

Indication for the operation is ovarian cyst.

### The Operation

1. General anaesthesia
2. Peritoneal cavity entered, ovarian cyst / ovary and tube removed
3. Frozen section where indicated
4. Abdominal wound closed
5. All tissues removed will be sent for pathology report.
6. Other associated procedures which may become necessary during the procedure:
  - a. Blood transfusion
  - b. Removal of the other ovary, tube, uterus, omentum and pelvic/para-aortic lymph nodes in case of malignancy.
7. Photograph / video may be recorded during the operation for education / research / documentation purpose. Please inform staff if you have any objection.

### Preoperative Preparation

1. Admit 1 day before or on same day of this “elective” operation.
2. Anaesthetic assessment. **Inform your doctors** about drug allergy, 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 if more analgesics are required.
3. Nausea or vomiting are common; inform nurses if symptoms severe
4. Can mobilize and get out of bed 6 hours after operation, usually go home on day 2.

Wound care *Keep dressing intact.*

#### Diet

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

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

#### Anesthesia related

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

#### Procedure related

1. Bleeding, may need blood transfusion.
2. Injury to neighbouring organs especially the bladder, ureters and bowels.
3. Pelvic infection.
4. Wound complications including infection and hernia.

### Risk of Not Having the Procedure

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

### Alternative Treatment

1. Bilateral salpingo-oophorectomy or total abdominal hysterectomy bilateral salpingo-oophorectomy.
2. Laparoscopic approach.

### Things to take note on discharge

1. Contact your doctor or a nearby Accident & Emergency Department if you find increasing pain or redness around the wound and discharge from the wound.
2. Take analgesics prescribed by your doctor if required.
3. Resume daily activity gradually.
4. No effect on hormonal status in the presence of normal ovarian tissue.
5. Possible adverse effect on future fertility.
6. Risk of recurrence of the ovarian cyst, especially for endometriotic cyst.
7. Consideration of hormonal therapy if both ovaries are removed; the side effects including increased risk of carcinoma of breast, deep vein thrombosis and gallstones.
8. Further treatment may be necessary in case of malignancy.

#### 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: O&G LaparoscopicOvarianCystectomySalpingoOophorectomy\_0316\_eng.pdf (ekg.org.hk) (19-07-2023)