

## Patient information factsheet

# Keyhole surgery to remove an ovarian cyst

This information is for you if you are about to have or are recovering from keyhole surgery to remove an ovarian cyst (also known as laparoscopic ovarian cystectomy).

It aims to supplement the discussions you will have with your doctor, to support your understanding of the condition and explain your options, and to let you know what to expect after the operation.

### What is an ovarian cyst?

An ovarian cyst is a fluid-filled sac that develops in or on an ovary.

The ovaries are two small, bean-shaped organs that are part of the female reproductive system. A woman has two ovaries – one each side of the womb (uterus).

The ovaries release an egg approximately every 28 days as part of the menstrual cycle. During this time small, fluid-filled sacs called follicles form. The follicle then ruptures to release an egg. If the fluid-filled sac becomes large, or doesn't break down, it is known as a cyst.

Ovarian cysts are common and many women may be unaware they have one. Many cause no symptoms and may disappear by themselves without treatment. Ovarian cysts may affect both ovaries at the same time, or they may only affect one.

### Types of ovarian cysts

There are a number of different types of ovarian cysts. Some may be related to the menstrual cycle as explained above and contain only fluid (known as a simple cyst – the most common type). Others may be more complex, resulting from abnormal cell growth and may contain thick fluid, blood or solid areas. Ovarian cysts can sometimes be caused by an underlying condition such as endometriosis (for more information ask for the endometriosis patient information leaflet).

### Are ovarian cysts a sign of cancer?

Most ovarian cysts are not cancerous. If your doctor thinks there are some suspicious features in the cyst, they may arrange for you to have further blood tests or scans.

### Symptoms of an ovarian cyst

Common symptoms include lower abdominal or pelvic pain, painful periods or change in pattern of periods, pain during sex, pain related to bowels, urinary symptoms, bloated abdomen (stomach) or difficulty in becoming pregnant.

### How are ovarian cysts diagnosed?

Cysts are usually identified during a clinical examination or when you have an ultrasound scan to investigate symptoms.

## Why do I need surgery?

Surgery is usually recommended if you have symptoms that are thought to be caused by the cyst, if the cyst is large or has any features which may suggest a possibility of it being cancerous. You will have had a detailed discussion with your doctor to explain the reason that surgery has been recommended. If you have any further questions, please ask.

## What are the alternatives to surgery?

Smaller cysts, which do not cause symptoms and have no features to suggest cancer, can be managed conservatively. This means taking no immediate action and waiting to see what happens. Your doctor will discuss this with you.

If you choose not to undergo surgery you are likely to have an ultrasound scan in 6 to 12 months (depending on the nature of the cyst), and be seen in clinic.

Sometimes it may be better to remove the affected ovary rather than the cyst alone. This is usually the case when you have completed your family or have reached the menopause. Sometimes this option may be recommended for larger cysts, or where there are risks associated with trying to remove the cyst.

## What happens if I decide to go ahead with the operation?

### Pre-assessment appointment

If you decide to have the operation, a pre-admission assessment will be arranged for you. You will have a set of checks and blood tests done to see if you are fit for the operation. If you have any further questions about the operation, you can ask the healthcare team at this visit. After the appointment you will receive a letter in the post to tell you the proposed date for surgery.

### Consent

The surgical team will meet you before the operation, confirm that you are happy to go ahead with the procedure and take written consent from you. You will also be seen by the anaesthetist. You will be able to ask any further questions you may have regarding the surgery or anaesthetic.

### What does the operation involve?

The operation is performed under general anaesthetic (medicine to make you go to sleep). Your anaesthetist will discuss this with you.

The operation usually involves a cut in the umbilicus (belly button). A needle is inserted through the umbilicus to fill the abdominal cavity with gas (carbon dioxide). A telescope is then used to have a look and confirm the presence of the ovarian cyst. Two to three further cuts are made on your lower abdomen. These are all usually less than a centimetre long. It may sometimes be necessary to vary the location of the cuts or put in an additional one, especially if you have had surgery before and there is a possibility of scarring beneath your umbilicus. Ports for laparoscopy are put in through these cuts to introduce the instruments. A cut is made on the surface of the cyst. The cyst is then peeled away from the remaining healthy ovary.

Any bleeding after removal of the cyst is controlled using heat energy or by placing sutures. The cyst is then removed through one of the ports. The tissue removed is sent to the lab to be examined under the microscope for final diagnosis.

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The surgeon will carefully check for any bleeding before releasing the gas from your abdominal cavity. The wound sites will then be closed. Stitches (possibly dissolvable ones) or glue may be used for this. Your healthcare team will discuss with you whether the stitches need to be removed or not before you leave hospital.

If they do need removal, we usually request you make an appointment with the practice nurse at your GP's surgery 5-7 days after the procedure. The cuts will initially be covered by a dressing. You should be able to take this off 24 hours after your operation and have a shower.

## Going home

All being well, we expect you to go home the same day of the procedure, once you are awake from the general anaesthetic. We will make sure you have passed urine and are feeling well in yourself. You will be offered a drink of water or a cup of tea and something light to eat before you go home.

You will need to have a responsible person to take you home and be with you for 24 hours.

You will be given more information about what to expect after surgery before you go home.

## Further information

There is further information about ovarian cysts on the following websites:

### Royal College of Obstetricians and Gynaecologists

[www.rcog.org.uk/en/patients/patient-leaflets/ovarian-cysts-before-the-menopause](http://www.rcog.org.uk/en/patients/patient-leaflets/ovarian-cysts-before-the-menopause)

### NHS website

[www.nhs.uk/conditions/ovarian-cyst](http://www.nhs.uk/conditions/ovarian-cyst)

If you need a translation of this document, an interpreter or a version in large print, Braille or on audio tape, please telephone 023 8120 4688 for help.