laparoscopic surgery is not feasible

\*\* The risks listed above are in general terms and the possibility of complications is not exhaustive. Please understand that even though all operations are carried out with utmost professionalism and care, this does not rule out the possibility of complications arising. In the event of peripheral organ damage or post-operative haemorrhage or leakage, further operations may be required.

## Pre-operative Preparations

1. Good hygiene can prevent surgical wound infection. Therefore, we advise you to clean up yourself on the day of operation.
2. The procedure and possible complications will be explained by the doctor and a consent form is signed prior to the operation.
3. Please inform your doctor and nurse of all your past medical history, previous surgical operations, current medication and any complication with drug or anaesthesia.
4. Tests (such as ultrasound scan, blood tests and pelvic CT scan) may be performed before the operation.
5. Clipping of hair on the operation site may need as required.
6. Nurse will supply a surgical soap to you for wash your abdomen.
7. No food or drink six hours before operation.
8. Please change into a surgical gown after removing all belongings including undergarments, dentures, jewellery and contact lenses.
9. Please empty your bladder before the operation.

## Post-operative Instructions

### General

1. After general anaesthesia, you may:
  - experience discomfort in the throat after tracheal intubation.
  - experience side effects of anaesthesia including feeling tired, drowsy, nausea or vomiting. Inform the nurse if symptoms are bad.
2. Close observations (vital signs) and the wounds will be regularly monitored by the nursing staff postoperatively.
3. Please inform the nursing staff immediately in the event of heavy vaginal bleeding, abdominal distention or abdominal pain (pelvic cramps).
4. An indwelling urinary catheter will be removed before discharge.
5. Prescribed pain killers may be taken as needed.
6. You are usually discharged in a few days. The duration of stay varies with your condition and the type of operation.

### Wound care

1. The wound is covered with a sterile dressing which must be kept clean and dry.
2. Please inform nurse(s) for wound pain. Analgesics may be given.
3. Drain(s) are sometimes inserted at an incision site. They are removed when the drainage stops.

### Activities

#### **Laparoscopy**

1. You can resume normal activities within a day. Please avoid strenuous activities for about one week.
2. A small amount of the gas used to inflate your abdomen usually remains inside the abdomen after the operation, which may cause:
  - Bloating
  - Abdominal cramps
  - Shoulder pain, as the gas may irritate the diaphragm connected to nerves which affect sensation of the shoulder.Early mobilization may reduce those symptoms.

#### **Laparotomy**

1. You may stay in the hospital for a few days. You can resume usual activities in 4 to 6 weeks.
2. Early ambulation will encourage a faster recovery, such as deep breathing, walking and sitting on a chair, as gradually as postoperatively.

### Diet

1. Please do not eat or drink after the operation, until you have passed wind (flatus). An intravenous infusion will be given to supply fluids and medications.
2. Follow the instructions of the surgeon and resume normal food gradually. In the beginning, you may experience some abdominal bloating and mild nausea. Please increase food and water intake only gradually.

### **Advice on Discharge**

1. After laparoscopic surgery, the recovery time takes about 2 weeks. Recovery after a laparotomy will usually take longer time, possibly around 6 to 8 weeks.
2. Please comply with medication regime as prescribed by your doctor.
3. Tampons, douching and sexual intercourse should be avoided if there is still vaginal bleeding.
4. Immediately consult your doctor or return to hospital for professional attention in the event of heavy vaginal bleeding, severe abdominal pain or swelling, dark or smelly vaginal discharge, shivering and high fever over 38°C or 100.4°F, or any other unusual symptoms etc.
5. Follow-up consultations are attended as scheduled.

Should there be any enquiries or concerns, please consult the attending doctor.

Under the professional care of the doctor, you will gradually recover. We wish you all the best during your treatment and recovery.

If you have any questions after reading the entire leaflet, please write them down in the spaces provided in order for the doctor to further follow-up.

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Compiled by Union Hospital Operating Theatre (OT) Governance Committee

The above information is for reference only, please enquire your physician for details  
Our Hospital reserves the RIGHT to amend any information in this leaflet without prior notification

