

# Surgery for Ovarian Mass

## Gynaecology Patient Information

This leaflet has been written to help answer some of the questions you may have about your surgery.

### What is an ovarian mass?

An ovarian mass is mostly identified through the use of scans such as ultrasound but in some cases can also be felt as a lump by yourself or by a doctor. There are several causes of ovarian or other pelvic masses, some of which are non-cancerous (benign), some cancerous (malignant) and some borderline

Non-cancerous pelvic masses may occur due to infection, endometriosis and fibroids amongst other reasons. Cancerous masses usually arise in the ovaries but can also originate from the fallopian tubes, womb or peritoneum (the covering of organs).

Your doctor will usually have told you that they suspect you have an ovarian mass on one or both of your ovaries. We may have done some blood tests (tumour markers). We may be worried this could be ovarian cancer. Sometimes these masses can cause symptoms such as pain or difficulty with opening your bowels or passing urine. For these reasons we have advised you to have the mass removed.

### Why have I been referred to a Gynaecological Oncologist when we are unsure if it is cancer?

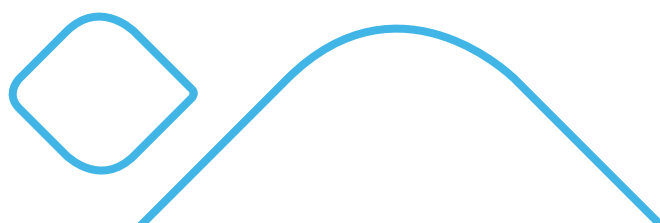
You have been referred to a Gynaecological Oncology surgeon because you have a mass on your ovary and your GP was concerned about ovarian cancer. However when you meet your doctor at your hospital appointment they will have discussed whether they think your mass is concerning or not.

### What is this surgery and why is it necessary?

Surgery for an ovarian mass includes removal of the mass along with the ovaries and fallopian tubes. Depending on your symptoms and the nature of the mass your doctor may also like to remove the uterus (womb), cervix (neck of the womb), lymph nodes, and omentum (fatty apron-like tissue in the upper abdomen). Sometimes your appendix is also removed.

Some women may need more extensive surgery than others and this will be discussed with you. A general anaesthetic is used which means you will be asleep for the entire operation.

### Will I have a scar?



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Yes, although it will fade. The surgeon may perform the surgery laparoscopically ('keyhole' surgery). This is where the surgeon makes 3-4 small incisions in the abdomen. Under some circumstances you may require an 'up and down cut' (known as a midline incision) or a crossways or bikini line cut. The wound will usually be closed with dissolvable stitches.

The area around the scar will feel numb for a while after the operation but sensation will usually return to it over time.

### Are there any alternatives to surgery?

Your doctor may have discussed monitoring this mass with scans to make sure it doesn't change in nature or grow over a period of time but if it is causing pain or there is suspicion of cancer then they will have advised you to have it removed.

### What are the risks of surgery?

All surgery carries some risks and your surgeon will explain the risks to you before you sign your consent form. This form confirms that you agree to have the operation and understand what it involves. Possible risks and complications are:

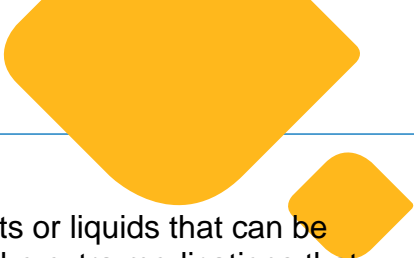
- **Problems caused by having a general anaesthetic** - For example, you may feel sick afterwards. It is also possible to have an allergic reaction, although this is rare.
- **Heavy bleeding during or after the operation**
- **Infection**
- **Damage to your bowel, bladder, blood vessels, nerves or ureters** (the tubes that carry urine from the kidneys to the bladder) during surgery
- **A blood clot in the leg** (deep vein thrombosis) which can sometimes lead to a blood clot in the lungs (pulmonary embolus) Moving around as soon as possible after your operation can help prevent this. You will be given surgical stockings (known as TEDS) to wear and injections to thin the blood which both help to reduce the risk of blood clots. You may continue to have these injections for up to 4 weeks.
- **Incisional hernia** - A weakness in the wound, allowing tissue or bowel to push through and appear like a bulge. Incisional hernias can develop months or years after surgery and are repaired by another operation.
- **Return to theatre**

### What can I expect after surgery?

- **Drips and drains** - You may have a drip in your hand to give you some fluids or other medicines. Once you have started to eat, drink and pass urine adequately these will be stopped.

