

How can a laparoscopic ovarian cystectomy help?

Laparoscopic ovarian cystectomy is a keyhole operation to remove a cyst or growth from the ovary. The commonest problems that lead women to seeing a gynaecologist include: painful periods; abnormal or irregular bleeding; pain with intercourse; pelvic pain not associated with periods; and pain on surrounding areas and organs.

Keyhole surgery, where possible, has benefits over open surgery. These benefits include: a quicker recovery; less pain; less time in hospital; and a faster return to work.

What are the risks of laparoscopic ovarian cystectomy?

All treatments and procedures have risks and we will talk to you about the risks of laparoscopic ovarian cystectomy. Risks can be divided up into two categories common (less serious) and rare (more serious).

Problems that may happen straight away

Common risks of laparoscopic ovarian cystectomy include: general abdominal pain; shoulder pain; wound infection; urinary infection; pelvic infection; difficulty passing urine; and bleeding. There can be side-effects associated with general anaesthesia and include nausea, vomiting and a sore throat. The anaesthetic doctor will discuss these.



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Problems that may happen later

Future risks can include developing scar tissue within in the pelvis, ongoing pain despite having your cyst removed, and further surgery following a complication, cyst recurrence or unexpected complex disease.

Problems that are rare, but serious

Rare but more serious complications include injury to internal organs such as the bowel, bladder, ureters (tubes that connect the kidneys to the bladder) or major blood vessels.

There is also a risk of forming blood clots in the legs or lungs or having a severe allergic reaction to drugs used during surgery. There is a small risk of developing a hernia at the site of the cuts. If the cyst contents are spilt during surgery, this can rarely lead to a reaction called chemical peritonitis.

Treating cysts on your ovaries can carry a risk of reducing the function of your ovary and it is important to take this in account when planning surgery. The risk of premature ovarian failure leading to menopause following treatment for cysts on both of your ovaries may be up to 3%. Your doctor may recommend assessing your ovarian function before surgery to treat ovarian cysts.



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A laparoscopic ovarian cystectomy has different options:

Excision (cutting out), drainage (opening the cyst), or ablation (burning away): This will depend on your individual circumstances, function of your ovary, and desires for future conception. The majority of people will require the cyst be removed with excision.

A minority of patients require drainage of the cyst initially ahead of medicines to shrink the ovary before a second procedure to remove the cyst. Please ask for further details if required.

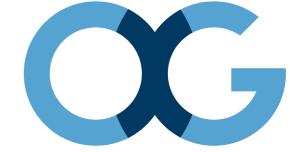
What additional procedures may be required?

Additional procedures that may become necessary but are not planned during your surgery include a blood transfusion if there is heavy bleeding. There is a small risk of requiring the removal of the ovary.

If this bleeding continues or there is injury, the surgery may be converted from keyhole to open surgery to try and stop the bleeding or perform a repair of an injury. This can be associated with more pain and a longer recovery period.



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What will happen if I choose not to have laparoscopic ovarian

cystectomy?

If you choose against having a laparoscopic ovarian cystectomy the symptoms which led you to the gynaecological clinic are likely to continue. There is a small risk the cyst on the ovary may twist resulting in pain and emergency surgery.

What alternatives are available?

The alternatives available include: doing nothing; taking medical treatments; and other surgical procedures.

Doing nothing is unlikely to change your symptoms or the cyst. Medical treatments can help control pain and bleeding although medical treatments can have side-effects. Other surgical procedures can include an open cut in the tummy. These can be covered in your consultation with the doctor.



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