播道醫院 Evangel Hospital

Information on Laparoscopic Ovarian Cystectomy / Salpingo-Oophorectomy

Indications

Ovarian cyst.

The Operation

1. General anaesthesia.
2. Pneumoperitoneum created by insufflation of carbon dioxide.
3. Laparoscope Incisions made on abdominal wall and instruments inserted into peritoneum relevant operation done.
4. Specimen removed with zipper bag via incision on abdominal or vagina.
5. Abdominal (and vaginal) wounds closed.
6. All tissues removed will be sent to pathology lab or disposed of as appropriate unless otherwise specified.
7. Photograph / video may be recorded during operation for education / research / documentation purpose. Please inform staff if you have any objection.
8. "Associated Procedures" may be required: Blood transfusion, Removal of tubes, other adnexal organs and uterus.

Comparison with the Open Procedure

1. Similarities: Same pathology removed, Same sequelae.
2. Differences: 3-4 smaller abdominal wounds ± vaginal wound; Less painful; Faster recovery; Earlier discharge, shorter sick leave required.

Preoperative Preparation

1. Admit 1 day before or on same day of this "elective" operation.
2. Anaesthetic assessment. **Inform your doctors** about drug allergy, your regular medications or other medical conditions.
3. Keep fast for 6 to 8 hours before operation.
4. Empty bladder and change to operation clothes before transfer to operating room.
5. Pre-medication, antibiotic prophylaxis and intravenous line may be required.

Postoperative Instruction

General

1. Mild throat discomfort or pain because of intubation.
2. Mild discomfort or pain over the operation site. Inform nurses or doctors if more analgesics are required.
3. Nausea or vomiting are common after general anaesthesia; inform nurses if symptoms severe.
4. Can mobilize and get out of bed 6 hours after operation.

Wound care

Keep dressing intact.

Diet

Resume diet, usually 4 hours after anaesthesia, and when taking sips of water well.

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Common Risks and Complications (not all possible complications are listed)

Anesthesia related complications

1. Cardiovascular: myocardial infarction or ischaemia, stroke, deep vein thrombosis, pulmonary embolism, etc.
2. Respiratory: atelectasis, pneumonia, asthmatic attack, exacerbation of chronic obstructive airway disease
3. Allergic reaction and shock.

Procedure related complications

1. Bleeding, may need blood transfusion.
2. Trauma to pelvic organs (bladder, ureters and bowels) and blood vessels (may require repair).
3. Pelvic infection.
4. Wound complications including infection and hernia (with large trocar).
5. Higher risk of rupture of cyst and spillage of its content; consequence of spillage.
6. Risk of conversion to laparotomy (less than 5% chance).
7. May also proceed to laparotomy if malignancy is suspected.
8. May have dyspareunia following vaginal wound suturing.
9. Risk of incisional hernia.

Risk of Not Having the Procedure

1. May develop cyst complications (like torsion, bleeding, rupture).
2. Unsure pathology and potential undiagnosed malignancy.

Alternative Treatment

1. Laparoscopic assisted vaginal hysterectomy, bilateral salpingo-oophorectomy.
2. Open abdominal approach.

Things to take note on discharge

1. Contact your doctor or the Accident & Emergency Department if you find increasing pain or redness around the wound and discharge from the wound as vagina.
2. Take analgesics prescribed by your doctor if required.
3. Resume daily activity gradually.
4. No effect on hormonal status if adequate ovarian tissue is preserved.
5. Possible adverse effect on future fertility.
6. Risk of recurrence of the cyst, especially for endometriotic cyst.
7. Consideration of hormonal therapy if both ovaries are removed. The side effects include increased risk of carcinoma of breast, deep vein thrombosis and gall stones.

Follow Up

After obtaining a pathological diagnosis, the doctor will suggest and arrange supplementary treatments such as chemotherapy, hormonal therapy, target therapy, and radiation therapy based on the patient's final condition.

Remarks

This is general information only and the list of complications is not exhaustive. Other unforeseen complications may occasionally occur. In special patient groups, the actual risk may be different. For further information please contact your doctor. Evangel Hospital reserves the right to amend this leaflet without prior notice. We welcome suggestions or enquiries on the information provided in this leaflet. Please contact our Healthcare professionals so that we could follow up and make improvement.

Reference

Hospital Authority: *"Laparoscopic Ovarian Cystectomy / Salpingo-Oophorectomy" (2021)*
Smart Patient: https://www.ekg.org.hk/pilic/public/O&G_PILIC/O&G_LaparoscopicOvarianCystectomySalpingoOophorectomy_0316_eng.pdf (25-07-2023)

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