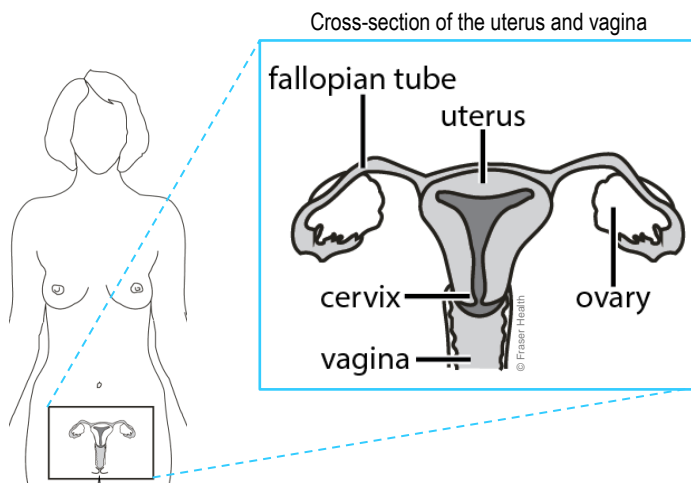


# Fallopian Tube and Ovary Surgery

## Your Surgery and Recovery at Home

### I am having:

- one or both of my fallopian tubes removed (salpingectomy – say *sal-ping-jek-ta-me*)
- one or both of my ovaries removed (oophorectomy – say *ooh-fer-ek-ta-me*)
- my fallopian tube and ovary on one or both sides removed (salpingo-oophorectomy – say *sal-ping-go-ooh-fer-ek-ta-me*)



Ovaries are where egg cells are made and stored. The medical term is “oophoro”. Fallopian tubes allow the egg cells to travel from the ovaries to the uterus. The medical term is “salpingo”.

The ovaries and fallopian tubes can be removed for a couple of reasons, including preventing future growths (tumours) that could be cancer or not (benign).

### Appointments after surgery

See your surgeon in \_\_\_\_\_ days / weeks after going home.

**My appointment is on:** \_\_\_\_\_

### How is the surgery done?

The surgeon makes 3 to 4 incisions on your abdomen. Through one of these incisions, the surgeon inserts a tiny camera (a laparoscope) so the area can be viewed on a video monitor. To make it easier to see everything, your abdomen is filled with carbon dioxide gas. The surgeon then uses the other incisions to insert different long skinny tools and disconnect your ovaries and/or fallopian tubes.

The carbon dioxide gas might give you pain under your ribs and shoulder blades for up to 48 hours. This is normal.

You usually go home the next day. This depends on your health before surgery and your recovery.

### Going home checklist

- You have someone to drive you home.
- You have a responsible adult to stay with you for the first 24 hours, or longer if needed.
- You know what medicine(s) to take, as well as when and how to take them.
- You know what you cannot do for 24 hours (because of anesthetic) including:
  - ✘ No driving or operating hazardous machinery
  - ✘ No drinking alcohol or using any substance or street drug
  - ✘ No making important decisions or signing legal documents

## Caring for Yourself at Home

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### Your incisions

**Always** wash your hands before and after touching your incisions.

You can shower 2 days after your surgery. Try not to let the shower spray directly on your incisions. Gently pat the area dry.

If you have white skin tapes (steri-strips) over your incisions, do not remove them. They should fall off within 1 week. If they don't, then remove them.

For at least 2 weeks while the incisions heal:

- × **No** soaking in a bathtub or hot tub.
- × **No** swimming.
- × **No** creams, lotions, or ointments on your incision, unless directed by your surgeon.

### Vaginal drainage or discharge

You might have a small amount of bleeding for 1 to 2 days. Wear a sanitary pad until this drainage stops. Make sure you change the pad often.

Do not use tampons or douche for at least 8 weeks.

### Activity and rest

Rest on the day of surgery. Balance your activity and rest for the first few days. After a couple of days, you may resume light activities and gradually return to your normal routines.

Try to get 8 hours of sleep each day. Take rest breaks during the day, as needed.

You can return to sexual activity when there is no more bleeding.

You can usually resume driving 1 week after surgery. If you are unsure about driving, check with your surgeon.

**Do not drive or drink alcohol** if you are taking an opioid medication.

### Drinking and eating

Return to your normal diet. You might feel sick to your stomach (nausea) or throw up (vomit). This should not last long. It is important to stay hydrated.

If you feel sick or throw up:

- Drink 'flat' ginger ale, clear soups, and clear fluids, and eat mild foods until you feel better. Other good choices include dry toast, crackers, popsicles, and gelatin dessert (such as Jell-O).
- Stay away from caffeine, carbonated soft drinks, and acidic fruit juices while feeling sick.
- Drink and eat small amounts often.
- Place a cool, damp cloth on your face and neck.
- Try not to smoke or be around smoking. It can make your nausea worse.

