

## Procedure Information Sheet - Ovarian Cystectomy / Salpingo-oophorectomy

---

### **Introduction**

Ovarian cystectomy involves the removal of the ovarian cyst from the ovary whereas oophorectomy involves removal of the affected ovary, usually together with removal of the attached fallopian tube.

### **Indication**

Ovarian cyst.

### **Procedure**

1. General anaesthesia.
2. Peritoneal cavity entered.
3. Ovarian cyst/ ovary and tube removed.
4. Frozen section where indicated.
5. Abdominal wound closed.
6. All tissue removed will be sent to the pathology examination or disposed of as appropriate unless otherwise specified.
7. Removal of the other ovary, tube, uterus, omentum and pelvic / para-aortic lymph nodes may be indicated in case of malignancy.

### **Pre-operative preparation**

1. You will need to sign a consent form and your doctor will explain to you the reason, procedure and possible complications.
2. No food or drink for 6 to 8 hours before the operation.
3. Blood taking for blood typing and screening.
4. Fleet enema may be performed as instructed by your doctor.
5. Pubic hair is shaved if necessary as instructed by your doctor.

### **Possible risks and complications**

- Anaesthetic complications.
- May need blood transfusion if excessive bleeding occurs.
- Injury to neighbouring organs especially the bladder, ureters and bowels.
- Pelvic infection.
- Wound complications including infection and hernia.
- Deep vein thrombosis.

## Procedure Information Sheet - Ovarian Cystectomy / Salpingo-oophorectomy

### Post-operative information

1. You may take analgesics as prescribed by your doctor.
2. Contact your doctor if severe abdominal pain, purulent discharge, heavy vaginal bleeding or fever (body temperature above 38 °C or 100 °F) occurs.
3. Avoid lifting heavy weights after surgery.
4. Hormonal status is not affected in ovarian cystectomy and adequate normal ovarian tissue is conserved.
5. Possible adverse effect on future fertility.
6. Risk of recurrence of the ovarian cyst, especially for endometriotic cyst.
7. Consider hormonal replacement therapy if both ovaries are removed.
8. Further treatment may be necessary in case of malignancy.

### Risk if not undergoing the procedure

- May develop cyst complications (e.g. torsion, bleeding, rupture of the cyst).
- Nature of the cyst is unknown. May miss potential or undiagnosed malignancy.

### Remark

The above-mentioned procedural information is not exhaustive, other unforeseen complications may occur in special patient groups or different individual. Please contact your physician for further enquiry.

**Reference:** [http://www21.ha.org.hk/smartpatient/tc/operationstests\\_procedures.html](http://www21.ha.org.hk/smartpatient/tc/operationstests_procedures.html)

I acknowledge that the above information concerning my operation/procedure has been explained to me by Dr. \_\_\_\_\_. I have also been given the opportunity to ask questions and receive adequate explanations concerning my condition and the doctor's treatment plan.

Name: \_\_\_\_\_

Pt No.: \_\_\_\_\_ Case No.: \_\_\_\_\_

Sex/Age: \_\_\_\_\_ Unit Bed No.: \_\_\_\_\_

Case Reg Date & Time: \_\_\_\_\_

Attn Dr: \_\_\_\_\_

Patient / Relative Signature: \_\_\_\_\_

Patient / Relative Name: \_\_\_\_\_

Relationship (if any): \_\_\_\_\_

Date: \_\_\_\_\_