Laparoscopic Ovarian Cystectomy / Salpingo-Oophorectomy

Indication
Ovarian cyst

The Procedure
- General anaesthesia
- Pneumoperitoneum created by insufflation of carbon dioxide
- Incisions made
- Telescope and instruments passed into abdomen
- Ovarian cystectomy / salpingo-oophorectomy done
- Specimen removed with zipper bag
- May need to remove specimen vaginally
- Abdominal (and vaginal) wounds closed
- All tissue removed will be sent to the department of pathology or disposed of as appropriate unless otherwise specified
- Other associated procedures
  - Blood transfusion
  - Removal of tubes, the other adnexal organs and the uterus

Similarities with the open procedure
- Same pathology removed
- Same sequelae

Differences from the open procedure
- 3-4 smaller abdominal wounds, vaginal wound
- Less painful
- Faster postoperative recovery
- Earlier discharge, shorter sick leave required
Risk and Complication

♦ Anaesthetic complications
♦ Bleeding, may need blood transfusion
♦ Injury to neighbouring organs especially the bladder, ureters and bowels, may require repair
♦ Pelvic infection
♦ Wound complications including infection and hernia (lower incidence)

Specific Complication

♦ Higher risk of rupture of cyst and spillage of its content; consequence of spillage
♦ Risk of laparotomy (less than 5% chance)
♦ May also proceed to laparotomy if malignancy is suspected
♦ Trauma to peritoneal organs and blood vessels
♦ May have dyspareunia following vaginal wound suturing
♦ Risk of incisional hernia with large trocar

Risk of Not Having the Procedure

♦ May develop cyst complications (like torsion, bleeding, rupture)
♦ Unsure pathology and potential undiagnosed malignancy

After the Procedure

♦ No effect on hormonal status in the presence of normal ovarian tissue
♦ Possible adverse effect on future fertility
♦ Risk of recurrence of the cyst, especially for endometriotic cyst

Alternative Treatment

♦ Laparoscopic cystectomy versus salpingo-oophorectomy
♦ Laparoscopic bilateral salpingo-oophorectomy
♦ Laparoscopic assisted vaginal hysterectomy, bilateral salpingo-oophorectomy
♦ Open abdominal approach
Follow Up

♦ Consideration of hormonal therapy if the ovaries are removed, the side effects include increased risk of carcinoma of breast, deep vein thrombosis and gall stones; you may need to pay for the treatment if you do not have climacteric symptom

♦ Further treatment may be necessary in case of malignancy

Remarks

This is general information only and the list of complications is not exhaustive. Other unforeseen complications may occasionally occur. In special patient groups, the actual risk may be different. For further information please contact your doctor.