You can get constipated if you are less active, eating less fibre, or taking opioid pain medication. To prevent constipation:

- Drink at least 6 to 8 glasses of water throughout the day (unless you have been told differently because of a medical condition).
- Eat high fibre foods such as bran, prunes, whole grains, vegetables, and fruit.
- Walk and move around as much as you can.

If you continue to be nauseated or constipated, talk with a pharmacist or family practitioner about over-the-counter medicines.

## Managing pain

Your pain should be at a comfortable level that allows you to move, deep breathe, cough, and to do every day activities. Take your pain medicine regularly for the first day or so, even if you have just a little pain. Also, do other things to help ease your pain or distract you from the pain, such as slow breathing, listening to music, watching T.V.

If you have been living with pain before surgery, be sure to tell your surgeon how you manage this pain, such as with medicines, herbs, supplements, cannabis products, other substances, massage, yoga, meditation, etc. This helps your surgeon create the best plan with you for managing pain after surgery.

For fallopian tube surgeries done with a laparoscope, there is often mild bruising or swelling near the incisions. Bruising goes away in a few days to a couple of weeks. An ice pack can help with swelling and pain. Place an ice pack on your incisions for 10 to 20 minutes. You can do this 4 to 6 times a day for the first 2 days after surgery.

Your surgeon gives you instructions to take pain medicine. This could include both prescription and non-prescription (over the counter) pain medicine. Follow the instructions given by your surgeon.

### Non-prescription pain medicines:

- acetaminophen (Tylenol®)
- non-steroidal anti-inflammatory drugs (NSAIDs)  
Examples:    ibuprofen (Advil®, Motrin®)  
                  naproxen (Naprosyn, Aleve®)

**NSAIDs are not for everyone after surgery.** If you have (or have had) health problems such as stomach ulcers, kidney disease, or a heart condition, speak with your surgeon or family practitioner before using NSAIDs.

### Prescription pain medicines with opioids (narcotics):

- Tylenol #3® (codeine and acetaminophen)
- Tramacet® (tramadol and acetaminophen)
- Oxycocet® / Percocet® (oxycodone and acetaminophen)

**Note:** These medications also have 300 to 325mg acetaminophen in each tablet. In total, **do not** take more than 4000mg of acetaminophen in 24 hours (too much can harm your liver).

\*Family practitioner refers to family doctor or nurse practitioner

## Safe use of opioid pain medicines

If you are using any medicines that have opioids (narcotics) in them, take note of the following safety information.

- Tell your surgeon if you have sleep apnea. Opioids can make your sleep apnea worse.
- Your pain should lessen over the first week. You should not need to take opioid pain medicine for more than 1 week.
- Always use the least amount possible for the shortest amount of time.
- Common side effects include constipation, feeling sick to your stomach (nausea), a dry mouth, sweating, dizziness, and feeling drowsy.

- **Do not** crush, cut, break, chew, or dissolve opioids before taking. Doing this could cause serious harm, even death.
- While taking opioid pain medicines, **do not** drive, drink alcohol, or start taking any new sleeping pills.
- Store opioid medicines in a secure place. Keep out of sight and out of reach of children, teens, and pets.
- Never share your opioid medicine with anyone else.
- Take any unused opioid medicines back to your pharmacy to be safely disposed.  
**Do not** keep unused medicines at home.

Always read the label and/or information from the pharmacist about how to take medication safely.

**Questions about medications?** Speak to your local pharmacist. After-hours, call 8-1-1 and ask to speak to a pharmacist.

[www.fraserhealth.ca](http://www.fraserhealth.ca)

This information does not replace the advice given to you by your healthcare provider.

## When to get help

**Call your surgeon** if you have any of the following:

- a fever over 38°C (101°F)
- a red and swollen incision that is hot to touch
- pus (yellow/green fluid) draining from or a bad smell coming from the incision
- continued bleeding from the incision
- pain does not ease with pain medicine, or stops you from moving or recovering
- not gone pee (urinated) for 8 hours after surgery or have the urge to pee but can't

**Call your family practitioner** if you have any of the following:

- a cough that continues to get worse
- throwing up often
- feeling increasingly tired or dizzy
- diarrhea that is severe or continues for more than 2 days
- vaginal bleeding that soaks up a sanitary pad in less than 2 hours

**Go to the nearest Emergency Department** if you have any of the following:

- bad calf pain or swelling
- constant or severe vomiting

Can't contact your surgeon or family practitioner?  
Have any questions about your recovery?

• **Call Fraser Health Virtual Care**

10:00 a.m. to 10:00 p.m., daily

**1-800-314-0999** [fraserhealth.ca/virtualcare](https://fraserhealth.ca/virtualcare)

• **Call 8-1-1** (HealthLinkBC) to speak to a registered nurse any time - day or night.

HealthLinkBC is available in 130 languages.

For an interpreter, say your language in English. Wait until an interpreter comes on the phone.

• **Call 9-1-1** if you have any:

- trouble breathing or shortness of breath
- chest pain
- sudden severe pain

**Questions you might have:**

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