NHS
Gloucestershire Hospitals
NHS Foundation Trust

Patient Information

Laparoscopic bilateral salpingo-oophorectomy

(Removal of fallopian tubes and ovaries)

Introduction

This leaflet gives you information about having a laparoscopic removal of fallopian tube(s) and ovary(ies):

- Bilateral oophorectomy - removal of both ovaries
- Salpingectomy - removal of 1 fallopian tube
- Bilateral salpingectomy - removal of both fallopian tubes
- Salpingo-oophorectomy - removal of 1 ovary and fallopian tube
- Bilateral salpingo-oophorectomy - removal of both ovaries and fallopian tubes

What is a laparoscopic removal of fallopian tube(s) and ovary(ies)?

Laparoscopic surgery is also often called keyhole surgery. It is carried out using several small incisions called keyholes.

For this operation, your surgeon will make 3 to 5 small incisions (cuts) to your abdomen (tummy). Each incision will be about 1 cm in length.

Before surgery

You should carry on taking your usual medications, unless told otherwise. We strongly advise that you stop smoking before your surgery. If you develop an illness before your surgery date or have any questions, please contact your consultant's secretary.

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Patient Information

Pre-operative assessment

You will be invited to the hospital any time up to 2 weeks before your surgery for a pre-operative assessment. During this assessment we will check your fitness for general anaesthetic and surgery. This will include recording a full medical history, your current medication and arranging any investigations needed. Please tell the nurse practitioner or doctor if you have had problems with any previous surgery, anaesthetic or if you have any allergies – this is very important.

At this visit you will have the opportunity to discuss what to expect before, during and after your surgery. We will also tell you what you will be able to do during your recovery time. Your admission details should be confirmed with you at this visit.

Will I have to sign a consent form?

You will be asked to sign a form giving your consent to the surgery. The consent form gives your gynaecologist the right to do only what is written on this form. The only exception to this is if during the surgery there is an unforeseen problem. The form you will have signed does give the doctor the consent to correct any problems.

Please feel free to ask any questions about the surgery that you do not understand before signing the consent form.

When should I stop eating and drinking?

Detailed instructions will be included in your admission letter about this. It is very important that you follow the instructions otherwise your surgery may need to be put off until a later date. This will also be discussed at your pre-operative assessment appointment.

Day of your surgery

An anaesthetist and your surgeon (or a senior member of the team) will explain to you what will happen during your operation.

Patient Information

We want you to fully understand why you are having the surgery and what the possible risks are. You will be asked to sign a consent form, if you have not already done so, and you will have the opportunity to ask any questions.

During the surgery

This operation is normally carried out under a general anaesthetic (while you are asleep). A narrow plastic tube called a cannula will be inserted into a vein in your arm or hand using a needle. This will be used to give you fluids and medications. The anaesthetist will then give you an anaesthetic so that you will be asleep during the procedure.

To start the procedure your bladder will be emptied using a catheter. This is a thin tube inserted into your bladder to drain away any urine.

A small instrument will then be inserted into the uterus, through the vagina, to help gently manipulate the womb. This is to allow for visualisation and access to the surrounding structures. A small cut will be made below your belly button through which the laparoscope will be inserted. Between 2 and 4 additional cuts will be made to insert other instruments into your tummy.

The wounds will be closed with dissolvable stitches.

The procedure will take about 1 to 2 hours, but you can expect to be in theatre and recovery for 3 to 4 hours.

After the surgery

You will normally wake up in the operating theatres recovery area, but you may not remember much until you are back on the ward. You will be given medication during your surgery to relieve the pain when you wake up. You may have some discomfort following your surgery but we will try to control this in the best way possible using a variety of pain relief.

Patient Information

Risks

Minor risks

- Infections (such as chest, wound or bladder)
- Bruising to any wound on the abdomen or in the vagina
- Haematoma (blood collecting in the wound)
- Hernia
- Adhesion (tissue sticking together)
- Pain and discomfort

More serious risks

- Bleeding - blood loss can sometimes be heavy during the surgery and this may mean that you need a blood transfusion
- Deep Vein Thrombosis (DVT), blood clots in your legs. Pulmonary Embolism (PE), blood clots in your lungs
- Injuries to the bladder, ureters (narrow tubes between the bladder and the kidneys), bowel or blood vessels, requiring further surgery
- Anaesthetics carry a small risk and you will be asked by your doctors about any medical problems that might increase those risks

When can I resume my normal diet?

You may be able to drink and eat a few hours after your surgery, until then you will receive fluid via your cannula.

How long will I be in hospital?

You may be discharged on the day of your surgery. If you have had additional surgery, you may be in hospital for longer.

If you have any concerns about going home after your surgery, please discuss these with the staff at the Pre-operative Assessment Clinic.

Follow up

You may be given a follow-up appointment at the hospital or you will be asked to make an appointment to see your GP.

Patient Information

Going home

You may still have some discomfort when you leave hospital but you will be given a supply of pain relief medication. This should be taken regularly for the best effect.

After the surgery you may experience 'wind pains' from having medical air pumped inside your abdomen, these should stop within a few days. Drinking a small amount of peppermint oil in warm water can help. Peppermint oil can be bought in supermarkets and health shops.

When can I go back to work?

We suggest that you stay off work for 2 to 4 weeks; this will depend on the nature of your job. Please talk about this with your consultant or GP.

What about my sex life?

We advise you not to have intercourse for about 6 to 8 weeks to allow healing.

When can I drive?

You should not drive until you feel able to perform an emergency stop comfortably and are not taking regular pain medication. This may be up to 6 weeks without driving. We recommend you discuss this with your insurance company.

Will I need hormone replacement therapy (HRT)?

HRT will have been discussed with you in the Out-patient Clinic before your surgery. Whether or not it is offered to you will depend on your age and diagnosis.

If you develop hot flushes or other menopausal symptoms before the age of 50 you should seek advice from your GP about the possible need for HRT to treat the symptoms and prevent osteoporosis (premature thinning of the bones). This will depend on your diagnosis. There are some occasions where we would recommend against taking HRT – it is important you discuss your options with your consultant.

Patient Information

If you have already reached the menopause before your surgery the need for HRT will not change. If you were not taking it before the surgery, you should not need it afterwards.

If you are prescribed HRT, you will be given a month's supply to take home. Further supplies can be requested from your GP.

If you have any concerns about taking HRT, please discuss with the gynaecology team or your GP.

Contact information

If you have any problems or concerns after going home, please contact your GP or NHS 111 out of hours for advice.

NHS 111
Tel: 111

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Making a choice