

Questions to ask your surgeon or physician about an ovarian cystectomy

Before undergoing surgery to treat your ovarian cysts, you will likely have many questions for your surgeon or physician. Below are some recommended questions to ask – and background information to help you weigh the answers:

Are there additional steps to be undertaken to determine whether or not these cysts are cancerous?

Your doctor might recommend any of the following procedures to diagnose your ovarian cysts:

Ultrasound: Examining an ovarian cyst via ultrasound will help determine proper diagnosis and management. Essentially, he/she will look at the shape (regular or irregular), the size, and the composition of the cyst – is it filled with fluid, is it solid or is it a mix of the two?

- Fluid-filled cysts (commonly called simple cysts) are not likely to be cancerous and most often require observation and close follow-up unless they are too large or causing disturbing symptoms.
- Those cysts that are solid or mixed (fluid-filled and solid) may require further evaluation to determine if cancer is present and most often require surgical treatment. These cysts are commonly called complex cysts.

MRI: Your doctor may recommend that you get an MRI to further evaluate solid tumors.

Blood tests: You might need to get a pregnancy test, tests to check your hormone levels and a CA-125 – a blood test that can be performed to rule out ovarian cancer – may be necessary, depending on the characteristic of the cyst on the ultrasound.

How do you perform an ovarian cystectomy?

Masses of all sizes can be removed laparoscopically. This includes cystectomy, removal of the cyst only, or oophorectomy, removal of the entire ovary and cyst. The fallopian tube is usually also removed during the procedure since it is connected to the ovary and may cause complications if left. Typically, one or two tiny (1/4 inch) incisions and one slightly larger (3/4 inch) incision are necessary for a cystectomy or oophorectomy. The smaller incisions are located at the belly button and on the far right and left side in the bikini line. The larger incision is located just above the pubic bone. The two procedures do not differ surgically in terms of surgical time, incisions, recovery, or any other measure. The only difference is whether ovarian tissue is left in place.

In order to remove the cyst or ovary from the body, a special bag is used to surround the ovary. This allows for easy removal and prevents fluid from spilling into the pelvic cavity. Any masses that are suspected as cancerous are sent for analysis. Often, the mass is sent to the pathologist while the patient is still asleep on the operating room table. The pathologist carefully reviews the sections of the mass to rule out cancer.

Do you recommend open surgery?

Open ovarian cystectomies are still the mostly commonly performed surgery to remove ovarian cysts, but the major disadvantages with this type of approach are that it requires a much larger incision than new, minimally invasive techniques, resulting in longer hospital stays, more pain during recovery and longer recovery times – patients often need six to eight weeks to recover.

A recent advancement in minimally invasive GYN surgery, [DualPortGYN](#) is a new way to perform an ovarian cystectomy and has been used in thousands of women.

How many times have you performed this procedure?

When it comes to any form of surgery, training, skill and practice matter, which is why GYN surgeons who specialize in minimally invasive surgery are the most qualified. The reality is that OB-GYNs are highly skilled obstetric practitioners, but very few perform GYN surgeries often enough to be surgical specialists. This is borne out by studies, which find that GYN surgery is commonly a secondary component of what an OB-GYN does.

What have your other patients experienced after this procedure?

Robotic, open and conventional laparoscopic GYN surgeries can lead to longer recovery times, increased blood loss and larger scars than newer procedures. Make sure your surgeon is trained in the latest minimally invasive techniques, such as [The Center for Innovative GYN Care's DualPortGYN](#), that prevent injury to the pelvic structures and minimize blood loss – resulting in reduced complication rates and improved recovery times.

Have you had fellowship training in minimally invasive GYN surgery?

While most OB-GYNs are highly trusted generalists, they spend most of their time focusing on obstetrics and basic GYN care and therefore, perform specialized GYN surgeries rarely. Be sure to choose a surgeon who has received comprehensive training and performs many minimally invasive surgeries each year.

Will you use robotics to assist with the surgery?

Although the American Medical Association and other leading medical societies have issued statements discouraging robotic techniques due to much higher costs to patients without any medical advantages, robotics continue to be used in GYN surgeries. This is because robotic procedures “enable” an OB-GYN not well trained in laparoscopic GYN surgical techniques to complete a procedure through a “minimally invasive” approach. This is why women need to ask if robotics will be used during a GYN surgery and to seek a specially trained surgeon able to perform the latest minimally invasive surgical techniques, such as DualPortGYN and retroperitoneal dissection that do not use robotics.

What is my anticipated recovery time?

New minimally invasive techniques require, on average, only a week to recover. Other procedures such as open abdominal surgery can take up to 8 weeks. [This chart explains more.](#)

What are my other surgical options?

If your physician recommends an open or robotic procedure, ask why he or she would not recommend laparoscopic surgery or a newer technique like DualPortGYN. [Here's a reference guide for you](#) that explains all of the pros and cons of each procedure and helps patients advocate for the best care for themselves and their loved ones.

Women need to be their own best advocate, which is why getting a second opinion is always good practice. Since there are different surgical options for removing ovarian cysts, getting a second opinion is a way you can ask questions about how the surgery will be performed, the recovery time, and possible complications so they make the best decision for their situation.