

# Ovarian Cancer: Surgery



Surgery is a common part of ovarian cancer treatment. It's used to take out as much of the cancer as possible. There are many different types of surgery that can be done.

It's best for people with ovarian cancer to be treated by a gynecologic oncologist. This is a healthcare provider who specializes in the diagnosis and treatment of gynecologic cancers, such as ovarian cancer.

Surgery can also be used to diagnose and stage ovarian cancer. The type of surgery you have depends on these factors:

- The type of ovarian cancer you have
- Whether the cancer is just in your ovary or has spread
- If you plan to become pregnant in the future
- Your overall health
- Your age

In some cases, if the cancer is found when it's small and hasn't spread (early stage), your surgeon may be able to leave your uterus and one ovary and fallopian tube intact. This might be called fertility-sparing surgery. You may be able to get pregnant in the future.

If you have both of your ovaries and fallopian tubes, and your uterus and cervix removed, you can no longer become pregnant. This surgery is called a hysterectomy with bilateral salpingo-oophorectomy. You'll enter sudden menopause, if you have not already reached it. This means you'll no longer have menstrual periods. You may have symptoms like hot flashes soon after surgery.

You may have more than one type of surgery. These may be done as part of the same procedure or as separate procedures. Depending on the type and stage of your cancer, you may or may not need more treatment, like chemotherapy, later.

No matter what type of surgery you have, it's important for the cancer to be surgically staged. This is done to tell the extent of the cancer—how big it is and if/where it has spread. To do this, a healthcare provider checks tissue samples (biopsies) that were removed during surgery. Your surgeon may also remove one or more lymph nodes. This is called a lymph node biopsy. These, too, are checked to see if they contain cancer cells.

## Types of surgery used to treat ovarian cancer

### Total hysterectomy with bilateral salpingo-oophorectomy

This surgery is the one most commonly done to treat ovarian cancer. These are removed:

- Both of your ovaries
- Both of your fallopian tubes
- Your uterus
- Your cervix. This is the narrow end of the uterus that connects it to your vagina. If the cervix isn't removed, it's called a **partial hysterectomy**. If it's removed, it's a total hysterectomy.

Your surgeon may also remove your omentum. This is a fatty apron of tissue in the front of your belly (abdomen). Ovarian cancer often spreads to it. This surgery may be called an **omentectomy**.

### Oophorectomy

In an oophorectomy, your surgeon takes out one or both of your ovaries. It depends on how likely it is that the cancer will spread. It may also depend on if you want to become pregnant in the future.

If the cancer has not spread to both ovaries, your surgeon may only take out one ovary and one fallopian tube. This is called **unilateral salpingo-oophorectomy**. It allows you to get pregnant in the future. Removing both ovaries and both fallopian tubes is called a **bilateral salpingo-oophorectomy**. You cannot become pregnant after this surgery.

## Lymph node biopsy

One or more lymph nodes may be removed at the same time as a salpingo-oophorectomy. This may be done with or without a hysterectomy. These small glands are part of your immune system. They help your body fight infections. The body has many lymph nodes, so removing these nodes as part of the treatment for ovarian cancer has little effect on your immune system. Cancer often spreads to nearby lymph nodes. Those close to the ovaries are taken out and checked right away for signs of cancer.

## Cytoreduction

During this surgery, your surgeon removes as much of the cancer as possible. This is also called debulking. This surgery may be done if the cancer has spread throughout your belly.

If you have this surgery and the cancer has spread to your colon, you may need to have part of your colon removed as well. Most of the time, the ends of your colon can be reattached. But you may need a colostomy. A colostomy means that the surgeon attaches a piece of your bowel to a hole (stoma) in your abdomen. Your stool will then drain into a pouch that sticks on the skin of your abdomen. This is done to let the reattached intestines heal. Later on, another surgery can usually be done to reverse it.

Sometimes other organs need to be partly or fully removed during cytoreduction. These can include your small intestine, appendix, stomach, spleen, bladder, liver, diaphragm, or ureter. Your surgeon will talk with you about this and how it might affect the way your body works.

