Surgery for Suspicious Ovarian Cysts

Patient Information sheet

The Ovaries
The ovaries are part of a woman’s reproductive system. There are two ovaries, the size and shape of almonds, one on either side of the womb.

The ovary produces eggs, which are released every month and pass down a tube into the womb where they may become fertilised. The ovaries produce female hormones, until the menopause occurs.

Ovarian Cysts
A variety of cysts may develop on the ovary. These cysts can vary in size and are usually filled with fluid. One or both ovaries can be affected. An ovarian cyst can sometimes cause severe abdominal pain, and require an operation. The vast majority of cysts are harmless. The cause for ovarian cysts to form is unknown.

Ovarian Tumour
Occasionally, ovarian cells may grow in an uncontrolled abnormal manner and a tumour may result. Although most tumours are harmless, a small number may be found to be cancerous. A surgical procedure or biopsy may be necessary to find this out. If an ovarian tumour is detected at an early stage, chances of recovery are very good.

The cause of ovarian tumours is unknown but the possibility of developing ovarian tumours increases with age and with family history.

Diagnosis
The final diagnosis may not be possible until after an operation is performed.
The surgery for **suspected** ovarian cancer will involve removal of the affected ovary. This is then sent to the lab for immediate examination under the microscope (**Frozen Section at the time of operation**).

If this shows cancer you will have:
- Total hysterectomy, removal of both tubes and ovaries
- Removal of the pelvic lymph glands +/- removal of lymph glands around the aorta
- Removal of the fat apron in the abdomen (**Omentum**).

If the frozen section suggests benign (non-cancer) changes in the ovary your options may include:
- No further surgery (if fertility saving is an option)
- Hysterectomy and removal of the other ovary.

Your Doctor will discuss these options with you prior to your surgery. Frozen section results are about 98% accurate, the final result will be available about 7 - 10 days after the surgery. If there is obvious disease then the frozen section will be cancelled and surgery will aim to remove all of the cancer.

The **aim** of surgery is to diagnose and treat potential ovarian cancer.

**Alternative procedures**
The main alternative is to decide not to have surgery, however it is important that you have an opportunity to discuss the benefits of surgery to make a diagnosis. If you decide not to have surgery then your Doctor will discuss alternative options.

**Fertility sparing options**
In certain cases it may be possible to preserve fertility where the cancer affects only one ovary; removal of the affected ovary may be an option.

It may be recommended for you to have the other ovary removed with a hysterectomy at a later date after completing your family. The loss of fertility can have a huge emotional impact but reactions to this are very individual. You may feel the need to explore all of the issues and any other options that may be available to you.
Risks and complications
There are risks and complications associated with any major abdominal surgery. It is important to realise that these risks and complications are rare. These will be discussed with you before your operation. The operation is carried out under general anaesthetic and the anaesthetist will visit you before your operation and discuss the anaesthetic with you.
Sometimes it may be necessary to perform bowel surgery and this may result in the formation of a stoma this is where the stools (faeces) are collected in a bag, which is attached to the tummy, which can be removed and emptied as necessary. If this procedure is a possibility, the doctor performing the surgery will explain it to you in more detail.
The risk of bowel surgery resulting in a stoma is about 12 in 100. Sometimes it is possible to remove part of the bowel that is affected and join the ends back together in a procedure known as re anastomosis which does not involve a stoma.
You will have some blood loss at the time of your operation and blood transfusion is sometimes required in about one in five operations. Rarely, there may be internal bleeding after the operation, making a second operation necessary. As with any major operation involving the pelvic organs there is a small risk of injury to bladder or ureter, this is about three in 100, or injury to bowel one in 100. If this occurs the injury will be repaired. Also there is a small risk of developing an infection which may be in the chest (three in 100) wound (five in 100), pelvis (four in 100) or urine (10 in 100). To reduce this risk you will be given an antibiotic just before the start of the operation.
Occasionally Patients may suffer from blood clots in the veins of the leg or the pelvis, rarely this can lead to a blood clot in the lungs. Moving around as soon as possible after your operation can help prevent this. The physiotherapist will visit you before and after your operation to give advice and to help with your mobility. To reduce the risk of blood clots you will also be given injections to thin your blood during your stay in hospital. With any type of operation there is a very small risk of death.

After Operation
Sometimes you may return to the high dependency unit (HDU) following surgery. This unit provides one to two nursing care.
Following surgery you may feel sleepy; this will allow you to rest and recover. It is important to tell us if you have pain or sickness we can control this with medication.
Pain control after surgery
You may be offered an epidural to relieve pain after surgery; an epidural is a type of anaesthetic. It does not make you drowsy but it controls the pain in your abdomen (stomach), pelvis and legs. You will also be given medication to relieve the pain after the operation; this usually starts after stopping the epidural. You may also have a PCA (patient controlled analgesia) device where you control the amount of pain relief according to your needs. You may also have a drain (tube) in your wound. This is so that any blood or fluid that collects in the abdomen can drain away safely and will help to prevent swelling. The tube will be removed when it is no longer draining any fluid, which can take several days. A catheter (tube) will be inside your bladder to drain urine away and allow your bladder to rest. The catheter will need to stay in until you are taking oral fluids adequately and you are able to walk to the toilet (usually one to two days) if there has been difficulty with the operation, this may need to stay longer. You may also have trouble opening your bowels or have some discomfort due to wind for the first few days after the operation. Mobility is encouraged as this helps with wind pain. This is temporary and we can give you laxatives or painkillers if you need them.

Recovery
You may be in hospital for up to eight days, this will depend on your individual needs. It may be recommended that you receive chemotherapy following your surgery. Your Doctor will discuss this once the final results are available usually 7 - 10 days after your operation. You may come back to clinic to discuss further treatment options. It can take up to three months to fully recover from your operation, sometimes longer. The ward staff will give you further information about your recovery prior to discharge from the ward.

Follow up
You will be given a follow up plan before you leave the hospital.
Emotions
We recognise that having surgery can be a very emotional time for both you and your family. If you need to talk about how you feel both the Medical team and the Nurse Specialists are available to discuss any concerns you may have.

Hormone Replacement Therapy
You may need Hormone replacement therapy (HRT) if both your ovaries are removed and you have not already been through the menopause. Your Doctor or Nurse will discuss the options with you.

Useful telephone numbers

**Main Hospital Number:**
(0191) 482 0000

**Ward 14A:**
(0191) 445 2013

**Colposcopy Clinic:**
(0191) 445 6178

**For further information:**
www.ovacome.co.uk
www.macmillan.org.uk
www.cancerbacup.co.uk

Queen Elizabeth Hospital
Sheriff Hill
Gateshead
Tyne & Wear
NE9 6SX
Telephone: (0191) 482 0000
Lippincott.
Blackwell Publishing.
Data Protection

Any personal information is kept confidential. There may be occasions where your information needs to be shared with other care professionals to ensure you receive the best care possible.

In order to assist us improve the services available your information may be used for clinical audit, research, teaching and anonymised for National NHS Reviews. Further information is available in the leaflet Disclosure of Confidential Information IL137, via Gateshead Health NHS Foundation Trust website or the PALS Service.

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