

# **Laparoscopic surgery for Ovarian cysts**

## **Introduction**

This leaflet aims to explain what laparoscopic surgery for ovarian cysts involves and the pros and cons of this surgery

## **What do we do?**

During a laparoscopy the patient is anaesthetised (a general anaesthetic) and a small instrument is inserted through a 1cm incision (cut) in the umbilicus ('belly button'). Gas (carbon dioxide) is put into the abdomen and then a telescope (laparoscope) is inserted. This allows us to look at the outside of the womb, ovaries and the rest of the pelvis as well as the outside of the bowel. A 2nd, and sometimes 3rd or 4th additional incisions are made according to how much surgery is involved.

A cut is then made on the surface of the ovary with the cyst to expose the cyst within the ovary. The cyst is then carefully peeled away from the surrounding ovary. This cyst is then placed in a bag and then removed or alternatively removed through one of the cuts (incisions) placed on your tummy. The ovary from which the cyst is then carefully inspected to identify bleeding points. The bleeding is then stopped using electric current. The area that has been operated on is then washed out with clear solution to remove any blood clots and the ovary is inspected another time to ensure that there is no bleeding. If the other ovary also has a cyst, then this ovary is operated on in a similar manner.

## **Why do we do it?**

Ovarian cysts can be easily operated on using laparoscope and through key hole surgery. Most ovarian cysts disappear on their own. However some cysts larger than 5 cms tend to persist and others can cause pain. Some special ovarian cysts can be due to endometriosis and these can cause pain as well as problems with conception.

## **What to expect afterwards...**

Some abdominal pain is normal after surgery; you will be prescribed suitable painkillers. Some patients also experience discomfort in their shoulder. This is due to the gas used during the operation and is quite common. Your body gets rid of it naturally and the pain subsides usually over a period of hours. Bruising around the cut (incision) sites may occur and will gradually disappear. Most patients will be able to go home the same day. Some patients however, may need to stay in longer. The likelihood of this will be discussed with you before surgery.

Your gynaecologists will explain before the operation if you will need to have stitches removed or not. If this is the case they are usually removed on about the

5th day after your surgery with your practice nurse at the GP surgery  
You will be told what was done before you are discharged home and given a follow-up clinic appointment.

## **Complications**

All surgery has possible complications.

During surgery injury can occur to any of the structures inside the abdomen i.e. bowel, bladder, blood vessels and ureters (the tubes passing from the kidneys into the bladder). The chance of injury occurring is very small and usually happens when the instruments are first inserted into the abdomen (about 1-4 per 1000 cases). If injury to bowel or blood vessels occurs it may need to be repaired by an open operation.

Sometimes it may be difficult to control the bleeding after removing the ovarian cyst especially when it is associated with endometriosis. In that case a cut may have to be made converting the keyhole surgery to open surgery in order to stop the bleeding. The open operation will involve placing stitches on the ovary to stop bleeding and preserve it. Occasionally, excessively bleeding might necessitate removal of ovary. This complication however is very rare.

Adhesions (internal scar tissue) can occur after any surgery but are probably reduced following laparoscopic surgery.

## **Consent**

Your gynaecologist will ask you to sign a consent form before your operation. This will say you understand the risks of:

1. Bowel injury
2. Bladder or ureteric injury
3. Vascular/blood vessel injury
4. Adhesions
5. An open operation (laparotomy)
6. Temporary colostomy
7. Infection
8. Haematoma from bleeding after completion of operation

Great care is always taken to avoid these complications but they can still occur. If you do not feel able to accept these very small risks then you should choose not to have the operation done.

**At home**

You should make a very quick recovery from your laparoscopy. However very rarely complications become apparent after discharge home. You should seek medical advice if you have increasing pain, problems with breathing, feeling increasingly unwell or persistent vomiting.

**Alternatives**

In the absence of pain or pain, your gynaecologist may be explain to discuss with you option of not operating on the cyst and monitoring the cyst instead by repeat scans to check whether they disappear on their own. If they increase in size instead, you will be able to discuss surgery again. Not all cysts are suitable for wait and watch policy. Your gynaecologist will be able to discuss this with you.