

Laparoscopic Bilateral Salpingo-Oophorectomy (LAP BSO)

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Introduction

Bilateral Salpingo-Oophorectomy (BSO) is the removal of both fallopian tubes (salpingo-) and ovaries (oophorectomy) surgically. A Laparoscopic BSO is the removal of the ovaries and fallopian tubes using key-hole surgery. It is performed for a variety of reasons and facilitates earlier recovery compared to open surgery.

Why perform a Lap BSO?

- In managing women with ovarian cysts in perimenopausal age group.
- To manage pain - in women with endometriosis causing significant pain in whom the Gn RH injections have proven to be beneficial.
- To prevent onset of Ovarian Cancer- in women at high risk because of genetic causes (BRCA1/2) or previous hormone related breast cancer.

What happens during a Lap BSO?

A Lap BSO is a common surgical procedure, it takes 40-60 minutes routinely. It requires a general anaesthetic (you will be asleep for the procedure).

The procedure is performed laparoscopically (keyhole). This is a procedure in which a camera (laporoscope) is passed into the abdominal cavity. Two or three small incisions approximately 1 cm long are made in the abdominal wall. The ovaries and fallopian tubes are identified and separated from their attachments and are then removed through one of the incisions.

If you are not menopausal, removal of your ovaries will make you menopausal and you may need Hormone Replacement Therapy (HRT), this will be discussed with you before surgery.

Very important:

It is vital you are not pregnant at the time of your operation. You **must** continue with a reliable contraceptive method from the time you are listed for surgery until it is carried out. A pregnancy test will be performed on your admission if you are not menopausal.

Please note a negative pregnancy test does not exclude a very early pregnancy so let your doctor or nurse know if you suspect you may be pregnant before the procedure.

It is only likely that your procedure will be postponed until you have a period or pregnancy is excluded.

What are the benefits of the procedure?

A BSO is performed for treatment of a number of conditions as listed above. After it occurs you will no longer have any periods (if applicable). A Lap BSO allows for quicker recovery and mobility after the operation because it avoids major surgery involving opening the abdomen.

Are there any risks with the procedure?

As with all operations there are always risks, however these rarely occur. Some occur during surgery whilst others occur following the operation, after discharge.

Infection: There is a risk of infection with any invasive operation. Most infections occur in the bladder or vagina. There is a risk of a chest infection also, especially if you have a lung condition or you smoke. Another area of infection may be the wounds, this would be seen as redness or discharge from the wounds. Your temperature and other observations will be taken regularly to look for signs of infection.

Bleeding: As well as vaginal bleeding, there is a risk some blood vessels sealed off during removal of the tube and ovary may bleed internally. This can occur during or directly after your operation. If it is severe, you may need a blood transfusion or, very rarely, need to be brought back to theatre to stop it. An abdominal drain (tube) may be placed to observe for internal bleeding.

Damage to Bowel or Bladder: Due to the anatomy of the pelvis there is a small risk of damage to the bladder, ureters (tubes connecting your kidneys to your bladder) or bowel, which all lie very close to your womb. You will be informed if you are at high risk especially if you have had previous operations. If there are any problems, they will be dealt with appropriately and you will be informed after your surgery.

Adhesions/Hernia: Almost all patients undergoing abdominal surgery will develop adhesions; these are scar tissue that can cause bowel to stick together. They normally do not cause any symptoms, however, they can sometimes cause pain and problems with bowel function. A hernia is a defect in a scar which may require correction with surgery. This is rare as the incisions are so small.

Thrombosis: Major surgery is a risk factor for developing blood clots in your legs called deep vein thrombosis (DVT) or lungs, called Pulmonary Emboli (PE). You will be assessed for your risk of this and be advised to wear anti-embolism stockings whilst you are not fully mobile and will be given injections into your abdominal wall to thin the blood.

Discomforts of the procedure:

Wind Pain/Delayed Bowel Function: Bowel function can occasionally be affected, causing wind pain felt in the abdomen, shoulder and neck. This can be helped by eating small quantities of food and plenty of water as well as by mobilising.

Occasionally the bowel will stop all together, termed an ileus. This causes pain, distension, vomiting and constipation. If this occurs, you will need to not eat anything and have a drip until it resolves.

Constipation: It can take some time for bowel function to return to normal, laxatives may be offered to help this.

Bloating: Your abdomen may feel bloated and appear 'blown up' after your operation. This is due to any gas remaining. It may irritate the diaphragm and cause some pain in your shoulder. This will settle, but painkillers will be offered.

Urinary Symptoms: After your operation you may feel the need to pass urine more often and this may be painful. This is often due to bruising of the bladder related to the catheter you have had. Pain relief will be offered, and your water may be tested for an infection if it persists.

Are there any alternatives to Lap BSO?

Alternatives depend upon the condition you are being treated for and may include a medication called Zoladex. Zoladex is an injection every 6 months that switches off your ovaries ability to produce oestrogen (the main hormone produced by your ovary).

An alternative operation in the form of an open Bilateral Salpingo-Oophorectomy (BSO) may be offered. This procedure requires a larger incision in the abdominal wall through which the ovaries and fallopian tubes are removed. Recovery time after the open procedure and risk of infection are longer and higher than with a laparoscopy; however, the risks of organ damage are similar.

What else is there to know about the procedure?

Removal of Ovaries: Having your ovaries removed if you are still having periods will cause you to experience the menopause. You will notice this as hot flushes, night sweats and dryness in the vagina which may cause pain and discomfort during intercourse. You may also experience mood change, tiredness, anxiety, dry hair and skin and painful joints. Long term lack of oestrogen may cause osteoporosis (thinning of bone) and heart disease.


Hormone Replacement Therapy: This relieves menopausal symptoms and side effects. It replaces the oestrogen that your ovaries used to produce. It can be given as tablets, patches, gels etc. It will be discussed with you prior to surgery.

Returning to Work: Recovery time varies from person to person. Return to work depends upon the nature of your job and whether you are able to cope. You will need to refrain from work for 2 - 4 weeks. Your GP and Surgeon will discuss this with you post-op.

Driving: Your movement and strength must be able to cope with an emergency stop before driving again. You should feel comfortable sat down with the seatbelt across your abdomen. Guidelines suggest 4-6 weeks should be left before returning to driving. You should check with your insurance.

Sexual Activity: You are advised to refrain from sexual activity for at least 4 weeks. This prevents infection and reduces trauma. Resuming sexual intercourse can be discussed with the staff on the ward or at your follow up appointment.

Follow-Up Appointment: You will be informed of a follow up appointment after discharge. You may not be offered one if your surgery is straight forward and for a benign condition. Any pathology results on the samples taken during surgery will be sent to your surgeon who may contact you with the results.



Whiston Hospital
Warrington Road,
Prescot, Merseyside, L35 5DR
Telephone: 0151 426 1600

 /sthknhs  @sthk.nhs
www.sthk.nhs.uk