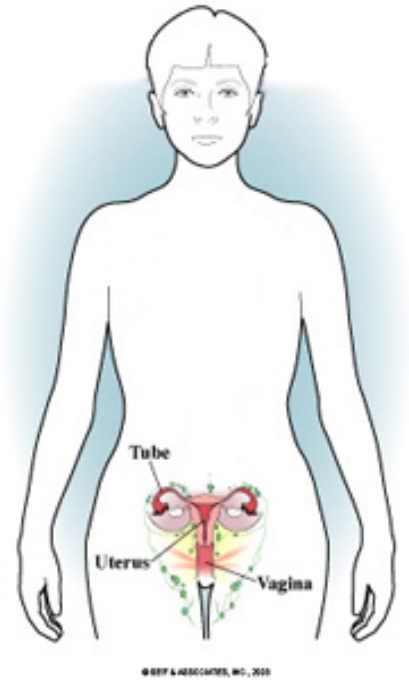
Unilateral Salpingo-Oopherectomy
(Removal of One Tube and Ovary)

Unilateral salpingo-oopherectomy is when one fallopian tube and ovary is removed. The fallopian tubes transport the egg from the ovary to the womb (*uterus*). The fallopian tube is also where the sperm and egg meet and become fertilized and move down into the uterus.



Removing one tube and ovary will not:
- Cause problems with your menstrual periods.
- Cause problems with your sex drive (*libido*).
- Put you into the menopause.
- Give symptoms of the menopause.
- Make you not able to get pregnant (*sterile*).

THERE ARE SEVERAL REASONS FOR DOING A SALPINGO-OOPHERECTOMY:
- Infection of the tube and ovary.
- There may be scar tissue of the tube and ovary (*adhesions*).
- It may be necessary to remove the tube when the ovary has a cyst or tumor.
- It may have to be done when removing the uterus.
- It may have to be done when there is cancer of the tube or ovary.

BEFORE THE PROCEDURE:
- **Do not** take aspirin or blood thinners because it can make you bleed.
- **Do not** eat or drink anything at least 8 hours before the surgery.
- Let your caregiver know if you develop a cold or an infection.
- If you are being admitted the day of surgery, arrive at least one hour before the surgery to read and sign the necessary forms and consents.
- Arrange for help when you go home from the hospital.
- If you smoke, **do not** smoke for at least 2 weeks before the surgery.
- There is a waiting room available for friends and family while you are having surgery.

LET YOUR CARE GIVER KNOW THE FOLLOWING:
- Allergies to food or medications.
- All the medications you are taking including prescription and over-the-counter herbs, eye drops and creams.
- If you are using illegal drugs or excessive alcohol.
- Your smoking habits.
- Previous problems with anesthesia including numbing medication.
- The possibility of being pregnant.
- History of blood clots or bleeding problems.
- Previous surgery.
- Any other medical or health problems.

RISKS AND COMPLICATIONS

All surgery is associated with risks. Some of these risks are:
- Injury to surrounding organs.
- Bleeding.
- Infection.
- Blood clots in the legs or lungs.

- Problems with the anesthesia.
- The surgery does not help the problem.
- Death.

THE PROCEDURE

After being admitted to the hospital, you will change into a hospital gown. Then, you will be given an IV (*intravenous*) and a medication to relax you. Then, you will be put to sleep with an anesthetic. Any hair on your lower belly (*abdomen*) will be removed, and a catheter will be placed in your bladder. The fallopian tube and ovary will be removed either through 2 very small cuts (*incisions*) or through large incision in the lower abdomen. The blood vessels will be clamped and tied.

AFTER THE PROCEDURE:

- You will be taken to the recovery room for 1 to 3 hours until your blood pressure, pulse and temperature are stable and you are waking up.
- If you had a laparoscopy, you may be discharged in several hours.
- If you had a large incision, you will be admitted to the hospital for a day or two.
- If you had a laparoscopy, you may have shoulder pain. This is not unusual. It is from air that is left in the abdomen and affects the nerve that goes from the diaphragm to the shoulder. It goes away in a day or two.
- You will be given pain medication as necessary.
- The intravenous and catheter will be removed before you are discharged.
- Have someone available to take you home.

HOME CARE INSTRUCTIONS

- It is normal to be sore for a week or two. Call your caregiver if the pain is getting worse or the pain medication is not helping.
- Have help when you go home for a week or so to help with the household chores.
- Follow your caregiver's advice regarding diet.
- Get rest and sleep.
- Only take over-the-counter or prescription medicines for pain or discomfort as directed by your caregiver.
- **Do not** take aspirin. It can cause bleeding.
- **Do not** drive, exercise or lift anything over 5 pounds.
- **Do not** drink alcohol until your caregiver gives you permission.
- **Do not** lift anything over 5 pounds.
- **Do not** have sexual intercourse until your caregiver says it is OK.
- Take your temperature twice a day and write it down.
- Change the bandage (*dressing*) as directed.
- Make and keep your follow-up appointments for postoperative care.
- If you become constipated, ask your caregiver about taking a mild laxative. Drinking more liquids than usual and eating bran foods can help prevent constipation.

SEEK MEDICAL CARE IF:

- You have swelling or redness around the cut (*incision*).
- You develop a rash.
- You have side effects from the medication.
- You feel lightheaded.
- You need more or stronger medication.
- You have pain, swelling or redness where the IV (*intravenous*) was placed.

SEEK IMMEDIATE MEDICAL CARE IF:

- You develop an unexplained temperature above 100º F (37.8º C).
- You develop increasing belly (*abdominal*) pain.

- You have pus coming out of the incision.
- You notice a bad smell coming from the wound or dressing.
- The incision is separating.
- There is excessive vaginal bleeding.
- You start to feel sick to your stomach (*nauseous*) and vomit.
- You have leg or chest pain.
- You have pain when you urinate.
- You develop shortness of breath.
- You pass out.

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