ovacome..
ovarian cancer

Surgery for ovarian cancer

Ovacome is a national charity providing support and information to anyone affected by ovarian cancer.

We run a free telephone and email support line and work to raise awareness and give a voice to all those affected by ovarian cancer.

This booklet is part of a series giving clinical information about ovarian cancer.

It describes how ovarian cancer is treated using surgery and the different operations carried out to remove the cancer.

This is a general guide to ovarian cancer surgery. Individual hospitals will have their own practices and procedures.

Cover image credit: Bridger Film and Photography

Surgery for ovarian cancer

Your treatment will depend on your individual circumstances. Most people diagnosed with ovarian cancer will require surgery. The operation you have will depend on whether your cancer has spread and how far.

Your surgery will be planned by your surgeon, who should be a gynaecological oncology specialist, and the members of the multidisciplinary team (MDT) looking after you. They will advise on a treatment plan which will be fully discussed with you.

If you have concerns about fertility, it should be discussed at this point. The final decision on your treatment is with you and your surgeon. The risks and benefits of surgery will be explained to you. This is your initial surgery and part of your first line treatment. Sometimes ovarian cancer comes back, and further surgery may be possible. You can find out about secondary surgery here:
ovacome.org.uk/secondary-surgery-booklet

Before the operation

If you were diagnosed at a later stage when the cancer has spread, such as stage 3, you may be recommended to have chemotherapy before having surgery. This is to shrink the cancer to make it easier to remove as much of it as possible.

You can choose the treatment that is best for you. The risks and benefits of surgery will be explained to you.

You may be given several sessions of chemotherapy in an outpatient clinic before your operation, followed by more afterwards.

You will be given a hospital appointment to meet the surgical team, and your surgeon will arrange for you to have some tests to make sure you are fit enough to have the operation. If you think you will need help when you get home after your surgery, tell your doctors at this appointment.

The tests ordered by your surgeon will take place a couple of weeks before surgery. You will probably have blood tests, a chest x-ray, a urine test and an electrocardiogram (ECG) to check your heart.

Your surgeon will also explain the operation to you, answer your questions and ask you to sign the consent form.

Admission to hospital

As you plan your hospital admission it may help to see an Ovacome member's list of what to pack
ovacome.org.uk/blog/what-to-bring-with-you-in-your-hospital-bag

When you are admitted to hospital, the anaesthetist who will be administering the general anaesthetic during your operation and another member of the surgical team, will come to meet you. You will also see your nurse or a physiotherapist to talk about leg exercises and breathing exercises you will need to do after your surgery to prevent chest infections and blood clots.

You will be given knee length elastic stockings to wear to prevent blood clots in your legs, and you will be given blood thinning drugs by injection, and antibiotics.

Your nurse may also ask you to use suppositories, or an enema to empty your bowel before surgery. You will be told when to stop eating and drinking, this is called being nil by mouth.

The operation

The type of operation you have depends on the stage of your cancer, meaning how far it has spread. Sometimes it is not possible to know how far the cancer has spread until during the operation. Your surgeon will then have to decide which organs need to be removed. You can find out more about stages here: ovacome.org.uk/stages-of-ovarian-cancer-booklet

If the cancer is at an early stage such as stage 1, the affected ovary and fallopian tube may be removed. This operation is called a salpingo-oophorectomy. Some other biopsies such as omental or lymph nodes may be done. Removing just one ovary can preserve fertility in younger people.

If the cancer is at a later stage such as stage 3, or if fertility is not an issue for you, both ovaries and the womb and cervix may be removed. This operation is a total hysterectomy. You may also have a biopsy of the omentum, a layer of fatty tissue that lines the abdomen, or it may be removed.

Your surgeon will also take samples from other organs to check if the cancer has spread further. They may need to remove some lymph nodes too (small glands that act as filters to bacteria or cancer cells). The surgeon will put fluid into your abdomen and then take it out to test it for cancer cells. This is called an abdominal or peritoneal washing.

The operation aims to remove all the cancer, or as much as possible. It is called debulking surgery.

After the operation you will not be able to get pregnant. If you are premenopausal the operation will cause you to experience surgical menopause.You can see information about it here: ovacome.org.uk/surgical-menopause-booklet

If your bowel is affected

If the cancer has spread further and is blocking your bowel, it may be necessary to remove part of the bowel itself. If this is likely to happen, it will have been discussed with you before the operation.

