LAPAROSCOPIC OVARIAN CYSTECTOMY

WHAT IS OVARIAN CYSTECTOMY?

This procedure involves the removal of an ovarian cyst on the ovary with preservation of the ovary. Usually the cystic portion contains only a small amount of ovarian tissue. The aim is to preserve as much of the ovary as possible as a loss of ovarian tissue may affect future fertility.

Even if the ovary looks damaged as in ovarian torsion there may be benefit in not removing the ovary as there may still be some viable tissue.

The intended benefit of the procedure is usually to remove the cyst and the symptoms caused by it. Cysts may cause pain, twist on themselves and may affect fertility. Some cysts are produced by endometriosis and can cause period pain, pelvic pain or pain with intercourse. Laparoscopic cystectomy is not appropriate for large ovarian cysts (greater that 8-10cm) or cysts where cancer is suspected. This procedure would normally be carried out only in women who had not undergone menopause

HOW IS IT DONE?

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. Do not worry if the side incision is on the opposite side from the ovary you expected to be operated on. 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 opened over the cyst and the contents aspirated (sucked out). If the cyst contains solid material (usually called a dermoid cyst) then this step is not carried out. The cyst wall is then separated from the ovary. This is quite a slow process as it has to be peeled away from the ovary and any bleeding point cauterised to ensure there is no bleeding. It is divided from its attachment to the ovary and freed. It is then sealed in a bag that isolates it from your other tissues. The cyst wall is then removed through the port on that side of your abdomen still in its protective bag and sent for analysis. This is to avoid it toughing the incision in the abdominal wall. The pathological analysis takes about a week and confirms the nature of the cyst.

A careful inspection of the abdomen is carried out to make sure there is no bleeding. An anti-adhesion fluid may be left in the abdomen. The instruments are then removed and the incisions closed. The abdomen feels somewhat bloated if this happens and you can get shoulder tip pain.

Very rarely the ovary has to be removed. This might occur if the cyst had replaced so much of the ovary that there is no normal ovary left, if there is excessive bleeding from the ovary or if the ovarian appearance is different from that expected and malignancy is suspected. In the latter situation a biopsy would be taken if possible and the ovary left until the diagnosis is confirmed by the pathology laboratory rather than being dealt with there and then.

OPEN OPERATION

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.

Ask your surgeon how often they have to convert from laparoscopic to open procedures. This will give some idea as to experience. Usually the rate is under 2%.

Updated 1-11-16 JSP