You may have a drain inserted into your abdomen at the end of the operation. This is to allow any excess fluid to be drained. Once you are back on your feet this will be removed.

- **Pain in your abdomen** - We aim to keep you as comfortable as possible. There are various methods that we use, these will be discussed with you when you meet the anaesthetist on the day of surgery. Your pain will be assessed by your ward team and you must tell them if you are in pain.



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It is likely that you will require only oral medication. This is tablets or liquids that can be given at regular intervals to help with pain relief. There will also be extra medications that can be given to you as and when you need them.

It is important that your pain is controlled so that you can be on your feet early, eat and drink, feel more relaxed, are able to sleep and more inclined to do your post-op exercises. This will all help with your recovery.

- **Cuts on your abdomen** - Your wound will usually be closed with dissolvable stitches. You will be informed if you have non dissolvable stitches or clips that need removing and what to do about this.

You may have a dressing applied over the wound or surgical glue.

Repeat dressings are normally not required. Avoid touching your wound except when you are washing and if you have glue applied try and resist the urge to pick at it. Your wound may appear red for a couple of weeks following your surgery and it may also be tender – this is normal. However, if the wound becomes hot, inflamed, painful or swollen, begins to discharge fluid or pus or begins to open then please call your GP or Clinical Nurse Specialist (CNS) for advice.

- **Your bladder may take some time to begin working properly again** - Your surgeon may want to put a tube (catheter) in your bladder once you are asleep to help keep your bladder empty throughout the operation. Sometimes this and the anaesthetic can change the feeling in your bladder temporarily. This may take some time to return to normal. During this time you need to go to the toilet regularly to empty your bladder. Some women find that their urine stream is slower so it may take longer to pass urine. This usually improves as your body recovers from surgery
- **Your bowels may take some time to begin working properly again** - Some women have a sluggish bowel for a number of days after surgery which can cause you to feel sick until it starts to work again. If this happens then you will be advised to walk around the ward as much as possible to stimulate your bowels to work. This can be difficult if you are feeling unwell but it is important to do so to speed up your recovery. We will also give you anti-sickness medication. Passing wind is a good sign that your bowels are starting to work.
- **Trapped wind and wind pain** - This is very common after surgery. You may also have some discomfort in your shoulders. Walking around as much as possible can help relieve this. You may find that peppermint tea and/or peppermint capsules helpful which are both available on the ward. Wind usually starts to improve once you are having your bowels opened. Please bring minty chewing gum when you come for your surgery as this can also help.

## What about losing my fertility?

At any age, having to have your ovaries removed can affect the way you feel about yourself. The loss of fertility can have a huge impact on you if you have not yet started or completed your family and you have an operation that takes that choice away.

You may want to make sure that you have explored all your options. It is important that you have the opportunity to discuss this and your feelings with your Clinical Nurse Specialist before your operation. They will continue to offer you support when you are recovering from the operation.

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## Will I need Hormone Replacement Therapy (HRT)?

We would like to wait for the diagnosis from the pathologist before prescribing HRT as a number of factors can influence that decision. However please discuss the options available to you with your consultant or contact your Clinical Nurse Specialist for further information or advice.

## Should I continue to have cervical smears?

Please check with your doctor whether your cervix was removed and whether or not you need further smears.

## Is it normal to feel weepy or depressed afterwards?

Yes. It is a very common reaction to the operation. If these feelings persist when you leave the hospital, you may wish to discuss them with your GP or Clinical Nurse Specialist.

## When can I go home?

Most women stay in hospital for 3-5 days with open surgery, however if your surgery is performed laparoscopically (key hole) you may go home the same day or only require an overnight stay in hospital.

The majority of incisions are closed with dissolvable sutures and the ward nurses will be able to educate you on how to care for your wound post operatively.

If you need a medical certificate to cover your length of illness and the post-operative recovery period, please ask your ward team or clinical nurse specialist for this.

## Will I need to visit the hospital again after my operation?

Yes. A follow up appointment will be arranged by your clinical nurse specialist 10-14 days after your surgery in the Gynaecology Outpatients Department (D3). The tissue results (histology) from your operation will be available to discuss with you and will help guide if any further treatment is necessary.

## What to expect before and after you go home

You will follow the enhanced recovery programme whilst an inpatient. Below is what to expect once you are home.

