

**UOA MS****ES Felekouras MD**

61 B Laskou St.  
Athens 15669  
2106561718

**Patient Name:**

**Special Instructions:**

**Follow Up:**

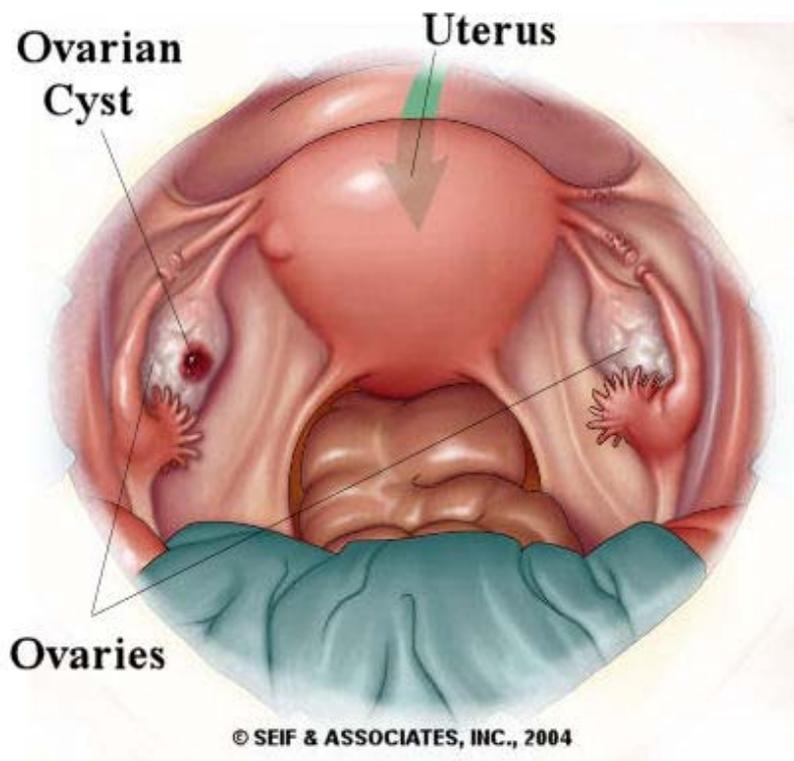
## Ovarian Cystectomy

The ovary is a female organ ( *gonad*) that produces the female hormones estrogen and progesterone. The ovary also produces eggs ( *ovulates*) once a month, that become pregnant when united with the male sperm. Ovarian cystectomy is the removal of a sac filled with fluid ( *cyst*) on the ovary. The cyst can be removed separate from the ovary. Sometimes, it must be removed with the ovary. This can be done with a long, lighted tube inserted into 2 or 3 very small incisions, to see the female organs in the pelvis ( *laparoscope*). It can also be done with an incision in the stomach ( *abdominal*).

Most ovarian cysts are not cancer. A woman in menopause with an ovarian cyst must be checked quickly and have it removed, because of the high incidence of cancer in ovarian cysts in menopausal women. A cancerous ovary should not be removed with a laparoscope. It should only be removed through an abdominal incision. A cancerous cyst should be treated by a gynecology cancer surgeon ( *oncologist*).

### LET YOUR CAREGIVER KNOW ABOUT:

- If you have allergies, especially to medicines.
- All the medicines you are taking. This includes over-the-counter medicine, herbal medicines, creams, and eye drops.
- Use of steroids, even in a cream form.
- Previous problems with anesthetics, novocaine, or previous surgeries.
- Possibility of being pregnant.
- History of blood clots or other bleeding problems.
- Other medical conditions such as diabetes, kidney, heart, or lung problems.



## RISKS AND COMPLICATIONS

There are some risks involved when you have a general or regional ( *spinal/epidural*) anesthesia.

- Excessive bleeding.
- Infection.
- Injury to other organs.
- Blood clots.
- You may become infertile.
- Death during or after the surgery.

## BEFORE THE PROCEDURE

- Follow all of your caregiver's advice regarding your surgery.
- **Avoid** taking aspirin or blood thinners, or as suggested by your caregiver.
- **Do not** eat or drink anything after midnight the night before surgery, or as directed by your caregiver.
- **Do not** smoke for at least 2 weeks before your surgery.
- **Do not** drink alcohol the day before your surgery.
- Let your caregiver know if you develop a cold or any infection before your surgery.
- If you are being admitted the day of the surgery, try to be at the admitting office 1 hour before the surgery is scheduled.
- Try to arrange to have someone take you home from the hospital when you are discharged.
- Try to arrange to have someone be with you and help you when you go home.
- Write down questions before you go to your caregiver, so you have all your questions answered.
- Have a family member or friend go with you when your caregiver explains the problem and the surgery.
- Take notes when your caregiver is explaining the surgery and post operative plans, so you do not forget.
- Make sure your family knows and understands the surgery and your recovery.

## AFTER THE PROCEDURE

If you had laparoscopic surgery, you may go home the same day or stay overnight. If you had abdominal surgery, you may stay in the hospital for a few days. Your intravenous and/or catheter will be removed the first or second day. If you stay in the hospital, your caregiver will order pain medicine and a sleeping pill, if you need it. You may be given an antibiotic, if your caregiver thinks it is needed. You will be given instructions and necessary medicines before you are discharged from the hospital.

## HOME CARE INSTRUCTIONS

- Only take over-the-counter or prescription medicines for pain, discomfort, or fever as directed by your caregiver. **Avoid** taking aspirin, as it can cause bleeding.
- Your caregiver may give you a prescription for stronger medicine for pain, if you need it.
- You may resume your regular diet, exercise, and activities, as directed by your caregiver.
- **Do not** douche or have intercourse until you have permission from your caregiver.
- Change your dressings as directed.
- **Do not** drive until your caregiver gives you permission to do so.
- Your caregiver may advise you to take showers instead of a bath for a while.
- If you become constipated, take a mild laxative ( *milk of magnesia*) with your caregiver's permission. Also, eat more bran foods and increase your fluids.
- Take all your medicines as directed.
- Take your temperature twice a day and record it.

- **Do not** drink alcohol while taking pain medicine.
- Try to have someone home with you for one to two weeks, to help with your household activities.
- Keep all your postoperative appointments.

## **SEEK MEDICAL CARE IF:**

- You develop a temperature of 102° F (38.9° C) or higher.
- You feel sick to your stomach ( *nausea*) and throw up ( *vomit*).
- You develop redness, swelling, and pain or fluid coming from the incision.
- You have pain when you urinate or blood in your urine.
- You develop a rash on your body.
- You develop pain or redness where the thin tube (IV) was inserted.
- You feel dizzy or lightheaded.
- You develop a reaction or side effects from your medicines.
- You need stronger pain medicine.

## **SEEK IMMEDIATE MEDICAL CARE IF:**

- You have chest pain.
- You have shortness of breath.
- You pass out.
- You develop increasing stomach pain, and your pain medicines do not make it go away.
- You develop pain, swelling, or redness in your leg.
- You see a yellowish white fluid ( *pus*) coming from the incision.
- Your incision is opening.

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