

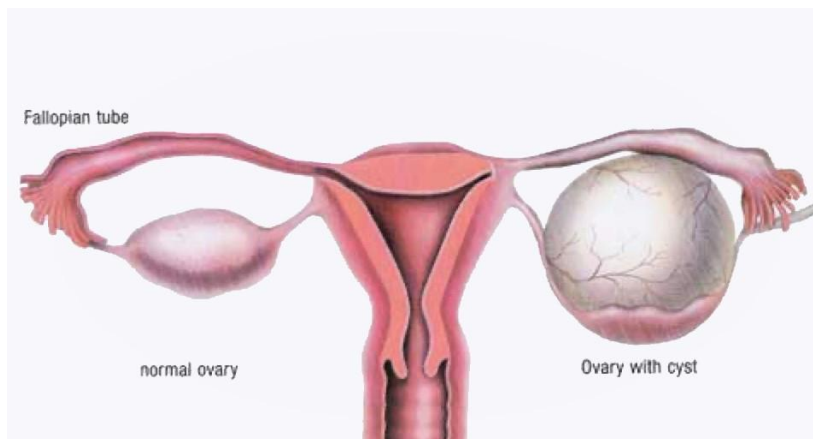


Patient and Family Education

OVARIAN CYSTECTOMY

What is ovarian cystectomy?

Ovarian cystectomy is the surgical removal of one or more ovarian cysts (a fluid-filled sac in the ovary) from one or both ovaries.



Why do I need this surgery?

An ovarian cystectomy may be performed electively or as an emergency operation to remove the cyst, for the following reasons:

1. Pain relief, if the cyst is thought to be the cause of it.
2. Cyst accident including rupture, bleeding, ovary twisting about itself (torsion). If the cyst has caused the ovary to undergo torsion, this is an emergency situation because the blood supply to the ovary may be disrupted, leading to permanent damage and loss of function.
3. To obtain histological diagnosis.

What does it involve?

The surgery can be performed by the following techniques/methods:

□ **Laparoscopy:** is a minimally invasive (“key-hole”) surgery where a small cut (about 1cm) is made and a scope is inserted for viewing. Carbon dioxide gas is then released into the abdominal cavity to facilitate viewing of your internal organs. Additional small cuts will also be performed may be necessary for insertion of other instruments to perform the surgery. The cyst is then separated and removed from

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the ovary. The cyst is usually retrieved from the abdomen in a bag. This technique allows for faster wound healing, reduces risk of wound infection, and reduces hospitalisation length of stay.

Uterine manipulation (insertion of device into the womb to allow surgery to be done more easily and safely) may be necessary in laparoscopy. This may lead to the disruption of the hymen in a virgin, and/or uterine perforation or injury. Please inform your doctor if you do not want uterine manipulation.

Laparotomy (Open): is performed through a cut of about 10 to 15 cm in the abdomen, which can be horizontal or vertical in the midline.

The choice of whether the surgery will be a laparoscopy or laparotomy depends on the size of the cyst, the nature of the cysts in terms of whether there is suspicion of possible malignancy, the complexity of the anticipated surgery, patient factors and surgeon expertise.

In the event of an emergency in which there is severe uncontrolled bleeding from the cyst, or where the cyst has completely replaced the entire ovary with very little normal ovary tissue left, or in ovarian torsion where the ovary is unhealthy due to prolonged lack of blood flow, or where there is suspicion of cancer, it may be necessary to remove the ovary itself. Depending on your condition, removal of one or both of your ovaries (oophorectomy) may be needed.

In the event of unanticipated operative findings such as that of cancer not previously suspected, separate consent may need to be taken from you after the surgery for surgery at a later date to remove other organs as may be necessary.

Before the Surgery

You should inform the doctor if:

1. You suspect that you may be pregnant. You need to inform the surgical team of the first day of your last menstrual period. If you are sexually active, you should avoid getting pregnant prior to surgery either with reliable birth control methods or abstinence.
2. You have any allergies or reaction to any medications, substances or food.
3. You are taking drugs (e.g. Aspirin, Clopidogrel, Warfarin, and Rivaroxaban) or supplements (e.g. Cordyceps, Ginkgo Biloba, and Lingzhi), that thin your blood, as these substances may affect blood clotting and increase the risk of bleeding. If you are taking any of these, your doctor will advise you accordingly.

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4. You have undergone previous uterine or abdominal surgery that can distort the position or shape of your uterus, or make surgery potentially more complicated.

5. You have any medical conditions such as heart problems, diabetes, etc.

Duration of Surgery

Approximately: 45minutes to 1 hours

Risks of Surgery

Complications will be explained to you by your surgeon before surgery. You will be required to sign an informed consent prior to surgery.

The following are potential complications of the procedure and they are not exhaustive:

- Bleeding
- Infection
- Inadvertent cyst rupture or spillage
- Injury to other organs
- Venous thromboembolism (blood clots in deep veins)
- Adhesion colic or bowel obstruction due to adhesions
- Recurrence of ovarian cyst: New cysts may grow in future (5-30% risk of recurrence in 5 years).
- Loss of ovarian reserve

In certain circumstances, conversion from laparoscopy to laparotomy may be needed due to technical difficulties in the operation or complications such as severe bleeding or injury to other organs.

Duration of Hospital Stay

Average: 1-2 days

Care after Surgery

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- Some wound discomfort, abdominal pain or slight amounts of vaginal bleeding / bloody discharge is normal after surgery. Pain should be manageable with oral painkillers by the time you are discharged.
- Urine catheter tube may be inserted into the bladder, and removed when deemed suitable by your doctor, to allow draining and monitoring of your urine output.
- Drains (tubes that are placed into your abdominal cavity during surgery to allow fluid to drain out) may be inserted and removed when deemed suitable by your doctor.
- Antibiotics and/or intravenous drips may also be needed.
- You may expect to stay hospitalized for observation for a few days. You should be able to walk, eat and perform light activities when you are discharged. Rest at home is encouraged.
- Changes in your menstruation, urinary or bowel habits may be expected, which may require treatment if bothersome.
- If or in the event of emergency where both ovaries are removed, there will be no more menses or child-bearing ability. This is permanent / irreversible.

Alternative options

1. Ovarian cysts may be managed with other surgical methods such as drainage or ablation. Your doctor will discuss with you in more detail.
2. The option of no treatment (i.e. conservative management). You may discuss these options in more detail with your doctor.

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