### Your guide to recovery after laparoscopic (keyhole) surgery

Days after my operation	How might I feel?	What is safe to do?	Fit for work?
0-2 days	You will have some aches and pains in your tummy.  You will feel sore moving in and out of bed.	Get out of bed and move about.  Go to the toilet.  Get yourself dressed.  Eat and drink normally.	No



	<p>You may have some light bleeding like a period.</p> <p>You will feel tired and may feel like a sleep in the afternoon.</p> <p>You will usually go home in this time.</p>		
3-7 days	<p>Your pains should be reducing in intensity and you will be able to move about more comfortably.</p> <p>You will still tire easily.</p>	<p>Go for short walks.</p> <p>Wash and shower as normal.</p>	No
1-2 weeks	<p>Your energy levels will be increasing.</p> <p>There will be less pain as you move about.</p>	<p>Build up your activity slowly and steadily.</p> <p>Go for longer and more frequent walks.</p>	No
2-4 weeks	<p>There will be even less pain now as you move about.</p> <p>You will find your energy levels are returning to normal.</p> <p>You should feel stronger every day.</p>	<p>Return to work depending on your occupation.</p> <p>Carry out more daily activities like shopping, vacuuming, ironing, light gardening, gentle exercise and driving, if you feel ready</p> <p>Check with your insurance company before you drive and make sure you can do an emergency stop without any pain.</p>	<p>Yes possibly on reduced hours or lighter duties at first.</p> <p>Some women will be fit for full time work after 4 weeks.</p>
4-6 weeks	<p>Almost back to normal.</p> <p>You may still feel tired and need to</p>	<p>Usual exercise.</p> <p>Swimming if your bleeding has settled</p>	Yes

	rest more than usual.	and wound(s) have healed.	
6-12 weeks		Have sex if you feel ready and your bleeding has settled.	

### Your guide to recovery after a laparotomy (open) surgery

Days after my operation	How might I feel?	What is safe to do?	Fit for work?
0-2 days	<p>You will have some aches and pains in your tummy.</p> <p>You will feel sore moving in and out of bed.</p> <p>You may have some light bleeding like a period.</p> <p>You will feel tired and may feel like a sleep in the afternoon.</p>	<p>Get out of bed and move about.</p> <p>Go to the toilet.</p> <p>Get yourself dressed.</p> <p>Start eating and drinking as usual.</p> <p>Gentle exercises when lying or sitting like moving your ankles up and down to help with circulation.</p> <p>Deep breathing exercises.</p>	No
3-7 days	<p>You will return home.</p> <p>Your pains should be settling now which will allow you to move about more easily.</p> <p>You will still tire easily.</p>	<p>Go for short walks.</p> <p>Wash and shower as normal.</p> <p>Continue with exercises that have been recommended to you.</p>	No
1-2 weeks	<p>You will have less pain as you move about.</p>	<p>Slowly build up your activity levels (longer walks).</p>	No
2-4 weeks	<p>You should feel stronger every day.</p>	<p>Continue to build up the amount of gentle activity you do.</p>	No



		Plan for your return to work.	
4-6 weeks	You should continue to feel stronger every day.  Vaginal bleeding should have settled or be very little.	Carry out more daily activities like shopping, vacuuming, ironing, light gardening, gentle exercise and driving, if you feel ready  Swimming if your bleeding has settled and wound healed Check with your insurance company before you drive and make sure you can do an emergency stop without any pain.	Possible not heavy work.
6 weeks onwards	Almost back to normal.  You may still feel tired. It is ok to rest.	Carry out all normal daily activities.  Have sex if you feel ready.  Sport. You may start gently after 6-8 weeks. Leave competitive or high impact sport for at least 3 months.	Possibly but does depend on your work and whether you need further treatments.  Some patients need up to 12 weeks off work.

There are many charitable organisations on the internet that offer help and support. The following examples are listed for information only. This does not represent a recommendation or endorsement by the RUH. If you are concerned or confused by any information on these websites please contact the CNS team.

<https://eveappeal.org.uk/>

<https://www.macmillan.org.uk/cancer-information-and-support/ovarian-cancer>

<https://targetovariancancer.org.uk/>

<https://ovarian.org.uk/>

<https://www.ovacome.org.uk/>

**Gynaecology Oncology Clinical Nurse Specialists  
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01225 428331 | [www.ruh.nhs.uk](http://www.ruh.nhs.uk)

Please contact the Patient Advice and Liaison Service (PALS) if you require this leaflet in a different format, or would like to feedback your experience of the hospital.

Email [ruh-tr.pals@nhs.net](mailto:ruh-tr.pals@nhs.net) or telephone 01225 825656.

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