

Keyhole Surgery for Ovarian Cysts (Laparoscopy and Ovarian Cystectomy)

Information for patients

This leaflet will help to inform you about your operation, its potential harms 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.

What is Laparoscopy and Ovarian Cystectomy?

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) 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 keeping as much healthy ovary as possible. Unfortunately, any surgery to the cyst can cause damage to the ovary. This can result in reduced 'ovarian reserve' (the number of eggs that the ovary can produce) or functioning of the ovary (the hormones produced by the ovary) which can affect your future fertility and possibly an earlier menopause. Sometimes it is necessary to remove the ovary completely (oophorectomy) because there isn't healthy ovary remaining. Your doctor should discuss your individual risk of this happening at the time of surgery.

The operation is usually done by laparoscopic method ("keyhole surgery"). This can be carried out at any time during your menstrual cycle.

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

The operation is performed under general anaesthetic. A small cut is made inside your 'belly button'. Carbon dioxide gas inflates the abdomen and makes it easier to see what is happening. After this gas is introduced, a small camera (called a laparoscope) is passed through the cut. The camera is connected to a screen, so that the inside of the tummy 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 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 is needed to remove the cyst.

The cyst is sent to the lab to find out what type of cyst it was and whether any further treatment is required. It may take several weeks for your doctor to write to you with these results.

The operation normally takes about one to two hours.

How long will I be 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.

What are the risks of surgery?

All operations have a chance of causing harm. The risks for this operation are:

- **Infection.** The most common infections after keyhole operations are around the cuts on your tummy or in your urine. You may need antibiotics to treat this. Rarely, you may develop a serious or deep infection which may require another operation or taking antibiotics for a long time.
- **Bleeding** during surgery. If there is very heavy bleeding, you may need to be given a blood transfusion (this is when you are given someone else's blood to replace the blood that you have lost). Rarely, there may be a need for a second operation, soon after the first to stop the bleeding. This may need open (not keyhole) surgery.
- **Removal of the fallopian tube and ovary** (salpingo-oophorectomy): this may be necessary due to the size of the cyst or because of heavy bleeding from the ovary.
- **Reduction in ovarian function** (ovarian reserve) which may reduce future fertility or lead to an earlier menopause. 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 chance of this happening in more detail.
- **Damage to the nearby organs** (bladder, bowel, or the ureters - tubes leading from your kidneys to the bladder) (2 in 1000 patients). This may need open (not keyhole) surgery and several operations to fix. Very rarely, the best way to mend the bowel is to first form a colostomy (stoma bag) which will help with your bowel function. This is usually temporary and an operation to mend the bowels would be arranged in 4 to 6 months.
- **Unable to perform surgery with a keyhole approach.** Occasionally it may be necessary, to perform open surgery (laparotomy) to complete the procedure or to repair any accidental damage. This will mean that a larger cut is made for the procedure.
- **Chemical peritonitis** - a very rare complication of a dermoid cyst operation. The fluid in some of these cysts can be very irritating to the lining of your tummy and can make you very unwell. So, if the cyst bursts during your operation we will wash out the fluid to try and prevent this happening.

- A **second operation** is sometimes needed if we are worried about a complication after your surgery (e.g. bleeding, injury to an organ).
- **Developing a blood 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.
- **Hernia**- occasionally (less than 1 in 100 patients), you can develop a lump at the site of one of the cuts on your tummy. This usually requires a second operation to repair.

What happens on the day of surgery?

Before the operation

You will be seen by the nurse, surgeon and anaesthetist and you will have time to ask any questions you have. You will be asked to provide a urine sample (to check for infection and perform a pregnancy test). You will be given a hospital gown to change into and “flight stockings” to put on (to reduce the risk of a blood clot forming).

In the Anaesthetic Room

A drip will be put into a vein in your hand, and blood pressure and heart rate monitors put on. You will be given oxygen to breathe through a mask while the anaesthetic takes effect.

After the operation

- You will wake up in the recovery area and then be taken back to the ward.
- You may have an oxygen mask to help you breathe until the anaesthetic fully 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 flexible 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.
- Your surgeon will see you to explain how your operation went and what follow-up is needed. Due to the anaesthetic, you may not remember everything that is said. The key information can be written down for you.
- You will be able to go home when you are able to eat and drink, have passed urine, have good pain control, and your surgeon and nurse are happy for you to go home. You will be given a supply of painkillers to take home with you. If you need it, a note for work will be given to you.

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 become unwell.

You should not have a bath or 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 not drink alcohol for at least 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.

What can I expect during my recovery?

You should expect some discomfort both in your abdomen and shoulders for the first few days after your operation. 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 may experience some light vaginal bleeding. This should not be heavy and should only last a couple of days. You should use sanitary towels rather than tampons to reduce the risk of infection.

You will usually have stitches in the cuts on your tummy. 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. Your cuts should be kept covered for 24 hours, after this you can have a shower and remove the dressings. You may also have some bruising around the cuts. If you notice your cuts becoming red, swollen, tender, bleeding or producing pus or discharge, you should consult your GP.

You should avoid strenuous exercise (such as running and lifting heavy items) for at least 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.

When should I get help?

Most people who have keyhole surgery make a straightforward recovery.

You should feel better every day after your surgery. You should contact your GP, the hospital where you had your operation or NHS 24 if you experience:

- **Burning and stinging when you pass urine:** This may be due to a urine infection. Treatment is with antibiotics.
- **Red and painful skin around your scars:** This may be due to a wound infection. Treatment is usually with antibiotics or removal of any remaining stitches.
- **Increasing tummy pain:** If you have a temperature (fever), have lost your appetite and are vomiting, this may be due to damage to your bowel or bladder. Further tests to look for complications are urgently needed in which case you may need to be admitted to hospital.
- **A painful, red, swollen, hot leg or difficulty walking:** This may be due to a deep vein thrombosis (DVT). If you have shortness of breath, chest pain, or cough up blood, it could be a sign that a blood clot has travelled to the lungs (pulmonary embolism). If you have these symptoms, you should seek medical help immediately.

What follow up can I expect?

This will depend on the operation that was performed. The hospital labs can take several weeks to report results. Usually, you will receive a letter with these results. You may be offered an appointment at a Gynaecology Clinic, or you may be discharged from the Gynaecology Department and asked to see your GP if you have any problems.

Contact numbers

Royal Infirmary Edinburgh:

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

☎: 0131 242 3273

Ward 210 Gynaecology (Open 24/7)

☎: 0131 242 2101

St John's Hospital:

Day Surgery Centre (Open 24hr from Monday 8am to Friday 5pm)

☎: 01506 524105

Ward 12 Gynaecology (Open 24/7)

☎: 01506 524112

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

☎: 111

Patient ID sticker

Additional information for you

Date: _____ **Doctor:** _____

Procedure: _____

What we found: _____

Your follow-up plan: _____

Signature: _____

A letter from the hospital summarising your operation is also sent to your GP.