

LAPAROSCOPIC SALPINGO-OOPHORECTOMY

What is a laparoscopic salpingo-oophorectomy?

A salpingo-oophorectomy is the removal of one (unilateral) or both (bilateral) of your ovaries and fallopian tubes. Laparoscopic surgery is a minimally invasive surgery technique that only uses a few small incisions on your lower abdomen.

Why am I having this surgery?

A salpingo-oophorectomy may be necessary if you are having symptoms such as pain or discomfort from ovarian masses or cysts. Your surgeon may also recommend a prophylactic (or preventive) salpingo-oophorectomy if you are at high risk for ovarian cancer or certain breast cancers.

What happens during this surgery?

Before surgery begins, you will be given anesthesia to sleep. A laparoscope – a thin tube with a camera on the end – is inserted into the abdomen, usually at the sight of your navel, through a small incision. Additional incisions will be made in your abdomen. Air will be used in the abdomen to create more space between your abdominal wall and internal organs. The surgeon will use the laparoscope and other surgical instruments to remove your ovaries and fallopian tubes. If a bilateral procedure is performed, you will no longer be able to become pregnant and may experience symptoms of menopause, including hot flashes.

What are the risks?

This procedure has a small risk of:

- Bleeding during surgery, which may require a blood transfusion
- Infection of the bladder or surgical site
- Damage to surrounding organs (bladder, bowel, and ureters)
- Possible need for further surgery

What should I do to prepare for the procedure?

- Do not eat or drink anything after midnight the night before your surgery.
- You will be under anesthesia for the procedure so you will need someone to drive you to and from your appointment.
- Be sure to arrive two hours before your estimated surgery start time.
- Ask your provider any questions you may have before the procedure, especially instructions on stopping or continuing to take any existing medications.
- Follow the instructions from our office to schedule your pre and post op appointments.

What should I expect during recovery?

After the procedure, it is normal for your navel area and abdomen to be sore and possibly bruised. Your shoulders and back may hurt from the gas placed in your abdomen during the procedure. Also, it is normal for the anesthesia to sometimes make you feel weak and nauseous. You may have some vaginal discharge or spotting after surgery.

The incisions in your abdomen will be closed with skin adhesive or stitches and may be covered with Band-Aids. If you have bandages, they can be removed 24 hours after surgery, and the adhesive or stitches will dissolve on their own. If you have small bandage strips on your incisions, leave them on and they will fall off on their own. If they do not fall off you can remove them seven days after your procedure. Do not soak your incisions in the bathtub or go swimming. You may shower, but do not rub your incisions.

The first week after surgery, you may feel more tired than usual. Take it easy this first week, and then gradually increase your activity level with short walks and light activity. Sexual activity can resume when you feel comfortable.

Call your provider if you experience:

- Fever greater than 100.4 degrees Fahrenheit
- Severe nausea / vomiting or abdominal pain
- Heavy bleeding (more than 2 pads soaked per hour)
- Redness, swelling, or discharge from your incisions

Office number: **(404) 778-3401**, Monday – Friday 8:00AM – 5:00PM

- For emergencies after hours, calling this number will connect you to the operator, who will page the OBGYN physician on call.
- **If your pain becomes severe, or your fever rises above 102°F in the 3 days following the procedure you should go to the emergency room.**

Additional instructions:

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