



PROCEDURE EDUCATION LITERATURE

We recommend that you read this handout carefully in order to prepare yourself or family members for the proposed procedure. In doing so, you will benefit both the outcome and safety of the procedure. *If you still have any questions or concerns, we strongly encourage you to contact our office prior to your procedure so that we may clarify any pertinent issues. "An educated patient is the best patient"*

SALPINGO-OOPHORECTOMY

Definition

Salpingo = referring to the fallopian tubes

Oophorectomy = removal of the ovary

A salpingo-oophorectomy is a procedure where both the fallopian tubes and ovaries are removed. Both of the fallopian tubes and ovaries can be removed or only one of each. This procedure can be done by itself or in conjunction with other procedures. This procedure is most commonly done with a hysterectomy. The hysterectomy can be done for many reasons, some of the more common ones being fibroids (benign growths of the muscle of the uterus), endometriosis (pieces of the lining of the uterus outside of the uterine cavity), dysfunctional uterine bleeding, cancer of the cervix, ovaries, or uterus, and for chronic pelvic pain. This procedure can also be done if you have cysts on your fallopian tubes as well.

This procedure can be done by a laparoscope (telescopic instrument inserted through small incisions) or by a laparotomy (traditional "open" abdominal surgery). The way the procedure is done will be determined by the procedure that it is done with. For example, your doctor can do a hysterectomy vaginally and then insert a laparoscope into your abdomen and perform the salpingo-oophorectomy that way

Your doctor will be able to analyze both the fallopian tube and the ovary with this procedure.

Preparation

Depending on why the procedure is being done, you may have some blood work or even some imaging studies such as a CT scan or an ultrasound of the ovaries, fallopian tubes or uterus. You will not be able to eat or drink anything after midnight of the night before surgery. This procedure may be done as part of another procedure.

The next day, you will show up at the hospital and be evaluated by the anesthesiologist. You will be placed on the operating table and anesthesia will be given. Depending on how the procedure is done, you may have spinal/epidural anesthesia or you may be put to sleep.

Once your doctor is sure that the anesthesia is working, they will begin the procedure.

Procedure

How the procedure is done depends upon what procedure it is being done with. If it is being done with a hysterectomy, then your doctor will identify the fallopian tubes and ovaries. Once visualized, your doctor will clamp them and cut them. Your doctor will then proceed with the rest of the procedure.

If the procedure is done by a laparoscope, your doctor will insert a camera into a small incision in your belly button. Your doctor will visualize the ovaries and the fallopian tubes. Your doctor will need to make more incisions into your abdomen so that they can insert surgical instruments through these incisions.

Your doctor will then remove the ovary(ies) and fallopian tube(s) with these surgical instruments. The instruments will allow the doctor to grasp the ovaries and fallopian tubes for removal. Your doctor will send these to pathology to be evaluated.

If this is done by an incision into your lower abdomen, then your doctor will identify the uterus and ovaries, along with the fallopian tubes. Once these are identified, your doctor will remove them carefully.

Regardless of how the procedure is done, your doctor will make sure that there is no bleeding and then remove the surgical instruments and close the incision. You will be transported to the recovery room.

Post Procedure

In the recovery room, your doctor will make sure that you have tolerated the procedure well. If the procedure is done by a laparoscope, you will be able to go home that evening.



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If the procedure is done as part of another procedure, you may have to stay overnight for your recovery. Your doctor will give you pain medicine. This will control most of your pain.

Your doctor will give you specific instructions when you go home regarding sexual intercourse, lifting, using a tampon, and activities of daily living. You should not lift anything heavier than a gallon of milk.

If you were not menopausal before the procedure, then your doctor will discuss whether or not you are a candidate for estrogen replacement for some of the menopausal-like symptoms. This will be done if both of your ovaries were removed.

Expectations of Outcomes

The expectations of this procedure will depend upon why it was being done and what procedure it was being done with. You can expect that either one or both of your ovaries or fallopian tubes will be removed after the procedure. There is a chance that your doctor may not be able to remove all of the ovary or the fallopian tube because of scar tissue around these structures.

If both of the ovaries are removed and you were not menopausal prior to the procedure, you may experience menopausal-like symptoms such as hot flashes, vaginal dryness, and thinning of the bones. Your doctor will counsel you to see if you are able to take replacement estrogen for these symptoms.

You should not experience heavy bleeding or chills/fever. If this happens, you need to call your doctor.

If your doctor was doing this procedure for pain relief, not all of your pain may be taken away. There is also the possibility that this procedure will not take away your pain. If both of your ovaries are removed, then you may be infertile.

Finally, if your doctor is not able to remove the ovary(ies) and/or tube(s) with laparoscopy, the procedure may need to be continued by making an incision into your lower abdomen (laparotomy). This also may be done if your doctor thinks that additional surgery should be done that cannot be done with the laparoscope.

Possible Complications of the Procedure

All procedures, regardless of complexity or time, can be associated with unforeseen problems. They may be immediate or delayed in presentation. While we have discussed these and possibly others in your visit, we would like you to have a list so that you may ask questions if you are still concerned. These complications include, but are not limited to:

- **Bleeding:** Since this procedure involves surgery, there is a risk of bleeding due to injury to blood vessels. If the blood loss is significant, it may require a blood transfusion. This risk is small.
- **Injury to bladder, ureter and bowel:** Injury to the bladder, ureter, and bowel can occur with either the laparoscopic approach or the laparotomy approach. These risks are small.
- **Deep Vein Thrombosis (DVT) / Pulmonary Embolus (PE):** In any operation (especially longer operations), you can develop a clot in a vein of your leg (DVT). Typically, this presents two to seven days (or longer) after the procedure as pain, swelling, and tenderness to touch in the lower leg (calf). Your ankle and foot can become swollen. **If you notice these signs, you should go directly to an emergency room and also call our office.** Although less likely, this blood clot can move through the veins and block off part of the lung (PE). This would present as shortness of breath and possibly chest pain. We may sometimes ask the medical doctors to be involved with the management of either of these problems.
- **Lower Extremity Weakness/Numbness:** This, too, is a rare event that may arise due to your position on the operating table. It is possible in procedures in which you are in the lithotomy (legs up in the air) for a long period. The problem is usually self-limited, with a return to baseline expected.
- **Chronic Pain:** As with any procedure, a patient can develop chronic pain in an area that has undergone surgery. Typically, the pain disappears over time, although some feeling of numbness may persist. If persistent, further evaluation may be necessary.
- **Infection:** There is a risk of infection inside your abdomen and also a risk of infection in your wound. These infections may need to be treated with antibiotics. These risks are small.

Patient

Date

Physician

Date

Witness

Date