

Laparoscopic Prophylactic Bilateral Salpingo- Oophorectomy:

What You Need To Know

THE
PETER GILGAN
CENTRE
FOR WOMEN'S
CANCERS



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If you are at a high risk of developing ovarian cancer, you may choose to have your ovaries and fallopian tubes removed in a surgery called bilateral salpingo-oophorectomy. Most often, this surgery is performed laparoscopically, meaning that small incisions are made in the abdomen through which a camera and other surgical tools can be passed. This minimally invasive approach allows patients to be discharged on the same day of surgery and recover in the comfort of their own homes. Before undergoing this surgery, you should know what to expect and when to seek help as you recover.

The following information outlines some expected challenges that women have reported during their recovery. Most of these symptoms will resolve with time and may not require consultation with your surgeon.

Discharge after Surgery

- Women's College Hospital is an ambulatory hospital, which means that the surgical department closes at the end of the business day and patients are discharged. Exceptions are made if the discharge would pose a risk to their health and safety.
- Patients will be seen by a nurse before their discharge to be sure that it is safe for them to leave the hospital.
- A patient may also feel hesitant to be discharged due to the side effects of the anesthesia (i.e. - nausea, vomiting, fatigued, weakness). This is why we ensure all patients arrange for a responsible adult to take them home from the hospital.



Expected Physical Symptoms

1. Pain

- After surgery, women may experience pain or discomfort at the incision site.
- Pain may also present in other areas of the body (typically in the right shoulder) due to air in the abdomen irritating the diaphragm.
- Pain after surgery is different for each woman, therefore pain management is also different for each woman. Some require over-the-counter medications (i.e. – Tylenol, Advil) to control their pain, while others require prescription medications.
- The goal of managing pain after surgery is to allow patients to rest and heal comfortably.
- Pain management options should be discussed with the surgeon prior to surgery.

2. Anesthetic Side Effects

- A common challenge for women after they undergo this surgery is recovering from the effects of general anesthesia.
- After surgery, the general anesthesia slowly wears off and this can feel like a shock to the body.
- In addition to pain, women have reported experiencing nausea, vomiting, dizziness, fatigue and weakness. Mobility may also be challenging. These symptoms should be brought forward to the doctor or nurse so treatment options can be put into place.
- The effects of anesthesia may last for 24 hours. Women should avoid driving or operating heavy machinery, consuming alcohol or other sedatives, and making binding legal decisions during this time period.

