

Bilateral Salpingo-Oophorectomy (BSO): Having Surgery to Reduce Your Risk of Ovarian Cancer

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Ovarian cancer is difficult to detect in the early stage. Currently, there is no screening tool to detect ovarian cancer early. Research shows that having surgery can reduce the risk of developing ovarian cancer.

About Your Surgery

Your doctor suggests that you have surgery to reduce your risk of ovarian cancer. This surgery is called a **bilateral (two sides) salpingo-oophorectomy**. With this type of surgery, both ovaries (sexual reproductive organs) and both fallopian tubes (passages by which an egg is carried to the uterus and through which sperm moves toward the ovary) are removed. When both ovaries are removed in women who are premenopausal, symptoms of **menopause** (end of a woman's reproductive phase of life and menstruation) may appear.

There are risks and benefits to having your ovaries removed. For more information, please talk to your doctor before the surgery is scheduled.

If needed, your doctor may also recommend that your uterus (womb) be removed. This is called a **hysterectomy**. A hysterectomy can be done using one of the following procedures:

- **Laparoscopic or robotic hysterectomy** – the uterus and ovaries are removed through an incision in the vagina. Surgeons use a laparoscope, a lighted viewing instrument or robot, by inserting it through small incisions in the abdomen.
- **Abdominal hysterectomy** - the uterus, ovaries, and fallopian tubes are removed through an incision in the abdomen. The incision leaves a scar on the abdomen, usually about 5 inches.

Menopause

When the ovaries are removed, women may experience menopausal symptoms.

- Hormone replacement may or may not be prescribed depending on your medical history and symptoms.
- We recommend a bone density scan 1 year after surgery.
- Also, taking 1500 milligrams of calcium daily is recommended.

Preparation for Surgery

Preoperative Visit

Within two weeks of your surgery, you will meet with your surgeon to discuss your surgery, answer any questions you may have, and sign consent forms.

Diagnostic Tests Before Surgery

To prepare you for surgery, you will have blood tests. Also, you may have an:

- X-ray of the chest if you are over 40 years old. (X-rays are film images used to diagnose diseases. They are produced with low doses of high-energy radiation.)
- Electrocardiogram (ECG) if you are over 40 years old. (An electrocardiogram is a record of the electrical activity of the heart.)
- Blood drawn within 48 hours before surgery to determine your blood type and screen your blood.

Anesthesia

You will also see an **anesthesiologist**. An anesthesiologist is a doctor who gives anesthesia to patients. Anesthetic is medication that produces total lack of feeling and/or consciousness. At this visit, he or she will review your medical history, discuss risks and benefits of anesthesia and pain control options for after surgery.

You will receive **general anesthesia** for this surgery. General anesthesia affects the entire body and makes you sleep during surgery. Tell your anesthesiologist about all of the medications you are taking, including over-the-counter medicines, herbal products, supplements and vitamins. **Do not** take aspirin or aspirin products during the **14 days** before your surgery.

Medications

Your anesthesiologist may allow you to take your regular medicines with a small amount of water on the day of surgery. Talk to your doctor or nurse about this.

Bowel Preparation

You will receive a prescription for a laxative (a solution called Half Lytely) to empty your bowels of stool. This will help you get ready for surgery. You will start the bowel preparation the day before surgery. It is important that you follow the directions listed below.

The Day Before Surgery

- Mix the solution of Half Lytely with water and refrigerate that morning. Begin drinking it around 2:00 p.m. **Once you start drinking the solution, you may only have clear liquids. After midnight, do not eat or drink anything.**
- Call the Surgery Scheduling department at 904.202.9149 between the hours of 5:00 p.m. and 7:00 p.m. to find out what time you need to arrive for your surgery and the location you should report.

