Surgery for Borderline Ovarian tumour

Patient Information sheet

Borderline ovarian tumour is a condition in which abnormal cells form in the tissue covering the ovary. These tumours are usually found in early stage. However, even advanced stage borderline ovarian tumours are treated successfully.

Surgery

The type of surgery depends on the size and spread of the tumour and the woman's plans for having children.

Surgery may include the following:

- Surgery to remove one ovary and one fallopian tube if fertility is desired (**unilateral salpingo-oophorectomy**)
- Surgery to remove both ovaries and both fallopian tubes (**bilateral salpingo-oophorectomy**)
- Total hysterectomy (removing the womb and cervix) and removing both ovaries and tubes.
- Surgery to remove part of one ovary or part of both ovaries (**Partial oophorectomy**)
- Surgery to remove the omentum (the fat 'apron' in the abdomen) **Omentectomy**

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. If you decide not to have surgery then your doctor will discuss alternative treatments.

Fertility sparing options
In certain cases it may be possible to preserve fertility, where the borderline tumour affects 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 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. 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 (ten 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 vein 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 your operation

Usually you will 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 a member of the nursing staff if you have pain or sickness.

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 your 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 medication if you need them.

Recovery
You may be in hospital for up to eight days; this will depend on your individual needs. Your Doctor will discuss the final results with you when they are available usually seven to ten 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 appointment before you leave the hospital. If you had removal of only one tube and ovary you will to have regular follow up with transvaginal scans, blood test and clinical examination. Further surgery may be considered once you complete your family.

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.

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Nordin, A (1999) Gynaecological Oncology – clinical drawings for your patients. Health Press LTD. Oxford.

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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.

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