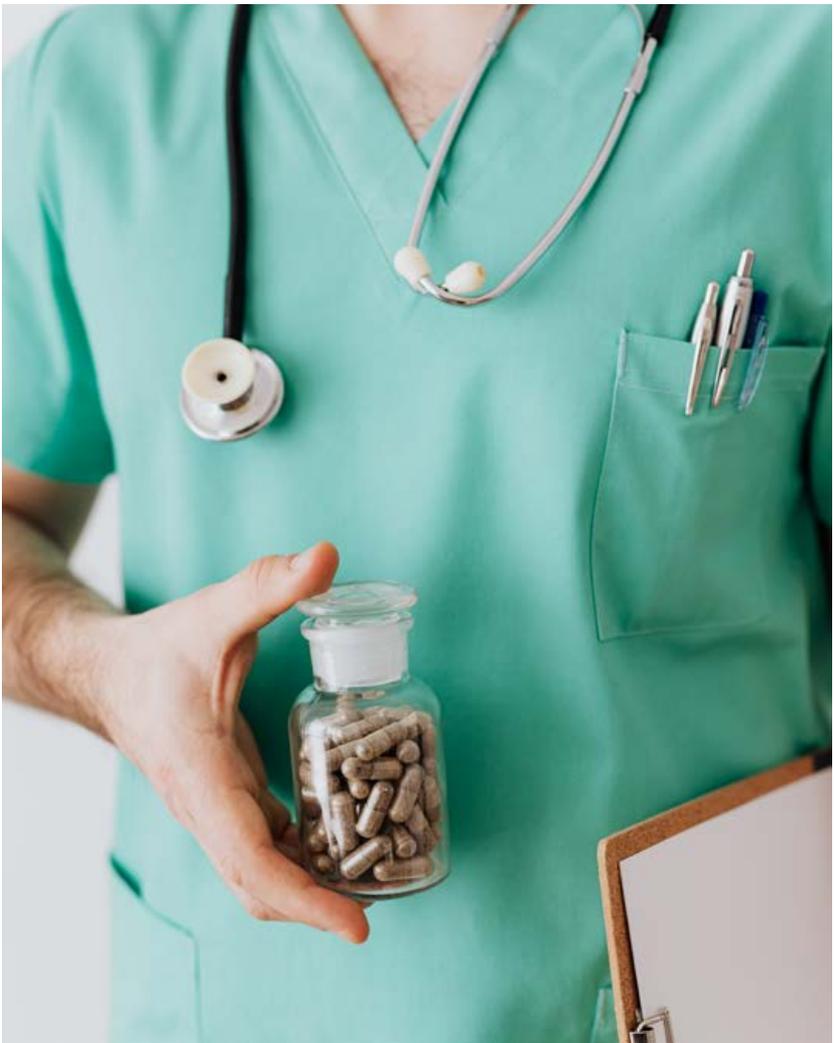
3. Vaginal Bleeding

- Women healing from the surgery may experience vaginal bleeding, which can look like spotting or appear similar to their menstrual bleeding.
- Women may wear sanitary pads during this time. Tampons are not recommended for the first six weeks after surgery and consultation with a doctor can help determine when best to resume the use of tampons.
- Should the vaginal bleeding appear heavier or for a longer duration than their regular period, women should contact their doctor or nurse for further assessment.

4. Menopausal Symptoms

- The removal of your ovaries before the onset of natural menopause may result in surgical menopause. It is important to note that menopausal symptoms can include both physical changes (i.e. - hot flashes, night sweats, vaginal dryness) and emotional changes (i.e. - sleep disturbances, loss of libido) and can range in severity.

- The doctor may prescribe hormone medications to improve these symptoms, which should be discussed before surgery. It may take time and treatment adjustments to optimize the effect of the hormone medication. This may be a challenging and frustrating experience.
- Surgical menopause can be a major change for women, even with hormone medication. It is important that you speak to your doctor to ask about resources or sources of support (i.e. - informational materials, social worker) to help you during your recovery.
- It may require more than one visit with your health care provider to ensure adequate symptom control.



Unexpected, Serious Post-Operative Complications

- Serious complications are rare and not expected to occur following this surgery. However, there is always a small chance for a serious complication even after the patient's medical history and other factors have been taken into consideration.
- Serious complications include severe infections, excessive vaginal bleeding, or anesthetic complications, which may require hospitalization or long-term treatment.
- If you experience the following symptoms after surgery, please visit the nearest Emergency Department:
 - Fever
 - Redness, swelling, and/or strong pain at the incision site
 - Foul smelling fluid from the incision site
 - Excessive vaginal bleeding (i.e. - soaking a sanitary pad in one hour)
 - Foul smelling discharge
 - Vomiting, inability to drink fluids for greater than four hours
 - Chest pain or shortness of breath

Incision Care

- Taking care of incision sites may reduce scarring, pain and the risk of infection (i.e. - keep clean, keep dry). Follow the surgeon's instructions to properly care for the incision site.

Return to Regular Activities

- Return to regular activities (i.e. - going back to work, driving, exercising, caring for children) is not the same for all women. This depends on several factors, including your overall health, whether or not there were complications during surgery (not common, but possible), and symptom management.



- Discuss a realistic timeline for returning to regular activities with your surgeon as it varies from person.

It is important to note that the above list is not comprehensive. Other adverse conditions or surgical complications may arise from laparoscopic oophorectomy depending on the clinical situation.

Remember, if you have questions or concerns, please contact The Familial Ovarian Cancer Clinic (FOCC) at Women's College Hospital by calling 416.323.7744



GLOSSARY

General anesthesia: A combination of medications that put you in a sleep-like state before a surgery or other medical procedure.

Menopause: Natural absence of menstrual periods for at least a year.

Surgical menopause: When surgery, rather than the natural aging process, causes a woman to go through menopause.

Libido: Sexual desire.

Fatigue: An overall feeling of tiredness or a lack of energy.

Spotting: Lighter bleeding compared to a period.

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