

Oophorectomy (Ovary Removal Surgery) Information Sheet

General indications for the proposed procedure/treatment:

Oophorectomy is a surgical procedure to remove one or both of the ovaries. The ovaries are almond-shaped organs that sit on each side of the uterus in the pelvis. The ovaries contain eggs and produce hormones that control the menstrual cycle.

Oophorectomy can be done alone, in some cases. But it is often done as part of a larger surgery to remove the uterus (hysterectomy) in women who have undergone menopause. Oophorectomy is commonly combined with surgery to remove the nearby fallopian tubes (salpingectomy), since they share a common blood supply with the ovaries. When combined, the procedure is called salpingo-oophorectomy. A salpingo-oophorectomy is often performed on women with an increased risk of ovarian cancer.

When oophorectomy involves removing both ovaries, it's called bilateral oophorectomy. When the surgery involves removing only one ovary, it's called unilateral oophorectomy.

Oophorectomy may be performed for:

- A tubo-ovarian abscess — a pus-filled pocket involving a fallopian tube and an ovary
- Ovarian cancer
- Endometriosis
- Noncancerous (benign) ovarian tumors or cysts
- Reducing the risk of ovarian cancer or breast cancer in women at increased risk
- Ovarian torsion — the twisting of an ovary

Description of Procedure:

During oophorectomy surgery the patient will receive anesthetics to put her in a sleep-like state. The patient will not be awake during the procedure.

Oophorectomy can be performed two ways:

1. Surgery using one large incision. During a traditional (open) oophorectomy, the surgeon makes an incision in the abdomen to access the ovaries. The surgeon separates each ovary from the blood supply and tissue that surrounds it and removes the ovary.
2. Surgery using multiple small incisions. Laparoscopic surgery involves making three or four small incisions in the abdomen. The surgeon inserts a tiny camera through one incision and special surgical tools through the others. The camera transmits video to a monitor in the operating room that the surgeon uses to guide the surgical tools. Each ovary is separated from the blood supply and surrounding tissue and placed in a pouch. The pouch is pulled out of the abdomen through one of the small incisions.

Laparoscopic oophorectomy may also be robotically assisted in certain complicated cases. During robotic surgery, the surgeon watches a 3-D monitor and uses hand controls that allow finer movement of the surgical tools.

Whether the oophorectomy is an open, laparoscopic or robotic procedure depends on the patient's situation. Laparoscopic or robotic oophorectomy usually offers quicker recovery, less pain and a shorter hospital stay. But it isn't appropriate for everyone, and in some cases, surgery that begins as laparoscopy may need to be converted to an open procedure during the operation.

After oophorectomy, the patient can expect to spend several hours in a recovery room as the anesthesia wears off. The patient may move to a hospital room where she may spend a few hours to a few days, depending on the procedure.

Risk of the Procedure:

Oophorectomy is a relatively safe procedure that carries a small risk of complications, including, bleeding, infection, damage to nearby organs, rupture of a tumor, spilling potentially cancerous cells into the body, and retention of ovary cells that continue to cause signs and symptoms, such as pelvic pain, in premenopausal women.

Women who have yet to undergo menopause will experience premature menopause if both ovaries are removed. This deprives the body of the hormones produced in the ovaries, leading to complications such as:

- Menopause signs and symptoms, such as hot flashes and vaginal dryness
- Depression or anxiety
- Heart disease
- Memory problems
- Decreased sex drive
- Osteoporosis
- Premature death

Studies have found that women who take low doses of hormone replacement drugs until about age 50 may reduce their risk of these complications. But hormone replacement therapy has risks of its own. Discuss options with your doctor.

Procedure Alternatives, if any:

There are no alternatives to an oophorectomy.

Probable consequences of Refusing Procedure:

Depending on the reason for the procedure, the patient's disease may continue and could worsen over time.

Person(s) Performing the Procedure:

The key portions of the procedure will be performed by a physician who is a member of the medical staff of Rush University Medical Center and/or a resident/fellow who is observed by a physician who is a member of the medical staff. Residents/Fellows are licensed physicians in approved residency or post residency training programs. Parts of the procedure which they perform will be based on their level of competency.