Ovarian Tumor Reduction Surgery

Information About Your Ovarian Tumor Reduction Surgery

Your doctor found a mass in your pelvic area. Surgery is used to remove the mass and to find out if it is benign (not cancer) or malignant (cancer). The surgery you will have is called an exploratory laparotomy. An incision is made into your abdomen, so your doctor can see and reach the pelvic mass. If cancer is found, the doctor will remove as much of the tumor as possible. This is called tumor reduction.

If cancer is found, the extent of your surgery depends on what type of cancer it is and where it may have spread. In some cases, only one ovary will be removed. In most cases, both of your ovaries, fallopian tubes, uterus, pelvic and nearby lymph nodes (periaortic lymph nodes) and the omentum (tissue that covers the bowels) are removed. These are the most common places for the cancer to spread.

This handout gives you information about what will happen to you before, during and after your surgery. If you have more questions, please ask your nurse or doctor for more information.

Before Surgery

Before your surgery, a nurse will ask you questions about your health. These questions may be asked during your pre-admission testing, in your hospital room or in pre-operative care areas.

You will be asked to not wear or remove these items the day of surgery:

- Nail polish
- Make-up
- Jewelry
- Hair clips
- Dentures or partial plates
- Contact lenses or eyeglasses
- Hearing aids
- Other prosthesis

This handout is for informational purposes only. Talk with your doctor or health care team if you have any questions about your care.

Day of Surgery

- You will be told the date of your surgery and where to check in when you get to the hospital.
- Your family can stay with you until you go to the Pre-operative Holding Area.
- The nurse will answer any questions they may have and tell them where to wait while you are in surgery.

During Surgery

- A nurse will check your identification (ID) bracelet and ask you about any allergies you may have. Then you will be made comfortable on the operating room table.
- Your vital signs (blood pressure, temperature, pulse and breathing rate) will be checked and watched closely.
- You will be hooked up to a monitor to count your heart rate.
- A small clip (pulse oximeter) will be placed on your finger to measure your pulse and the amount of oxygen in your blood.
- Your doctor will tell you how long your surgery may take. If your surgery takes longer than you were told, it does not mean that anything is wrong. Your family will be updated on how you are doing. After your surgery is over, the surgeon or an assistant will call or come to the waiting area to talk with your family.

After Surgery

Once your surgery is finished, you will be taken to the Post Anesthesia Care Unit (PACU) to recover. When you wake up in recovery you can expect the following:

- You may have a small tube inside your nose or in your throat for oxygen.
- You will be receiving fluids or possibly blood through an intravenous (IV) catheter.
- A nasogastric (NG) may be placed. This small tube is placed through your nose and goes into your stomach to drain your stomach of fluids. This will help with nausea and vomiting.
• A dressing will be placed over your incision and will cover the middle of your abdomen down to your groin.

• You may also have one or two small tubes coming out of your lower abdomen. These tubes are drains called hemovacs and are used to drain fluid in your abdomen.

• When you return to your room, you will be put in bed. Your nurse will help you turn in bed every 2 hours. Your doctor will tell you when you can get up out of bed.

• You will be taught to use a breathing exerciser (incentive spirometer) to help keep your lungs clear after surgery.

• A medicine to prevent blood clots will be given to you and injected into your thighs. You will wear special stockings when you are in bed. These stockings will keep blood circulating through your legs. You will be encouraged to exercise your legs while in bed.

• The evening after your surgery or the next morning, your nurse will help you get up. First, you will sit on the side of the bed and then sit in a chair.

**Care of Your Tubes**

• Your bladder tube is a **foley catheter**. A foley catheter is a tube that is put into your urethra or the opening through which you urinate. The tip of this catheter sits in your bladder. Your bladder tube will stay in place at least until you are walking.

• Your hemovac drains will stay in place until there is only a small amount of drainage. This time varies for each person and you may go home with your hemovac.

**Incision Care**

Your doctor will remove your dressing after surgery. Your incision will have staples in place. Your nurse will show you how to clean your incision gently with soap and water. If you want to take a shower, you do not need to cover your incision. Your staples will be taken out in 7 to 14 days after your surgery. You will feel a small amount of tugging or pinching when the staples are removed, but there is usually no pain. Thin, white strips called steristrips are put on your incision after the staples are removed. These will come off on their own in about 7 days.
**IV Fluids and Nutrition**

Your NG tube may stay in place until your anesthesia wears off and your bowels start to work again. This may take 2 to 4 days or longer. Your doctor will listen to your bowel sounds to tell when your bowels start to function. Another sign that your bowels are working is when you start to pass gas. You will not be given anything to eat or drink until your bowels begin to work. After your NG tube has been removed, you will be able to sip clear liquids. You will slowly advance to a regular diet and your IV will come out when you are able to eat and drink well.

Eating well after surgery helps wounds to heal. Eat foods that are high in protein such as, meat, fish, cheese, milk, soybean products and eggs. A dietitian is available to help you plan meals at home.

**Pain Control**

You are encouraged to use your pain medicine so you will be comfortable when you turn, cough, deep breathe and walk. You may have pain medicine given through a continuous Lumbar Epidural Analgesia (LEA) that is placed into your spinal cord. When your pain control IV or epidural are removed you will be given pain pills.

**Care at Home**

You will be given instructions on how to care for yourself at home. It is important to rest and limit activity. Here are some guidelines for you to follow when you go home.

- Limit your activities for 4 to 6 weeks including:
  - Do not drive for 2 weeks or while taking opioid pain medicine. You may ride in a car for short trips.
  - Do not lift anything over 5 to 10 pounds.
  - No strenuous activities or exercises.
  - Take the stairs slowly and go one step at a time.
  - You may get tired more quickly than you did before your surgery. Try to increase your activity level a little more each day. Go for short walks. Start with short distances and slowly increase how long and how fast you walk.
• A small amount of vaginal drainage is normal for 2 to 4 weeks after surgery.
• Do not wear tight fitting clothes such as girdles or knee high stockings.
• Do not put anything in your vagina until your doctor tells you it is okay:
  ▶ No douching.
  ▶ No intercourse (sex).
  ▶ No tampons.
• You may take a shower but do not take tub baths until your doctor tells you it is okay. After washing, pat your incision dry.
• You may do light housework such as washing the dishes or cooking.

**Call your doctor if you have any of the following problems:**
• Redness or swelling at your incision site
• Pus from your incision
• Temperature 101 degrees Fahrenheit (38.3 degrees Celsius) or above
• Heavy vaginal bleeding (soaking 2 to 3 feminine pads in 1 hour)
• Vaginal discharge with a bad smell
• Severe emotional changes such as mood swings or depression

**It is important to keep your doctor appointment that is scheduled 3 to 4 weeks after your surgery.**

Appointment Date: _______________ Appointment Time: _______________