

# WOMEN'S HEALTH PARTNERS, LLC

DIPLOMATES AMERICAN BOARD OF OBSTETRICS & GYNECOLOGY

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## 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."*

## OVARIAN CYSTECTOMY

### Definition

Ovarian = pertaining to the ovary  
Cystectomy = removal of a cyst  
Cyst = fluid filled structure

Ovarian cystectomy is a procedure that is done when a cyst is removed from the ovary. A cyst is a fluid-filled structure on the surface of the ovary. There are many different types of ovarian cysts and most of them are benign (not cancer). Many women have cysts on their ovaries at some point in their life.

This procedure can be done by way of a laparoscopy or a laparotomy. A laparoscopy is when you insert a telescope into the belly button through a small incision. There are usually two other incisions made to allow for surgical instruments to be inserted. Your doctor will be able to remove the cyst through these incisions.

Also, this procedure can be done by making a small incision in your lower abdomen. Your doctor can identify your ovaries and the cysts and then remove them. This usually requires an overnight hospital stay. This procedure may be done as part of another procedure such as a hysterectomy.

This procedure may be done to analyze the cyst to see if it is cancerous or not. It also may be done to provide some relief to the patient. Also, these cysts can rupture, bleed, or twist (torsion) and they may need to be removed for that reason.

### Preparation

Depending on why the procedure is being done, you may have some bloodwork or even some imaging studies such as a CT scan or an ultrasound of the ovaries. 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

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

Your doctor will then remove the cysts with these surgical instruments. The instruments will allow the doctor to grasp the cyst and remove it. Your doctor will send this cyst to pathology to be evaluated.

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

After both procedures, 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.

### **Expectations of Outcomes**

This procedure should remove the cysts on the ovaries. If the cysts are removed, your doctor may be able to determine if they are benign or cancerous. You will have some discomfort from the procedure. Your doctor will try to control your pain but may not be able to take away all the pain.

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

If this procedure was done because your doctor thought you were having pain because of the cysts, then removal of the cysts may take away some of your pain. This is not a guarantee and sometimes the pain may persist despite the cysts being removed.

Finally, if your doctor is not able to remove the cysts with laparoscopy, then 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 is not able to be done with the laparoscope.

### **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, then you will be able to go home that evening.

If the procedure is done as part of another procedure, then 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 and activities.

### **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:

- ) **Risks of anesthesia:** There are risks to the anesthesia such as an allergic reaction or seizures. These risks are small.
- ) **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.
- ) **Organ Injury:** During any part of the surgical procedure, any organ in the abdomen or pelvis (liver, spleen, colon, intestine, bladder, stomach, ureter, etc.) can be inadvertently injured. Often the injury is minor and can be treated with relative ease. In other instances, when the injury is major, or the repair is complicated, more extensive surgery may be necessary. Treatment depends on the particular organ injured and the severity of the injury.
- ) **Return of the cysts:** The ovarian cysts may return after they are removed, especially if the ovaries are not removed.
- ) **Spreading of cancer:** There is a risk that if the cyst is cancerous, the cancer may spread if the cyst ruptures during removal.
- ) **Blockage of the fallopian tubes:** Since the ovary is close to the fallopian tubes, some of the fallopian tubes may be removed with the cyst or the fallopian tubes may be damaged during removal of the cyst. This may result in damage to the fallopian tubes that may lead to infertility.
- ) **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.
- ) **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.
- ) **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.
- ) **Wound Infection:** The incision sites can become infected. While it typically resolves with antibiotics and local wound care, occasionally, part or all of the incision may open and require revision and or catheter replacement.

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Patient

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Date

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Physician

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Date

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Witness

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Date

The information contained in this Medical Informed Consent Form (“Consent Form”) is intended to solely inform and educate and should not be used as a substitute for medical evaluation, advice, diagnosis or treatment by a physician or other healthcare professional. Please call your doctor if you have any questions.