The Night Before Surgery

- **Do not eat or drink anything after midnight.** This includes gum and candy.
- You may brush your teeth and rinse your mouth with mouthwash. Just avoid swallowing any water or mouthwash. This will help prevent possible complications while you are asleep under anesthesia.
- Your anesthesiologist may allow you to take medications with a small amount of water.
- **Do not drink alcoholic beverages** 24 hours before your surgery.
- **Do not smoke after midnight.** If you must smoke after your operation, wait at least 1 day after leaving the hospital, unless your doctor gives you different instructions.

Programs are available to help you stop smoking. For more information, ask your doctor or nurse.

Bring the educational materials about your care, basic toiletries and a robe and slippers with you to the hospital. Leave all valuables at home. **The hospital cannot be responsible for any lost valuables.**

Day of Surgery

Report to the hospital as directed. Please be on time. If you are running late, call the Outpatient Surgery check-in desk at 904.202.9520.

Outpatient surgery patients

If you are having outpatient surgery, you must have a responsible adult with who will drive you home afterwards. If someone does not come with you, you may be admitted to the hospital overnight or your surgery may be canceled.

Your family and friends may stay in the surgery waiting area while you're in the operating room. Your caregiver may accompany you to the holding area. When you have recovered well and your doctor feels you are ready, you will be discharged.

Short stay and observation patients

While you are in surgery, your family will be directed to the waiting room. At 10 a.m., volunteers will begin providing updates to your family throughout the day.

After your surgery is over and you are taken to your hospital room, you may have one adult stay with you in your room. This person must feel comfortable in receiving your discharge instructions and teaching materials. A recliner chair/sofa bed is available in the room. When you are discharged, you must have a responsible adult drive you home. Discharge time is usually at 7:30 a.m.

Getting Ready for Surgery

- You will wear a hospital gown. **Do not** wear undergarments or anything that can come off during surgery, such as dentures or partial plates, eyeglasses or contact lenses, jewelry, bobby pins, hair clips, wigs, or any removable prosthetic device.
- Do not wear make-up, lotions, perfumes, deodorant or any hair products.
- You may be given medicine to help you relax.
- You will lie down on a stretcher and move to the holding area (a patient waiting room near the operating room.)

In the Holding Area or Operating room

- A blood pressure cuff will put on your arm.
- An IV will be placed in a vein in your hand or arm. (An IV is a small tube inserted into a vein, through which you will receive medicine and fluids.)
- A nurse will ask you questions to confirm your identity, your surgery site, consent to operation and verify any drug allergies.
- Staff will be wearing uniforms, masks, and caps.
- You will talk to an anesthesiologist about the anesthetic that will cause you to sleep during surgery.
- An ECG machine will monitor your heart rate.

- You will receive the anesthetic through your IV.
- After you are asleep, a tube will be put down your throat to help you breathe. Once you are awake, the tube in your throat will be removed.

After Your Surgery

- You will wake up in the recovery area. If you are a short stay and observation patient, you will be assigned to a hospital room when a bed becomes available.
- Because a protective lubricant is put in your eyes while you are in the operating room, you may not see clearly when you first wake up.
- Your mouth may feel dry and your throat may be sore for a day or two from the breathing tube
- If you have nausea after surgery, please ask your nurse for medicine.

Recovery After Surgery

Laparoscopic surgery patients (with and without hysterectomy)

You may go home the same day as your surgery or you may have to spend the night in the hospital and go home the next day.

Because a gas is used to expand your abdomen area for the surgery, you may feel some pain in the shoulders. This should improve each day.

Abdominal hysterectomy patients (with abdominal incision)

You and your health care team will follow this plan of care while you are in the hospital. You will stay in the hospital for at least 3 days.

	Health Care Team Will	You Will
Evening of Surgery	<ul style="list-style-type: none"> • Check on your progress and your incision. • Help you sit up on the side of your bed and then stand. You will be encouraged to walk around your room and to the bathroom. 	<ul style="list-style-type: none"> • Receive fluids through your IV • You will drink clear liquids until you are able to resume your usual diet. • Take pain medications as needed.
Each Day of Your Hospital Stay	<ul style="list-style-type: none"> • Check on your progress, and your incision. 	<ul style="list-style-type: none"> • Resume your usual diet. • Take pain medications as needed. • Gradually increase the distance you walk

On day 3, if you are recovering well and your doctor feels you are ready, you will be discharged from the hospital.

