

# Risk-reducing oophorectomy

Information for patients



This leaflet is designed to help explain what is involved with a risk-reducing (prophylactic) oophorectomy. You may be considering this because you have an increased risk of developing ovarian cancer due to your family history, or because you have been found to carry a genetic fault.

It is designed to help explain what is involved before you decide whether this surgery is for you. This decision can be difficult to make but there will be healthcare professionals you can discuss issues with and who will be able to support you in your decision-making.

### **What is risk-reducing oophorectomy?**

This is an operation where both your ovaries are removed whilst there is no evidence of cancer, to help reduce your risk of developing ovarian cancer.

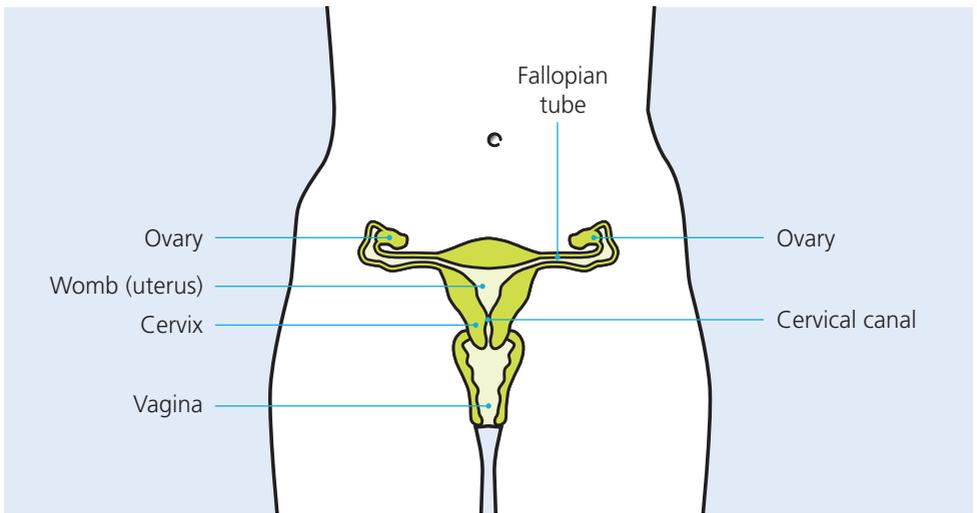
### **What are ovaries?**

The female organs include the uterus (womb), ovaries, fallopian tubes, cervix and vagina. They are situated in the pelvic area, close to the bladder and the rectum. In the pelvis there are also muscles and ligaments that support these organs. The omentum is a tissue that surrounds and protects the organs, and the lymph glands drain fluid from the area to prevent infection.

Your ovaries are two small organs, which form part of your reproductive system. The ovaries contain eggs and during the reproductive years they release an egg monthly, which travels down the fallopian tube into the womb. If the egg is not fertilised by the male sperm it is then shed as part of the woman's period. The ovaries also produce a variety of sex hormones including oestrogen, progesterone and testosterone. The production of these hormones reduces as a woman reaches the menopause.

## Family history

Ovarian cancer affects approximately one in every 70 women during their lifetime. For the majority of women who are diagnosed with ovarian cancer the cancer will be a one off event and not caused by an inherited factor. When there are two or more close relatives with ovarian cancer, or ovarian cancer linked with young onset breast or bowel cancer, the women in the family may be at an increased risk of developing ovarian cancer. In this situation it is important that you are able to discuss your family history with a doctor or counsellor who specialises in hereditary diseases.



## Ovarian cancer risk

Risk can be difficult to understand and explain, but basically it is the chance that something may or may not happen. In this instance it is the chance that you will develop ovarian cancer. We all have different ideas of our own risk based on our feelings, beliefs and experiences. Your own idea of your risk of developing ovarian cancer may therefore be different to your true risk.

## Screening for ovarian cancer

At present there is no effective way of screening to pick up early stage ovarian cancer in women who do not have symptoms. This means that we do not know of any screening tests that have been proven to be effective.

You may have heard of a blood test looking at a marker in the blood called CA125. Sometimes when a person has ovarian cancer CA125 can be raised, but it can also be raised with other conditions related to the ovary that are not cancerous. Furthermore, it may not always rise in the early or treatable stages of ovarian cancer. Therefore this test is not helpful for women at an increased risk of developing ovarian cancer.

## Do I need an oophorectomy?

You need to be seen by your local genetics department who will look at your own risk of developing ovarian cancer in relation to your family history. Other options will also be discussed at this time. You will also be able to meet with the gynaecologist to discuss what types of operation are available and any issues relating to the operation.

The genetic and gynaecology doctors and nurses will also be able to provide support and information to help you decide whether this operation is what you want and also to help you through the surgery. It is important that you have time to think about whether you would like this operation and have the opportunity to ask any questions or concerns you may have.

Having this operation will not remove all your risk of developing ovarian cancer. There will still be a small risk of developing an ovarian like cancer. Having your ovaries removed will reduce your risk, but there will still be tissue left which surrounds the ovaries that has the potential to develop into an ovarian like cancer.

## Types of surgery

An oophorectomy is an operation to remove an ovary. This may be bilateral (both ovaries) or unilateral (one ovary). A salpingo-oophorectomy is an operation to remove the ovary and the fallopian tube. This may be bilateral or unilateral.

A hysterectomy is an operation to remove the uterus (womb). Some women may be advised by their surgeon to have the uterus as well as the ovaries removed. These operations are carried out under general anaesthetic.

The incision (cut) for the surgery will either be a horizontal (bikini line) or vertical (up to the tummy button), or you may be offered surgery using a laparoscope in which case there will be a couple of small incisions, one at the tummy button and one at the pubic hair line.

Your surgeon will advise you of the most appropriate surgery for you.

