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Laparoscopic Ovarian Cystectomy
(Keyhole surgery to remove an ovarian cyst)

Information for patients

Leeds Centre for Women's Health

This information is for you if you are about to have or are recovering from keyhole surgery to remove an ovarian cyst (also known as laparoscopic ovarian cystectomy).

It aims to supplement the discussions you will have with your doctor, to support your understanding of the condition and explain your options, and to let you know what to expect after your surgery.

Why have I been offered surgery for my ovarian cyst?

Surgery is usually offered if you have symptoms that are thought to be caused by the cyst, if the cyst is large or if the cyst has features on scan that need further examination in the laboratory once removed.

You will have had a detailed discussion with your doctor to explain the reason that surgery has been offered in your case. If you have any further questions, please ask.

What will happen during my appointment?

Smaller cysts, as well as those which do not cause symptoms and those that have no concerning features can be managed conservatively ('watch and wait'). Your doctor will discuss this with you.

If you choose not to undergo surgery, you are likely to have an ultrasound scan in 6 to 12 months (depending on the nature of the cyst). This approach has the advantage of avoiding the risks that come with surgery. If you decide to take this 'watch and wait' approach you may develop pain from the cyst in the future, the cyst may grow or there may be an ovarian cyst accident. There are three types of ovarian cyst accident which tend to cause pain:

- Ovarian torsion- this is when the stalk that supplies blood to the ovary and cyst twists on itself causing the blood supply to be cut off. This can be temporary or permanent. If the blood supply is blocked off for too long the ovary can stop working properly.
- Ovarian rupture- this is when the cyst's capsule leaks the cyst contents
- Ovarian bleed- this is when there is bleeding into the cyst.

If you opt to not have your cyst removed your doctor will advise you to seek urgent medical care if you get significant pain

How is laparoscopic ovarian cystectomy performed?

The surgery to remove the ovarian cyst is performed under general anaesthetic which means you are asleep. Your anaesthetist will discuss this with you.

The surgery usually involves a cut in your umbilicus (belly button). Your abdomen (belly) is then filled with gas (carbon dioxide) using a tube or needle. A laparoscope (telescope with a light) is used to look inside your abdomen. This allows the surgeon to see and operate inside your abdomen. Two or three further cuts are made on your abdomen.

These are used to insert instruments used to perform the surgery. The cuts are usually less than a centimetre long although your belly button cut is often larger.

A cut is made on the surface of the ovary to get to the cyst. The cyst is then peeled away from the healthy ovary. Any bleeding on the ovary after the cyst is removed is controlled using heat energy, a stitch (suture) or medical products designed to slow or stop bleeding.

The liquid content of the cyst normally has to be drained so that the cyst sac is small enough to be removed with a bag through one of the cuts in your abdomen. Once removed, the cyst is sent to the laboratory to be examined under the microscope (histology) for a final diagnosis.

The surgeon will carefully check for any bleeding before releasing most of the gas from your abdomen.

The small cuts are then closed. Stitches (usually dissolvable) or glue may be used for this. Your healthcare team will discuss how your cuts have been closed and whether you need to have them removed at a later date. If they do need removal, we usually ask you make an appointment with the practice nurse at your GP's surgery 5-7 days after the procedure.

The cuts will initially be covered by dressings. You should be able to take them off 24 hours after your surgery and have a shower.

What are the risks of a laparoscopic ovarian cystectomy?

- Minor complications are estimated to occur in one or two out of every 100 cases. They include wound bruising, shoulder tip pain, wound infection and wound gaping.
- More serious complications include damage to organs such as the bowel, bladder, ureters (tubes that drain each kidney into your bladder), uterus (womb) or major blood vessels. (About 2 in every 1000 if you have never had abdominal surgery and are a normal weight for your height).This would require immediate repair. Laparotomy may be needed (open surgery through a larger cut in your abdomen). Up to 15% (of bowel injuries might not be diagnosed until after your surgery requiring surgery.
- You may develop a hernia (where parts of internal organs push through a weakness in the muscle and/ tissue layers under the skin of your abdomen) at the site of your abdominal cuts. This occurs in less than one in 100 cases.
- The surgeon may not be able to get into your abdomen to complete the surgery.
- Return to theatre within a month of surgery due to a surgical complication is uncommon
- Removal of ovarian cysts is associated with reduced ovarian function (including reduction of the number of follicles that contain your eggs) although care is taken to preserve the healthy part of the ovary as much as possible.
- The ovary or tube on the same side may be removed at the time of surgery- this may be because the ovary may be concerning of cancer or because of severe bleeding during the surgery.

