

Patient information

Laparoscopic ovarian cystectomy

Women & Children's Health Gynaecology Clinic

What is a laparoscopic ovarian cystectomy?

A laparoscopic ovarian cystectomy is an operation to remove a cyst from one or both ovaries. It is a 'keyhole' operation carried out through three or four small cuts in the tummy.

Why is this operation necessary?

There are a number of reasons why your doctor may have advised you to have this operation. You may have pain from the ovarian cyst, or it may contain fluid or solid parts that need further examination in the laboratory.

How is a laparoscopic ovarian cystectomy performed?

This operation is done under a general anaesthetic, which means you are asleep. The surgeon will make a small, one centimetre cut near to the belly button and inject gas (carbon dioxide) which makes it easier to see the internal organs. A laparoscope is gently inserted through the small cut into the space inside your tummy (this is called the abdominal cavity). Two or three further small cuts (less than a centimetre in length) are usually made on the lower left side, lower right side and / or the lower central area of the tummy. The instruments used to perform the operation are inserted into the abdominal cavity through these small cuts. The ovarian cyst is then separated from the ovary, and removed through these cuts. It will be sent for a detailed examination to our hospital laboratory. Once the operation is complete, the gas is let out of the abdominal cavity and fine dissolvable stitches are used to close the small cuts. The operation usually takes about an hour

Risks of surgery

Overall the risks of serious complications from diagnostic laparoscopy are uncommon (approximately 2 cases per 1000).

Risks include damage to the bowel, bladder, uterus or major blood vessels which would require immediate repair by laparoscopy or laparotomy (open surgery). Although injury is often recognised some (approx. 15%) remain undiagnosed at the time and may present when life-threatening complications arise, such as circulatory collapse or septic shock.

Other complications include:

- Failure to gain an entry into the abdominal cavity
- Hernia at the site of entry
- Death: approximately 3 - 8 in every 100 000 women

Frequent risks include:

- Wound bruising
- Shoulder-tip pain
- Wound infection or gaping

Complications are more common if you are obese or have pre-existing medical conditions, or if you have had previous surgery. Risks are also greater where there is significant pathology or if laparoscopic procedures are required.

After your operation

- It is normal to experience some discomfort after your operation. This can be relieved with regular painkillers for 3 - 5 days afterwards such as paracetamol and / or ibuprofen.
- You may notice trapped gas which will cause referred pain around your shoulders which subsides after a few days.
- You may have some vaginal bleeding for a few days: we advise you use sanitary towels rather than tampons to reduce the risk of infection.
- You may shower or bath after 24 hours: remove any dressings and replace with clean plasters if necessary. Do not have sexual intercourse for two weeks afterwards to allow healing.
- You may drive when you are in full control of your vehicle, can safely perform

an emergency stop, look round and reverse safely.

- You will need seven days off work and should avoid heavy lifting for at least a week. Any follow up required will be arranged by the doctor in charge of your care.

When and how to seek help

In the rare event that you are concerned about major complications after you have been discharged it is important to seek help promptly. Please contact the Gynaecology Ward 01284 713236 for advice.

You should contact your GP or GP out-of-hours service if vaginal bleeding is heavier than expected or you are concerned about wound infection

Further advice and information can be obtained from:

- The Gynaecology Nurse 01284 713601
- The Day Surgery Unit 01284 713050

The Royal College of Obstetricians and Gynaecologists
<http://www.rcog.org.uk/diagnostic-laparoscopy>

West Suffolk NHS Foundation Trust is actively involved in clinical research. Your doctor, clinical team or the research and development department may contact you regarding specific clinical research studies that you might be interested in participating in. If you do not wish to be contacted for these purposes, please email info.gov@wsh.nsh.uk. This will in no way affect the care or treatment you receive.

If you would like any information regarding access to the West Suffolk Hospital and its facilities please visit the website for AccessAble (formerly DisabledGo)

<https://www.accessable.co.uk/organisations/west-suffolk-nhs-foundation-trust>

