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 pelvic mass and to find out if the tissue 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, your doctor will remove as much of the tumor as possible. This is called tumor reduction.

The extent of your surgery depends on if cancer is found, what type and where it may have spread. In some cases, only one ovary will need to be removed. In most cases, both 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 still have questions, please ask your nurse or doctor for more information.

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

Before Surgery
Before your surgery, a nurse will ask you questions about your health and your surgery. These questions may be asked during 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

Day of Surgery

- You will be told when your scheduled admission date is 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. You will be asked about your allergies. Then you will be made comfortable on the operating room table.
- Your vital signs (blood pressure, temperature, pulse and breathing rate) will be 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 oxygen through a small tube inside your nose or in your throat.
- You will be receiving fluids or possibly blood through your intravenous (IV).
- A **nasogastric (NG)** tube may be in your nose going to your stomach. This tube will keep your stomach drained of fluids, so you will not get sick.
- A dressing over your incision 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 prevent fluid from collecting 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 by injection 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 the urethra or the opening through which you pass urine. 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 so 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 will not need to cover your incision. Your staples will be taken out in 7 to 14 days after surgery. You will feel a small amount of tugging or pinching when the staples are removed, but there is usually no discomfort. Thin, white strips called steristrips will be put on your incision after the staples are removed. These will come off on their own in about a week.

IV Fluids and Nutrition
Your stomach tube may stay in place until the 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 stomach tube has been removed, you will start sipping clear liquids. You will gradually advance to a regular diet. Your IV will come out when you are drinking and eating well.

Eating balanced meals after surgery helps promote wound healing. 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. Some patients are given pain medicine through their IV called Patient Controlled Analgesia (PCA). Other patients may have pain medicine given through a continuous Lumbar Epidural Analgesia (LEA) into their spinal cord. When your pain control IV or epidural are removed you will be given pain pills.
Feelings

- You may have many different feelings. You may feel sad, uncertain or angry. These feelings are normal. Counseling professionals are available at The James to help you deal with the stress of your illness. Ask your doctor or nurse about these services.

- After your uterus is removed, you will not be able to have children. You will not have periods (menstruation). If your ovaries are not removed, you will continue to make female hormones. If your ovaries are taken out, you may have menopausal symptoms, such as hot flashes or vaginal dryness. Talk to your doctor about what can be done to help these changes. Your doctor may give you hormone replacement therapy.

Sexuality and Cancer

- Your surgery should not affect your ability to have sex. Ask your doctor when you may begin sexual activity after surgery. Because your vagina is now shorter, you and your partner may want to try different positions to find one that is more comfortable. Foreplay will cause the vagina to lengthen.

- Counseling professionals are available at The James to talk with you about your feelings or concerns. Ask your doctor or nurse about these services.

Care at Home

You will be given instructions on how to care for yourself at home. Get plenty of rest and do not overdo it. A good rule to follow is if you do not feel up to it, do not do it. Here are some guidelines for you to follow when you go home.

- Limit your activities for 4 to 6 weeks:
  - No driving for 2 weeks or while taking narcotic pain medicine. However, you may ride in a car for short trips.
  - No heavy lifting (nothing over 5 to 10 pounds).
  - No strenuous activities or exercises.
  - Take the stairs slowly. Go one step at a time.

Ovarian Tumor Reduction Surgery
You may tire more quickly than before your surgery. Try to increase your activity level a little more each day. Go for short walks. Start with short distances and gradually increase how long and how fast your 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.
- Put nothing in the vagina until your doctor tells you it is okay:
  - No douching.
  - No intercourse (sex).
  - No tampons.
- You may take a shower. Pat the incision dry. No tub baths. Your doctor will tell you when you may take a tub bath.
- You may do light housework:
  - Wash dishes.
  - Help with cooking.

Call your doctor if you have any of the following problems:

- Redness or swelling at the incision
- Pus from the incision
- Temperature 101° Fahrenheit or above
- Heavy vaginal bleeding (soaking 2 to 3 pads in one 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: _______________