Laparoscopic Ovarian Cystectomy

LONDON PRIVATE GYNAECOLOGY

Individualised Evidence-Based Care

This leaflet explains why removal of an ovarian cyst may be recommended, what the procedure involves and what to expect before, during and after surgery with Mr Subramanian.

Why is this procedure recommended?
An ovarian cyst is a fluid-filled or tissue-filled sac arising from the ovary. Many cysts are harmless and resolve on their own, but some require surgical removal depending on their size, appearance, symptoms, or clinical concern.
Surgery may be recommended if:
- The cyst is large or persistent
- It is causing pain, pressure or other symptoms
- Imaging suggests a dermoid cyst, cystadenoma, or other non-functional cyst
- The cyst has uncertain or complex features
- There is a need to exclude more serious pathology

The removed cyst is sent for laboratory analysis. Occasionally, a biopsy of another pelvic site may be taken if clinically indicated.
Mr Subramanian will discuss the nature of your cyst and whether surgery is recommended in your case.

What is a laparoscopic ovarian cystectomy?
A laparoscopic ovarian cystectomy is a keyhole operation to remove an ovarian cyst while preserving as much healthy ovarian tissue as possible.
The procedure is performed through small incisions on the abdomen using a camera (laparoscope) and specialised surgical instruments. Compared with open surgery, keyhole surgery usually means a faster recovery, less discomfort and a shorter hospital stay.

Review & Consent
You will have a consultation with Mr Subramanian to review your symptoms, imaging findings and treatment options.
You will be asked to sign a consent form confirming that you understand:
- The nature of the procedure
- Expected benefit
- Possible risks and complications
- Alternative options including monitoring or no treatment

Please ask any questions before signing.

Alternatives
Depending on the type of cyst and your symptoms, alternatives may include:
- Conservative monitoring with repeat imaging
- Medical management where appropriate
- No treatment

Mr Subramanian will discuss the most appropriate option for you.

Preparing for surgery

Eating and drinking before surgery
You will receive instructions about when to stop eating and drinking. It is important to follow these carefully, as failure to do so may result in your surgery being postponed.

Pre-assessment
You may undergo routine pre-operative checks to confirm you are fit for anaesthetic and surgery.

Day of surgery
You will meet Mr Subramanian and the anaesthetist. The procedure will be explained again and any remaining questions answered.

During the surgery
The procedure is performed under general anaesthetic. A small cannula is placed into a vein in your arm or hand to give fluids and medication. A small incision is made near the umbilicus (belly button) and carbon dioxide gas is used to gently inflate the abdomen to allow clear visualisation. A camera and surgical instruments are introduced through small incisions on the abdomen.
The aim is to carefully separate the ovarian cyst from the normal ovarian tissue and remove it. Depending on the size and type of cyst, it may be placed in a protective bag and removed intact, or drained or divided to allow safe removal through a small incision. The aim is to preserve as much healthy ovarian tissue as possible.
The specimen is sent for laboratory analysis. If required, a biopsy from another pelvic site may be taken. The incisions are closed using dissolvable stitches.
The procedure usually takes around 60-90 minutes, depending on the size and complexity of the cyst.

After the surgery
You will wake in recovery before returning to the ward. You may experience:
- Mild to moderate abdominal discomfort
- Shoulder-tip pain related to the gas used during surgery
- Occasional light vaginal spotting

Pain relief is provided and symptoms are usually well controlled.

Eating and drinking after surgery
You may eat and drink once you feel ready and will be encouraged to mobilise early.

Length of hospital stay
Most women go home the same day, although an overnight stay may occasionally be recommended depending on recovery.
You will need someone to take you home and stay with you for 24 hours after anaesthetic.

Recovery at home
- Most patients resume light daily activity within a few days, but plan for 48 hours of rest.
- Most patients can return to work within 1-2 weeks depending on the nature of their job.
- Light exercise can usually be resumed after 2 weeks; increase gradually.

