



What are Ovarian Cystectomy and Oophorectomy?

An **ovarian cystectomy** is a surgical procedure to **remove an ovarian cyst while preserving the ovary**. If necessary, a **total removal of the ovary (oophorectomy)** may be performed instead.

The procedure may be done using:  **Laparoscopic (keyhole) surgery** – Minimally invasive, with small incisions.  **Laparotomy (open surgery)** – A larger incision in the abdomen, usually for larger cysts or complex cases.

When is an Ovarian Cystectomy or Oophorectomy Performed?

The decision to perform **cystectomy** (removal of only the cyst) or **oophorectomy** (removal of the entire ovary) depends on several factors:

Ovarian Cystectomy (Preserving the Ovary) is Recommended When:

- The cyst is **benign (non-cancerous)** and removal is safe.
- The patient is **of reproductive age and wishes to preserve fertility**.
- The cyst is **small to medium-sized** and not causing extensive damage to the ovary.
- The cyst is **functional (hormone-related)** and may not recur after removal.

Oophorectomy (Removing the Ovary) is Recommended When:

- The cyst is **large, complex, or causing significant pain**.
- There is suspicion of **ovarian cancer** (especially in postmenopausal women).
- The ovary is severely damaged or twisted (**ovarian torsion**).
- The patient has a **high genetic risk for ovarian cancer** (e.g., BRCA mutation).
- **Severe endometriosis** is affecting the ovary and causing significant symptoms.

Implications of Oophorectomy:

- **Hormonal changes:** If both ovaries are removed, menopause occurs immediately, which may lead to symptoms such as hot flashes, mood changes, and bone density loss.
 - **Fertility impact:** Removal of both ovaries results in infertility. If only one ovary is removed, pregnancy may still be possible.
 - **Long-term health considerations:** Early menopause due to ovary removal may increase the risk of osteoporosis and heart disease. Hormone replacement therapy (HRT) may be recommended for symptom management.
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What Are the Risks of Ovarian Cystectomy and Oophorectomy?

As with any surgery, there are potential risks and complications, including:

Common Risks

✅ **Bleeding** – May require a blood transfusion in some cases. ✅ **Infection** – Treated with antibiotics if needed. ✅ **Pain and swelling** – Usually improves within a few days.

Less Common but Serious Risks

- **Injury to nearby organs** – The **bladder, bowel, or ureter** may be accidentally damaged, sometimes requiring further surgery.
- **Undetected injury** – Occasionally, injuries are not immediately recognised and may need later correction.
- **Bowel obstruction** – Scar tissue (adhesions) can cause a blockage.
- **Poor wound healing** – More common in smokers or those with diabetes.
- **Formation of adhesions** – Internal scar tissue may develop after surgery.
- **Incomplete removal of the cyst or ovary** – Rare but may require additional surgery.
- **Surgical menopause (if both ovaries are removed)** – Can lead to hormonal changes requiring management.

General Risks of Surgery

- **Blood clots (DVT/PE)** – Clots in the legs or lungs, which may require treatment.
- **Lung complications** – Rare risks include **lung infection or collapse**.
- **Heart attack or stroke** – Very rare but possible risks with general anaesthesia.



Further Information & Support

For more details, visit: 📌 **Queensland Health – Women's Health**

Services: www.health.qld.gov.au 📌 **RANZCOG (Royal Australian and New Zealand**

College of Obstetricians and Gynaecologists): www.ranzcog.edu.au 📌 **Northern Health –**

Gynaecology Services: www.nh.org.au 📌 **Your GP or healthcare provider**

◆ **Ovarian cystectomy and oophorectomy are safe and effective procedures. If you have any concerns, speak with your doctor.** 💙