Most people have cytoreductive surgery done first to remove as much of the tumor as possible. Then they get chemotherapy. But debulking can also be done after chemotherapy. When chemotherapy is given before surgery, it's called **neoadjuvant chemotherapy**. This might be done for people with a lot of cancer, tumors that would be hard to remove, older people, and those with other health issues. Neoadjuvant chemotherapy is used to shrink the tumor. After that, surgery may be done to remove as much of the cancer as possible. Then more chemotherapy might be given later.

## Risks of ovarian cancer surgery

All surgery has risks. The risks of ovarian cancer surgery may include:

- Heavy bleeding
- Infection
- Damage to internal organs
- Organs bulging under the incision (incision hernia)
- Air in the chest cavity (pneumothorax)
- Blood clots
- Damage to nerves

Your risks depend on your overall health, the type of surgery you need, and other factors. Talk with your healthcare provider about which risks apply most to you.

## Getting ready for surgery

Your healthcare team will talk with you about the surgery options that are best for you. You may want to bring a family member or close friend with you to your visits. Write down questions you want to ask about surgery. Be sure to ask:

- What type of surgery you'll have
- What will be done during surgery and which organs will be removed
- If there will be changes in how your body works
- The risks and side effects of the surgery
- If you'll be able to get pregnant after surgery
- If you'll go into menopause after surgery
- When you can return to your normal activities
- If the surgery will leave scars, where they'll be, and what they'll look like

Before surgery, tell your healthcare team if you're taking any medicines. This includes prescription and over-the-counter medicines, vitamins, herbs, and other supplements. It also includes marijuana or street drugs. This is to make sure you're not taking anything that could affect the surgery. After you've talked about all the details with the surgeon, you'll sign a consent form that gives the healthcare provider permission to do the surgery.

You'll also meet the anesthesiologist or nurse anesthetist. You can ask questions about the anesthesia and how it will affect you. Anesthesia is the medicine you'll be given just before surgery. They put you into a deep sleep and you won't feel pain.

## After your surgery

You may have to stay in the hospital for a few days. It depends on the type of surgery you had. For the first few days after surgery, the incision may cause pain. Your pain can be controlled with medicine. Talk with your healthcare provider or nurse about your options for pain relief. Some people don't like to take pain medicine, but doing so can help your healing. If you don't control the pain well, you may not want to get out of bed, cough, or turn over often. You need to do these things to recover from surgery.

You'll likely have a urinary catheter for a few days. This is a soft, thin tube put through your urethra and into your bladder. It drains your urine into a bag outside your body. Some people go home with the catheter still in.

You may have trouble moving your bowels. Talk with your healthcare provider, nurse, or a dietitian about what you can eat to reduce the chance of constipation. It can be caused by some pain medicines, from not moving much, or from not eating much. Talk with your healthcare provider or nurse about getting more dietary fiber or using a stool softener.

You may feel tired or weak for a while. This is normal. The amount of time it takes to recover from surgery is different for each person.

## Recovering at home

When you get home, you may get back to light activity. But don't do any strenuous activity for at least 6 weeks. Your healthcare team will tell you what kinds of activities are safe for you while you recover. They'll also talk with you about problems you should watch for and when to call them. They'll teach you how to take care of the incision and the urine bag (if you still have it). Ask them when you can have sex again after your surgery. It's very important to follow your surgeon's instructions regarding activity and sex to help reduce your risk of complications.

## Follow-up care

Your healthcare team will tell you when to see your surgeon again for a checkup and maybe to have stitches (sutures) or staples or the urine catheter removed.

You may need chemotherapy after surgery. Your healthcare provider will talk with you about this. It's not started until your body has had time to heal from the surgery.

## When to call your healthcare provider

Let your healthcare provider know right away if you have any problems after surgery. These can include:

- Bleeding
- Pain that's getting worse or isn't relieved by medicine
- Redness, swelling, or fluid leaking from the incision
- Fever of 100.4°F (38°C) or higher, or as directed by your healthcare provider
- Chills
- Constipation or diarrhea
- Trouble passing urine or changes in how your urine looks or smells
- Nausea or vomiting
- Rapid, irregular heartbeat
- New chest pain
- Trouble breathing or shortness of breath
- Pain, redness, swelling, or warmth in an arm or leg

Know what problems to watch for and when you need to call your healthcare providers. Ask who you should call and what number you should use. Know how to get help anytime, including after office hours and on weekends and holidays.

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