

Laparoscopic/Open Unilateral or Bilateral Salpingo-oophorectomy (BSO/USO)

Information for patients and carers

Gynae-Oncology

This booklet has been written to answer questions you, or those who care for you, may have about your operation.

What is a laparoscopic or open Unilateral Salpingo-oophorectomy (USO) or Bilateral Salpingo-oophorectomy (BSO)?

Laparoscopic or open USO or BSO is the removal of one or both ovaries and fallopian tubes using keyhole or open surgery. This operation is performed for women who have been diagnosed with an ovarian cyst or more than one cyst. This operation is done to determine the diagnosis of the nature of the ovarian cyst/cysts.

There are usually three possible outcomes for this type of operation.

- A diagnosis of a benign cyst, which is not cancer. There is no need for further treatment and you will be discharged from our care.
- A diagnosis of a borderline ovarian tumour, also not cancer. You may be discharged from follow-up clinic visits or have open access to the specialist team if you have any concerns in the future. We call this patient initiated follow-up.
- A diagnosis of cancer (this is rare) where this operation maybe all the treatment required or there may be a need for further treatment.

What are the benefits of BSO or USO.

- Obtaining a diagnosis.
- Determining if further treatment is needed.
- If cancer is diagnosed, to determine the origin of the cancer and discuss any further treatment required.

Are there alternatives to surgery?

If you choose not to have an operation, we will be unable to advise you as to the nature of the cystic mass. The mass may continue to grow and cause symptoms and on rare occasions change to pre-cancer or cancer cells.

We will discuss with you follow-up options. You may be followed up with surveillance.

What happens before the operation?

After you have seen the surgeon and given consent for the operation to go ahead, the secretary will arrange for you to have a pre-admission assessment. You will be invited to the hospital or have a phone consultation 1-2 weeks before your surgery for a pre-operative assessment.

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During this assessment they will check your fitness for a general anaesthetic and surgery. This will include taking a full medical history, your current medication and arranging any investigations you need. At this visit you will have the opportunity to discuss what to expect before, during and after your surgery.

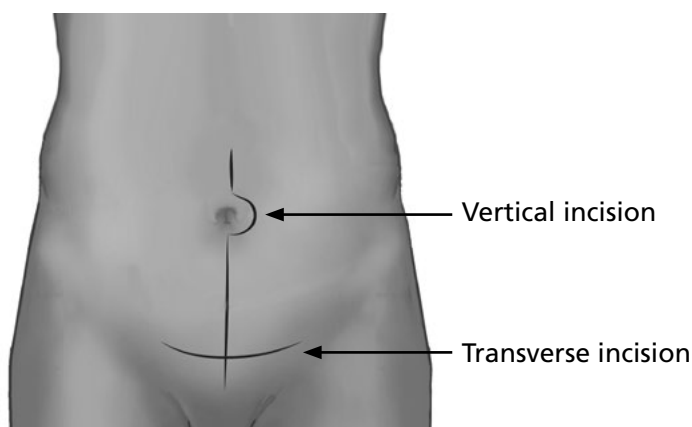
What does the operation involve?

The operation will be done either by laparoscopic (keyhole) or open surgery. The reason for the choice will be discussed with you in detail at the time of your consenting.

The operation is a common surgical procedure. It takes 90-120 minutes on most occasions. It will require a general anaesthetic (you will be asleep for the procedure). The cyst/mass and one (USO) or both (BSO) ovaries and fallopian tubes are identified and separated from their attachments and removed through the wound incision. The surgeon may also take a small biopsy from the omentum (fatty curtain that hangs from the stomach down the abdomen and protects your bowels and pelvic organs). Fluid from your tummy may also be sent off to be tested (peritoneal washings).

Laparoscopic (keyhole) is a procedure in which a camera (laparoscope) is passed into the abdominal cavity. Two or three small incisions approximately 1cm long are made in the abdominal wall. The small wounds are sutured with dissolvable sutures that take a few weeks to dissolve and drop off.

Open surgery is a procedure where an incision (cut) is made in the abdominal wall. There are 2 types of incision, either a transverse incision, left to right or vertical incision, an up and down cut above or below your belly button to your pubic hair line. The wound is then closed generally with clips, and these are removed on day 7-10 for a transverse incision and 10-14 days for a vertical (up and down) abdominal incision.



“Abdominal incisions for laparotomic approach pelvic surgery, variant 1 – no labels” at AnatomyTOOL.org by Ron Slagter, LUMC, Marco DeRuiter, LUMC and O. Paul Gobée, LUMC, license: Creative Commons Attribution-NonCommercial-ShareAlike. modified from <https://anatomytool.org/content/different-incisions-laparotomic-approach-pelvic-surgery-%E2%80%93-no-labels>

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What should I do about my medication?

