Laparoscopy and Ovarian Cystectomy
Information for Patients

This leaflet will help to inform you about your operation, its potential risks and what to expect afterwards. If you have any questions, you may find it helpful to write them down so that you can ask your surgeon on the day of your surgery.

About the procedure

Laparoscopy and ovarian cystectomy is an operation carried out as a day case procedure under a general anaesthetic. This means that you will be asleep during the procedure. This operation is to try and remove a cyst (a growth on your ovary) or a lesion (damaged tissue) from your ovary. This may be done because you have pain, or to improve your fertility or if there is a worry that the cyst may contain abnormal or cancerous cells. Many women have an ovarian cyst at some point during their lives and often these will resolve on their own and not need surgery.

Cystectomy means attempting to remove the cyst whilst trying to keep as much healthy ovary as possible. Unfortunately any surgery to the ovary can cause damage. This can result in reduced ‘ovarian reserve’ (the amount of eggs that the ovary can produce), or functioning of the ovary which can affect your future fertility. Sometimes it is necessary to remove the ovary completely (oopherectomy). Your doctor should discuss your individual risk of this happening at the time of surgery.

The operation is done by laparoscopic method which is often referred to as "key-hole surgery" or minimally invasive surgery. This can be carried out at any time during your monthly cycle.

It is important that you should avoid the chance of pregnancy either by avoiding sex, or by using contraception from the time of your last period. If you have had unprotected sex since your last period, your procedure may need to be cancelled.

The operation is performed under general anaesthetic. A small cut is made inside your navel or ‘belly button’. Carbon dioxide gas inflates the abdomen and makes it easier to see what is happening through the camera. After this gas is introduced, a small telescope (called a laparoscope) is passed through the cut. The telescope is connected to a video camera and a television, so that the inside of the abdomen and particularly the uterus, fallopian tubes and ovaries can be seen on the screen. Two or three further small cuts (0.5cm to 1cm) are made on the abdomen so that narrow instruments can be inserted to allow the surgeon to remove the cyst. Once the cyst is separated from the ovary it is removed from your abdomen. Sometimes a larger cut needs to be made along the bikini line to remove the cyst.
The cyst is sent to the lab for assessment to determine what type of cyst it is and whether any further treatment is required. It may take several weeks for your doctor to write to you with these results.

The operation itself normally takes about one to two hours.

**How long will I stay in hospital?**

If your surgery is uncomplicated you will be able to go home later that day or the following morning. Someone should take you home and stay with you overnight.

**The risks of surgery**

As with any operation, this procedure has risks of complications. The most common complications are:

- Infection- for example, in the cuts on your abdomen or in your urine. In rare cases, a deeper pelvic infection (abscess) can develop
- Bleeding during surgery. In rare cases this may need you to be given a blood transfusion (this is when you are given someone else’s blood to replace the blood that you have lost)
- Removal of the fallopian tube and ovary (salpingo-oopherectomy)
- Reduction in ovarian function (ovarian reserve) which may affect future fertility. The impact on ovarian reserve depends on the type of cyst, the size and if you have had previous surgery. Your surgeon can discuss your individual risk in more detail
- Damage to the surrounding organs (bladder, bowel or the ureters- tubes leading from your kidneys to the bladder)
- Occasionally it may be necessary, to perform open surgery (laparotomy) to complete the procedure or to repair any damage caused by a complication. This will mean that a larger cut is made for the procedure
- Occasionally, the operation cannot be completed successfully due to technical or physical difficulties
- Chemical peritonitis- a very rare complication of a dermoid cyst operation. The contents of these cysts can be very irritating to the lining of your abdomen. So if the cyst bursts during your operation we will wash out the fluid to try and prevent this happening
- Hernia- a weakness in your abdomen creating a bulge at the site of the cut. This usually requires another operation to repair
• Return to theatre- if we are worried about a complication after your surgery (e.g. bleeding, injury to an organ) we may need to take you back to the operating theatre to explore your abdomen and fix the problem

• Developing a clot in your leg (Deep Vein Thrombosis) or lung (Pulmonary Embolism) – we will give you stockings, get you to move as soon as possible and keep you well hydrated to reduce this risk. Sometimes we will give you a blood thinning injection after the surgery to prevent clots from forming.

