Surgery for ovarian cancer

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Contents

• Types of surgery
• Side effects of surgery
• Information reviewed by

The treatment for ovarian cancer depends on what type of cancer you have, the stage of the cancer, your general health and fitness, your doctors’ recommendations and your wishes.

• Epithelial ovarian cancer. Commonly treated with surgery, chemotherapy and/or radiotherapy.
• Non-epithelial ovarian cancer. Usually treated with surgery and/or chemotherapy.
• Borderline tumours. Usually treated with surgery.

Types of surgery

Your gynaecological oncologist will talk to you about the most appropriate type of surgery. A procedure called an exploratory laparotomy is usually recommended if the doctor suspects that you have ovarian cancer. In this operation the surgeon makes a long, vertical cut from your bellybutton to your pubic bone while you are under general anaesthetic.

The surgeon will take tissue and fluid samples from the abdomen (biopsy). While still in theatre, the tissue samples are sent to a specialist called a pathologist who examines them for signs of cancer. This is called a frozen section analysis. If the pathologist confirms that cancer is present, the surgeon will continue the operation.

If there is obvious spread of cancer, the surgeon will remove as much of the cancer as is possible. This is called surgical debulking. Surgical debulking allows chemotherapy treatment to be more effective.

You may have one or more of the following procedures:

• Total abdominal hysterectomy—removal of the uterus and the cervix.
• Bilateral salpingo-oophorectomy—removal of both ovaries and fallopian tubes.
• Omentectomy—removal of the fatty protective tissue (omentum) covering the abdominal organs.
• Colectomy—removal of all or part of the bowel, where the end of the bowel may be rejoined to a new opening called a stoma (colostomy or ileostomy).
• Lymphadenectomy—removal of some lymph nodes which are small, bean-shaped organs that help filter toxins, including cancer cells, from the bloodstream.

Some women do not need extensive surgery. A young woman with early epithelial ovarian cancer, germ cell cancer or a borderline tumour usually will not have her uterus and ovaries removed.
Side effects from surgery

After a hysterectomy, radical hysterectomy and/or a bilateral salpingo oopherectomy, some women experience the following side effects.

Tiredness
It may take up to three months before you feel fully recovered from the surgery.

Bladder and bowel problems
If you’ve had a radical hysterectomy you may have difficulty emptying your bladder for a few weeks. You may also have constipation. While these problems will go away with time, your doctor or nurse can help you deal with them.

Menopause
If you had both ovaries removed and were not menopausal before the surgery, the removal of your ovaries will cause menopause. Hot flushes and other symptoms of menopause caused by surgery may be more severe than those caused by natural menopause. Some drugs have been shown to help with these symptoms. Your doctor will advise you regarding the management of this side effect.

Lymphoedema
If some of your lymph nodes are taken out, your legs may swell because your lymphatic system is not draining properly. This is called lymphoedema. Symptoms may appear straightaway or some years after surgery.

Swelling in your legs can be helped by a special form of massage called manual lymphatic drainage, wearing compression garments and doing gentle exercise. A physiotherapist trained in lymphoedema management will be able to give you further advice.

You can also call Cancer Council 13 11 20 for a copy of Cancer Australia’s booklet Lymphoedema: What you need to know.

Sexuality issues
They physical and emotional changes you experience may affect how you feel about sex and how you respond sexually.

Not able to become pregnant
If you have a hysterectomy or bilateral oopherectomy you will not be able to become pregnant.

Adhesions
Adhesions, or internal scar tissue that glues together parts of the small or large intestine, may form. Sometimes this can cause pain. Adhesions to the bowel or bladder may need to be treated with further surgery.

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