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- Avoid heavy lifting for 4 weeks.
- Driving can usually be considered after 2 weeks, once you can safely perform an emergency stop and are not taking strong painkillers. Check with your insurance provider.
- Avoid sexual intercourse for at least 2 weeks.

Possible risks and complications
Laparoscopic ovarian cystectomy is generally safe, but complications can occur.

Expected
- Bruising around the small cuts
- Abdominal discomfort, bloating and shoulder-tip pain from the gas used during keyhole surgery. This usually improves over a few days.
- There may be a reduction in ovarian reserve or ovarian function, especially if the cyst is an endometrioma or very stuck to the ovary. Mr Subramanian is an experienced fertility surgeon and will take care to undertake surgery that preserves the ovary and its function as much as possible.

Common >1:100 (greater than 1% of patients)
- Infection can occur in the wounds, urine, chest or pelvis. You may need antibiotics.
- A cyst can come back or a new cyst can develop in the future.

Uncommon <1:100 (less than 1% of patients)
- Bleeding can occur and, rarely, a blood transfusion or another operation is needed.
- Injury to nearby organs can occur, including the bowel, bladder, ureters, uterus, ovaries, tubes or major blood vessels. If this happens, repair may be needed by keyhole surgery or open surgery. Some bowel injuries are not recognised straight away, so worsening pain, fever, vomiting, or feeling very unwell after discharge must be checked urgently.
- Sometimes it is not safe to complete the operation by keyhole surgery. The surgeon may need to make a larger cut in the tummy (laparotomy), change the plan or stop and arrange further treatment.
- A hernia can develop at a keyhole entry site.
- Blood clots can form in the legs or lungs after surgery. Mobilising early and using any stockings or injections you are given helps reduce this risk.
- Anaesthetic complications are uncommon, but your anaesthetist will discuss your personal risks.
- If the laboratory result shows borderline or cancerous change, you may need referral to a gynaecological oncology team and further treatment.
- Rarely, the ovary needs to be removed to control bleeding or because it is not possible to safely separate the cyst.

Effect on ovarian function
While every effort is made to preserve healthy ovarian tissue and function, there is a risk of damage to the ovarian tissue or its blood supply during cyst removal. In some cases, this may reduce ovarian reserve (egg supply) and very rarely it may be necessary to remove the ovary completely. Your individual risk will be discussed with you during your consultation.

Follow-up
A follow-up appointment will be arranged to discuss recovery, results and next steps.

When to seek medical attention
- Severe or worsening abdominal pain or pain not helped by prescribed pain relief
- Persistent vomiting or inability to keep fluids down
- Fever of 38°C or above, chills, or feeling very unwell
- Increasing tummy swelling
- Heavy vaginal bleeding
- Redness, swelling, discharge, opening or worsening pain at a wound
- Pain, swelling, or redness in one calf
- Chest pain, shortness of breath, coughing blood, or collapse - call 999

How do I make an appointment?
You can make an appointment either by emailing us at **info@londonprivategynaecology.co.uk** or contacting **07379 271915** and we will be happy to assist you with appointments, scheduling and any questions you may have.

How to book or ask a non-urgent question

Email:
info@londonprivategynaecology.co.uk

Phone: 07379 271915

If you have urgent symptoms after surgery, use the hospital discharge number you have been given. If you cannot get advice promptly, contact NHS 111 or go to A&E. Call 999 for chest pain, severe shortness of breath, collapse, or very heavy bleeding with faintness.

Surgery location:
King's Private, The Guthrie Wing, King's College Hospital NHS Foundation Trust, Denmark Hill, London, SE5 9RS.

Outpatient appointments:
- The Medical Chambers Kensington, 10 Knaresborough Place, London, SW5 0TG
- HCA Healthcare UK Chelsea Outpatients, 272 King's Road, London, SW3 5AW
- 86 Harley Street, London, W1G 7HP

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