## Post-operative care

Care is always taken to ensure you are not in pain after surgery, although it is normal to experience some discomfort. If you are in pain then let the nurse know and she can give you the right pain relief. Also sometimes changing your position can help the pain and the nurse can help you with this if required.

After your operation you will be encouraged to move about as soon as possible. This is an essential part of recovery and helps prevent post-operative complications such as deep vein thrombosis or chest infection.

You may have an intravenous infusion (drip) in your arm to replace body fluids until you are able to drink and eat normally again.

Dependent on the type of surgery you have it is sometimes necessary to put a small tube called a catheter into the bladder to drain your urine into a collecting bag. This will be removed once you are able to walk to the toilet. You may also have a small drainage tube from the wound site; this is to stop excess fluid from collecting around the wound and would be removed about 48 hours after surgery.

## Convalescence

If you have had laparoscopic surgery then you will usually be able to go home the next day and will usually need two weeks' convalescence. Otherwise you will be able to go home about five to seven days after an oophorectomy and seven to ten days following hysterectomy and oophorectomy.

Following an oophorectomy you are advised not to return to work for a month. If you have also had a hysterectomy you will be advised to have six to 12 weeks off work depending on your job and social circumstances. You should avoid strenuous exercise and heavy lifting during the time you are off work. You will not be able to drive for at least four to eight weeks dependent on the type of surgery that you have had.

## Sex life

It is quite common for women to ask about their sex life. There is no reason why you should not resume sexual activity as soon as you are comfortable to do so. However some women do experience emotional changes. These are natural and understandable, particularly in younger women where the loss of ovaries results in an early surgical menopause and anxieties related to the loss of fertility and female identity.

You may find it helpful to talk to a sympathetic friend, your GP or a counsellor about these feelings. You also may find it helpful to use a vaginal lubricant such as KY Jelly (available at the chemist) the first few times you have intercourse following surgery, or you may prefer to use a vaginal moisturiser such as Replens (also available at the chemist) which plumps up vaginal tissue in preparation for intercourse. This is obviously dependent on the type of surgery you have had. Hormone replacement therapy with or without testosterone may help.

## Menopause and HRT

The menopause usually happens between the ages of 45 and 55. It occurs when the ovaries gradually stop producing the hormones oestrogen and progesterone. When a woman's ovaries are removed surgically before she has been through a natural menopause, it creates an early menopause. Each woman has a different experience of her menopause. Some women do not have any symptoms whilst others may have a number of symptoms that affect their daily life.

It is important that if you have been given an early menopause through surgery you discuss with the gynaecologist before your operation, options regarding management of the menopause. If you are unable to take HRT for whatever reason please discuss other options available to you.

Use of hormones will help relieve any menopausal symptoms such as hot flushes, night sweats and vaginal dryness. Women are usually prescribed HRT (hormone replacement therapy) and there are a number of ways in which this can be taken, including tablets, patches and gels. Some women are concerned about breast cancer risk and HRT use.

It is important to remember that the HRT is only replacing the hormones your ovaries would normally be producing and is not additional HRT following a natural menopause. It is also important to remember that the increase in breast cancer risk is associated with long-term use of HRT following the natural menopause, not with replacing hormones following removal of the ovaries at an earlier age.

If you have any questions please write them down here before you see the doctor or nurse as a reminder.

## Glossary

### **Bilateral salpingo oophorectomy**

Removal of both ovaries and fallopian tubes.

### **CA125**

A marker found in the blood which, if raised, may indicate an abnormality within the ovaries.

### **Consultant gynaecologist**

A doctor who specialises in women's reproductive diseases.

### **Gynaecology nurse specialist**

A nurse who specialises in women's reproductive diseases.

### **Hysterectomy**

Removal of the womb.

### **Laparoscopy**

A small operation where a micro-telescope is inserted into the tummy to remove the ovaries.

### **Laparotomy**

An operation where there is a surgical incision to remove the ovaries.

### **Menopause**

When the ovaries gradually stop producing hormones.

### **Prophylactic oophorectomy**

Removal of the ovaries while they are apparently healthy.

### **Ultrasound**

A scan using sound waves to look at inside the body.

## The team involved in your care are:

Consultant: .....

Tel no: .....

Genetic counsellor: .....

Tel no: .....

## Further information

If you need more advice on risk-reducing oophorectomy or hysterectomy, please contact us:

- **Wessex Clinical Genetics Service**

Princess Anne Hospital  
Coxford Road  
Southampton  
SO16 5YA

Telephone: **023 8120 6170**

Website: **[www.uhs.nhs.uk/genetics](http://www.uhs.nhs.uk/genetics)**

## Useful contacts

- **The Daisy Network Premature Menopause Trust**

PO Box 183  
Rossendale  
BB4 6WZ

Helpline: **09068 660620**

Website: **[www.daisynetwork.org.uk](http://www.daisynetwork.org.uk)**

- **Macmillan Cancer Support**

89 Albert Embankment  
London  
SE1 7UQ

Telephone: **0808 808 0000**

Website: **[www.macmillan.org.uk](http://www.macmillan.org.uk)**

- **Ovacome**

Suite B5, City Cloisters  
196 Old Street  
London  
E1V 9FR

Telephone: **0845 371 0554**

Website: **[www.ovacome.org.uk](http://www.ovacome.org.uk)**

- **Woman's Health Concern**

4-6 Eton Place  
Marlow  
Buckinghamshire  
SL7 2QA

Email support service:

**[www.womens-health-concern.org/help/email.html](http://www.womens-health-concern.org/help/email.html)**

Website: **[www.womens-health-concern.org](http://www.womens-health-concern.org)**



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023 8120 4688 for help.**

**[www.uhs.nhs.uk/genetics](http://www.uhs.nhs.uk/genetics)**

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