**After your operation**

• You will wake up in the Recovery Room and be taken back to the ward

• You may have an oxygen mask to help you breathe until the anaesthetic wears off and you are more awake

• You may have a fluid drip in your arm until you are able to drink enough fluids

• You may have a tube in your bladder called a catheter. This can usually be removed once you are able to walk to the toilet

• You can eat and drink as soon as you feel able

• You can also get up and move around the ward as soon as you feel comfortable to do so.

You may experience some discomfort both in your abdomen and shoulders. This is because the gas used during the procedure creates pressure on a nerve which is also connected to the shoulder area. In some situations, this can last up to a week, although it normally settles more quickly. You will be given pain relief as required in hospital and will be given some painkillers to take home with you. Please follow the instructions when taking any medication.

If you feel sick after your anaesthetic, we can give you medication to help with this.

You may experience some vaginal bleeding. This should not be heavy and should only last a couple of days. You should use sanitary towels rather than tampons whilst this bleeding lasts to avoid the risk of infection.

Your wounds should be kept covered for 24 hours. You will be given instructions about your stitches; they usually dissolve by themselves but if instructed, can be removed by your GP practice nurse after 5-7 days. You may also have some bruising around the wounds. If you notice your wounds becoming red, swollen, tender, bleeding or producing pus or discharge, you should consult your GP.

One of the doctors involved in your operation will come and see you in the ward to explain what was done during your operation. If necessary, they will arrange to see you for a review appointment at the gynaecology clinic.
You should avoid strenuous exercise (such as running and lifting heavy items) for two weeks after your surgery.

You will be given a discharge letter that you should hand in to your GP surgery as soon as possible.

**Going home**

The effects of the anaesthetic drugs can remain in the body for up to 24 hours. A responsible adult should escort you home. You also need to have an adult at home with you overnight in case you feel unwell.

You should not have a bath/ shower the same day as your operation. You should not drive a vehicle or ride a bike or operate machinery including kitchen equipment for at least 24 hours after your surgery. You may wish to speak to your vehicle insurer for further advice about when you can start driving again.

You should feel progressively better every day after your surgery. If you are feeling increasingly unwell / have a high fever / or increasing pain you should seek medical help urgently.

You should not drink alcohol for 24 hours after your surgery. You should try to rest for a few days after your operation. You could feel tired and will probably ache for a few days, so you are advised not to return to work until you feel well enough (this could take up to a week). You can resume any other activity once you feel ready.

**Contact numbers**

**Royal Infirmary Edinburgh:**

Day Surgery Unit (Monday to Thursday, 8am to 8pm and Friday 8am to 5pm)

📞: 0131 242 3273

Ward 210 Inpatient Gynaecology Department:

📞: 0131 242 2101 or 0131 242 2104

**St John’s Hospital:**

Day Surgery Centre

📞: 01506 524105

Ward 12 Inpatient Gynaecology Department

📞: 01506 524112

**NHS 24 (for urgent out of hours, when your GP is closed)**

📞: 111
Cancellation

While we make every effort to avoid this where possible, there is always a risk that your operation may be cancelled at short notice. This is due to either emergency patients who require urgent surgery or other reasons which are beyond our control. We realise that this can cause distress and inconvenience, but in the event that your surgery is postponed, you will be offered a new date as soon as possible.

Keeping your Appointment

If you cannot keep your appointment, or have been given one that is unsuitable, please change it by phoning the number on your appointment letter. Your call will give someone else the chance to be seen and will help us keep waiting times to a minimum.

Public Transport and Travel Information

Bus details available from:
Lothian Buses on 0131 555 6363 or www.lothianbuses.co.uk
Traveline Scotland on 0871 200 2233 or www.travelinescotland.com
Train details available from:
National Rail Enquiries on 03457 484 950 or www.nationalrail.co.uk

Patient Transport

Patient Transport will only be made available if you have a medical/clinical need. Telephone 0300 123 1236 *calls charged at local rate up to 28 days in advance to book, making sure you have your CHI Number available. Hearing or speech impaired? Use text relay: 18001-0300 123 1236* (calls charged at local rate). To cancel patient transport, telephone: 0800 389 1333 (Freephone 24 hour answer service).

Interpretation and Translation

Your GP will inform us of any interpreting requirements you have before you come to hospital and we will provide an appropriate interpreter. If you are having this procedure as an existing inpatient, staff will arrange interpreting support for you in advance of this procedure. This leaflet may be made available in a larger print, Braille or your community language.