Make sure your health care team knows all the medication you take and follow their advice. This includes all blood-thinning medication as well as herbal and complementary remedies, dietary supplements, and medication you can buy over the counter.

Is there anything I should do to prepare for the operation?

Yes, make sure that:

- You fully understand what is going to happen to you.
- If you smoke, please try, and stop or cut down. This will reduce the risk of developing a chest infection. Please ask the team about smoking cessation services that could support you to give up smoking.
- Eat a well-balanced diet, introducing more protein, vitamins and some fats to help recovery.
- Try to maintain a healthy weight. If you have a higher risk of developing complications if you are overweight.
- Regular exercise should help you to prepare for the operation, help you to recover and improve your long term health.
- Avoid constipation, consult your GP if you become constipated for possible laxative medication.

Are there any risks or complications associated with surgery?

There are risks, but it's important to understand that most women do not have complications after this procedure. However, risks do increase with age and for those who already have heart, chest or other medical conditions such as diabetes, if you are overweight or are a smoker and if you have had previous abdominal surgery.

Generic risks:

- Infection (such as chest, wound or bladder).
- Bruising to any wound of the abdomen or in the vagina.
- Haematoma (blood collecting in the wound).
- Hernia formation at the surgical incision site.
- Adhesion (tissue sticking together).

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More serious/rare risks:

- Bleeding, blood loss can sometimes be heavy during the surgery, and you may require a blood transfusion.
- Deep vein thrombosis (DVT), blood clots in your legs.
- Pulmonary Embolism (PE), blood clots in your lungs.
- Injuries to neighbouring organs or structures like the bladder, bowel, kidney pipes (ureters) or blood vessels. If they are injured, they can be repaired at the time of surgery.
- Anaesthesia can carry a small risk and you will be asked by the team about your medical problems that may increase those risks.

After the operation

You will normally wake up in the operating theatre recovery area and when stable you will be transferred back to the ward. When you return please tell us if you have any pain or feel sick after your surgery. We have pain and anti-sickness medicines that we can give you to relieve your symptoms. Once you are fully awake and comfortable you can start drinking and then eating a few hours after your surgery. You will be able to move around when the nurses have assessed that you are fully awake from the anaesthetic, and they will assist you if you need help.

When can I go home?

This will be based on your recovery after surgery. If you have laparoscopic surgery you can normally go home on the same day or the following day after your surgery. If you have had open or additional surgery you will go home normally within 2-3 days.

On discharge you will be given advice on the ongoing recovery at home from the nursing team. You will be advised on pain relief and how to care for your wounds. If you have an open procedure you will have arrangements made for your clips to be removed 10-14 days post-surgery.

Before you go home you will be provided with 28 days of blood thinning (clexane) injections. The nurses will teach you how to administer this small daily injection to the tummy. These will protect and prevent deep vein thrombosis and pulmonary embolism following your operation.

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Returning to normal activities

Returning to work: Recovery time varies from person to person. Returning to work depends on the nature of your job and whether you are able to cope. You will need to refrain from work for 2-4 weeks. Your surgeon and clinical nurse specialist will discuss this with you after your operation.

Driving: Your movement and strength must be able to cope with an emergency stop before driving again. You should feel comfortable sat down with the seatbelt across your abdomen. Guidelines suggest 4-6 weeks should be left before returning to driving.

Sexual activity: You are advised to refrain from sexual activity for at least 4 weeks. This prevents infection and reduces trauma. Resuming sexual intercourse can be discussed with your surgeon and clinical nurse specialist at your follow-up appointment.

Menopause and HRT

If you have only one ovary removed, you are unlikely to go through the menopause, so long as the remaining ovary is working normally. You will notice this as hot flushes, night sweats and dryness of the vagina which may cause discomfort during intercourse. You may also experience mood change, tiredness, anxiety, dry hair and skin and painful joints. Long term lack of oestrogen may cause osteoporosis (thinning of bone) and heart disease.

Hormone replacement therapy (HRT): This relieves menopausal symptoms and side effects. It replaces the oestrogen that your ovaries used to produce. It can be given as tablets, patches, gels etc. Your choices will be discussed once the final results from testing the cysts are received and we can advise on the benefits and risks of HRT for you.

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Follow-up appointment

You will be informed of a follow-up appointment after discharge and this will be arranged by the nurse or secretary. At this appointment we will discuss the results from the samples collected during your operation. The appointment will take place 2-4 weeks after your surgery.

On-going support

When you are seen in clinic by the Consultant you will be provided with contact details of the Clinical Nurse Specialist team for on-going support. If you have any questions or concerns or require more information please do not hesitate to contact them on 0121 507 5511.

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