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LAPAROSCOPIC OOPHORECTOMY

WHAT IS IT?

This procedure involves the removal of one or both ovaries. Normally it would involve removal of the fallopian tube on that side too (if present).

The intended benefit of the procedure is usually to reduce or stop pelvic pain, remove an ovary that contains a cyst or endometriosis, removal of both ovaries in people at increased risk of ovarian cancer or rarely as a last stop treatment for severe PMT. Removing both ovaries has the equivalent effect as a sterilisation operation on your fertility. Pregnancy would not occur after removal of both ovaries but could after removal of one and if appropriate you should consider additional contraception.

If you have not gone through the menopause then removal of both ovaries will cause menopause. You should discuss the implications of this with your surgeon. Removal of one ovary would not usually cause menopause provided the other ovary is healthy.

Under general anaesthetic a laparoscope (a 5 or 10mm fibre-optic telescope) is inserted through an incision just below the umbilicus. 2 further ports are inserted lower in the pelvis, one in the midline and one to one side. If you are expecting only one ovary to be removed do not worry if the side incision is on the opposite side from the ovary you expected to be removed. Sometimes the position of the ovary is such that an approach from the opposite side makes the operation technically easier.

The ovary is identified and any adhesions around it divided to free up the ovary. The ovary is then removed by firstly dividing it from the blood supply that comes in from the side of the pelvis using a combination of diathermy to close its blood supply and then a cutting device is used once its blood supply is closed. If the ovary is very stuck down then occasionally it is necessary to place a stent (small flexible tube) into the ureter to identify this structure so protecting it. This is the tube that runs from the kidney to the bladder and is just behind the ovarian position. This tube is inserted via the bladder and a cystoscopy (insertion of a fibreoptic tube into the bladder) will be necessary. The ovary is then moved towards the midline and further freed. Finally the ovary is divided from its attachment beside the uterus and freed. It is then sealed in a bag that isolates it from your other tissues. The ovary is then removed through the port on that side of your abdomen still in its protective bag.

A careful inspection of the abdomen is carried out to make sure there is no bleeding and the instruments then removed.

It is occasionally not possible to complete the operation laparoscopically and an open operation will be needed. Unless otherwise agreed we would plan to proceeded to the open operation under the same anaesthetic. Recent case reviews suggest that the risk if 1-2 in 50 operations.

HRT

If you have had both ovaries removed and were not menopausal before the operation then you will be afterwards. You may wish to discuss the possibility of taking HRT. If you do then it will need to contain both oestrogen and progesterone unless you have previously had a hysterectomy, in which case oestrogen alone will be sufficient.