- You may develop a blood clot in a leg vein (deep vein thrombosis or DVT) which can break off and block the blood flow in one of the blood vessels in the lungs (pulmonary embolus or PE). This occurs in less than one in 1000 cases.
- Anaesthetic risks- your anaesthetists will talk to you about potential risks before your surgery.
- It is extremely rare to die because of complications following a laparoscopy, 3-8 women in every 100,000.

What happens if I decide to go ahead with the surgery?

Pre-assessment appointment

If you decide to have the surgery, a pre-admission assessment will be arranged for you. You will have a set of checks and blood tests done to see if you are fit for surgery. After the appointment you will receive a letter in the post to tell you about the proposed date for surgery.

Consent

You should have been advised of the benefits and risks of the surgery when you were offered it. On the day of surgery, the surgical team will meet you beforehand, confirm that you are happy to go ahead with the procedure and take written consent from you or confirm your consent if you have previously signed your written consent in clinic. Your anaesthetist will speak to you about your anaesthetic and pain relief options after surgery. Feel free to ask any questions you might have.

Preparing for your surgery

The following is a useful check list when getting ready for your surgery

- **Pain relief** - make sure you have pain relief at home, such as paracetamol and ibuprofen to take after your surgery.
- **Support** - you will need to have someone to pick you up after surgery and a responsible adult with you for at least 24 hours after your procedure. Ensure that you have a plan for any dependent persons in your life.
- **Home adjustments** - you may want to consider home adjustments such as preparing your meal and an easily accessible place to sleep on your first night home.

After your surgery

Immediately after your surgery, it is common to feel some discomfort in your abdomen. This discomfort can usually be controlled with simple pain relief, such as paracetamol and ibuprofen. Shoulder tip pain may also occur due to small amounts of gas remaining in your abdomen. This will settle after a few hours. You will normally be able to eat and drink within a few hours of the surgery and most people leave hospital on the day of the surgery. Occasionally you may need to stay in hospital until the following day.

You should arrange for someone to drive you home as you must not drive for at least 48 hours after a general anaesthetic. When you go home, make sure that you are not on your own and that someone can stay with you overnight.

What should I expect when I get home?

It is normal to experience some continued discomfort for a few days after the surgery. You can take regular over-the counter pain relief to treat this e.g. paracetamol and ibuprofen as instructed within the pill pack or in the table below. You will have three or four dressings on your abdomen to cover the small cuts made during the surgery. These can be removed at home 24-hours after the surgery, when you have a shower or wash. If you have stitches these will dissolve by themselves over 10 to 14 days. You should expect some vaginal bleeding for up to 48-hours after the surgery. This will be less than a normal period. Finally, the anaesthetic effects are very short lasting, but you may feel more sleepy than normal for the first 24-hours and during this time, your judgement may be impaired.

Examples of post operative pain relief to take (you can buy these from a Chemist). Please make sure that you do not have allergies to these medications before taking them

Paracetamol- adults weighing more than 50 kilograms can take two tablets (each tablet is 500mg), 4 times in 24 hours. You must wait at least 4 hours between doses. Do not take more than 8 tablets in 24 hours.

Ibuprofen - adults weighing more than 50 kilograms can take two tablets (200mg tablets) every 4 to 6 hours, but shouldn't take more than 1,200mg (6 x 200mg) tablets in the space of 24 hours

When can I go back to work after a laparoscopic ovarian cystectomy?

You should expect to return to work two weeks after the surgery. If you need a medical certificate for your employer, please ask your nurse on admission so that it can be prepared in time for your discharge later in the day.

Further information

There is further information about ovarian cysts on the following websites:

Royal College of Obstetricians and Gynaecologists

- **www.rcog.org.uk/en/patients/patient-leaflets/ovarian-cysts-before-the-menopause**

NHS website

- **www.nhs.uk/conditions/ovarian-cyst**

Questions / Notes

What did you think of your care?

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