Home Care

Do not expect to do everything you did before surgery. Your body will need 2 to 4 weeks to

return to normal activity level after a laparoscopic procedure. Your body will need 4 to 6 weeks to return to normal activity level after an abdominal hysterectomy. Full recovery could take up to 3 months.

	Instructions	
Daily Activities	<ul style="list-style-type: none"> You may tire easily. Rest often and take breaks. Avoid any strenuous activity, such as heavy housework (vacuuming). Do not lift anything over 10 pounds (4.5 kg) until approved by your doctor. Walk a little more each day. This helps with the healing process 	<ul style="list-style-type: none"> You may resume sexual activity once you have had a pelvic exam by your doctor. Also, it is very important that you take stool softeners while taking pain medicine. This will help prevent constipation.
Diet	<ul style="list-style-type: none"> Unless you were on a special diet before your surgery, you may eat your usual diet 	
Incision Care and Bathing	<ul style="list-style-type: none"> For the first 14 days, take showers only. Do not scrub your incision until it is completely healed. Lightly wash with soap and water and pat dry with a towel. Do not apply anything on the incision, such as ointments or creams unless instructed by your doctor. 	<ul style="list-style-type: none"> A small amount of drainage from your vagina is normal for about 2 to 4 weeks. You may see some blood, but if bleeding is as much as a menstrual period or heavier, call your doctor right away.



	Instructions
Special Instructions	<ul style="list-style-type: none">• Report the following symptoms to your doctor right away:<ul style="list-style-type: none">– Pain, nausea or vomiting– Redness, increased soreness, swelling, or drainage at the incision site– Excessive vaginal discharge with a bad odor– Temperature of 101 ° Fahrenheit (38.3°C) or higher– Bleeding as heavy as a normal menstrual period– Any problems with urination, such as trouble starting, urinating too often, passing small amounts of urine and a burning sensation while urinating.– Bowel problems, such as constipation or diarrhea• It is important that you take all of your prescribed pain medicine as instructed by your doctor.• <i>Do not drive:</i><ul style="list-style-type: none">– for the first two weeks after laparoscopic surgery.– for 4 weeks after abdominal surgery.– if you are taking pain medicine.– if your incision is painful.• <i>Do not drink alcohol</i> while you are taking pain medicine.• Expect to go back to work in about 2 to 4 weeks.

Follow-up Care

Your follow-up care will be determined based on your diagnosis and individualized for your specific needs. Your care plan will be reviewed with you at your follow-up visit, which will be about 1 month after you are discharged from the hospital.

Community Resources for Patients and Their Families

American Cancer Society

The American Cancer Society (ACS) is a voluntary national health organization with local offices around the country. The ACS supports research, provides information about cancer, and offers many programs and services to patients and their families.

800-ACS-2345 (1-800-227-2345)

www.cancer.org

Cancer Information Service

The Cancer Information Service (CIS) is a program of the National Cancer Institute (NCI). People who call the CIS speak with information specialists who are trained to answer cancer related questions and provide information about support organizations.

800-4-CANCER (1-800-422-6237)

Woman's Cancer Network

312-578-1439

<http://www.wcn.org/>

The Woman's Cancer Network is an interactive Web site dedicated to informing women around the world about gynecologic cancer. Their goal is to assist women who have developed cancer to understand more about the disease, learn about treatment options and gain access to therapies.

FORCE - Facing Our Risk of Cancer Empowered

866-288-7475

www.facingourrisk.org

Force is not-for-profit organization that provides information, resources and support for individuals and families affected by hereditary breast and ovarian cancer.

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