Usually, the surgeon can take out the affected part and join the ends together. Very occasionally this is not possible, and the end of the bowel is brought to the surface of the skin to form a stoma so that you can use a colostomy/ileostomy bag for bowel movements.

If this happens you will be cared for by specially trained staff who will teach you how to manage your stoma. The stoma can be temporary for some people and reversed by a further operation once you are well enough.

What if other organs are affected?

Your surgeon will always try to remove all the disease in the abdomen. In some circumstances this can mean removing the spleen, some tissues in the diaphragm, and areas of the liver. Sometimes operating near the lungs means a drain may be needed into them and this is usually inserted during the operation.

This more extensive surgery means you will spend a night or more in the high dependency or intensive care unit. Your surgeon will explain to you why this type of more extensive operation is being considered as part of your treatment.

Recovering from your operation

When you wake up after your operation you may feel sick. This is caused by the general anaesthetic and painkillers that have been used. Your nurse or doctor can give you anti-sickness medicine that will help you feel better.

You will probably be feeling pain, and it is important to tell your doctor or nurse straight away so they can find the best painkiller for you. This may be an epidural, which is a painkiller given through a small tube in your back.

You will have some tubes in place such as a drip into a vein in your arm to give you fluids while you can't eat or drink; a drain around the operation site and a catheter in your bladder to drain your urine.

You will be given pain relief while you are in bed and be encouraged to do the leg and chest exercises to prevent blood clots and chest infections. The staff will also encourage you to get up as soon as you can.

You should be able to eat and drink normally within a couple of days.

Your recovery will affect you emotionally and physically, so be prepared for good days and bad days.

Going home

You may be ready to go home three or four days after your operation. If you have had more extensive surgery, you will be in hospital for seven days or maybe longer.

Your surgery incision will have been closed with dissolvable stitches which do not need to be removed. If you do have stitches, clips or staples that need to be taken out, the staff will let you know. The nurse at your GP practice can do this about 10 to 14 days after the operation.

Following your surgery, you will be advised to take blood thinning drugs to reduce your risk of developing a blood clot. These drugs are often given as a daily injection under the skin of the abdomen and a nurse will train you to do this yourself. You will be told how long to use the drug, usually for about 28 days, and given supplies to take home. If you can't manage the injections yourself a community nurse will visit you every day to do it.

When it is time to leave the ward, your doctors or nurse will arrange to telephone you or see you to give you any further results from your surgery. Do let them know if you want a telephone call or a face-to-face meeting, if this choice is available.

Getting help at home

It may take a few weeks to recover from your operation. Your nurse and doctors will tell you to rest and take gentle exercise to begin with. You probably won't be able to drive for some weeks.

If you think it will be difficult to manage at home, tell your doctors at the clinic appointment before your surgery. If you experience difficulties once you get home, ask your GP to arrange help for you.

Your recovery will affect you emotionally and physically, so be prepared for good days and bad days. Sources of support are available, such as our free support line 0800 008 7054. Ovacome support line staff can also look for local services for you.

We welcome your feedback on this booklet. Please email ovacome@ovacome.org.uk or call 0800 008 7054. If you would like to discuss anything about ovarian cancer, please phone our free support line on 0800 008 7054 Monday to Friday between 10am and 5pm. You can also visit our website at www.ovacome.org.uk. This is one of a series of information booklets produced by Ovacome. You can see them here: ovacome.org.uk/information.

Reviewed by: Sean Kehoe MD DCH FRCOG Professor of Gynaecological Cancer and Lead Clinician, Oxford Gynaecological Centre, Churchill Hospital, Oxford. Senior Research Fellow, St Peters College, Oxford.

Disclaimer

Disclaimer: Ovacome booklets provide information and support. We make every effort to ensure the accuracy and reliability of the information at the time of publication. The information we give is not a substitute for professional medical care. If you suspect you have cancer, you should consult your doctor as quickly as possible. Ovacome cannot accept any liability for any inaccuracy in linked sources.

Version 2.7 | Date last updated September 2024 | Date for review September 2027

---

ovacome..
ovarian cancer

Support line: 0800 008 7054
Office phone: 0207 299 6654
Website: www.ovacome.org.uk
Email: ovacome@ovacome.org.uk

Ovacome is a charity. We receive no government funding and most of our funding is provided by our community of supporters. We want to continue providing free support and information to people when they need it most. If you can, then please help us by making a donation. You can **scan the QR code** to the right or visit **www.ovacome.org.uk/donate.**

Registered Charity Number: **1159682**