

Laparoscopic Gonadectomy Information Leaflet

What is laparoscopic gonadectomy?

Laparoscopic gonadectomy is an operation to remove the gonads. These are the organs that develop into either ovaries or testes, or even a combination of both. Normally there are two gonads, one on either side. They can be found inside the abdomen or in the groin. This procedure is used when the gonads are inside your abdomen, and it is done by 'keyhole' surgery.

Why would this procedure be performed?

In some women the gonads produce hormones that can cause unwanted changes to the woman's body and removing them can help to treat this problem. In other conditions if the gonads are left inside the abdomen, there is a small risk of them developing abnormal cells or even a cancer in the future. If you are at risk of this, your doctor will offer you a gonadectomy. The decision to have a gonadectomy may depend on your risk of cancer, and your individual circumstances and preferences.

Conditions where gonadectomy may be offered include Androgen Insensitivity Syndrome (AIS), Swyer syndrome and some varieties of Turner syndrome. The best time to have this procedure will depend on your condition, and your individual circumstances and preferences. You will be able to discuss this with your doctor in the clinic, and you will also be able to spend time with a Psychologist who can support you with decision making, and coping with the procedure in the future.

What will happen before the operation?

You will discuss all the risks and benefits of the procedure in clinic with your doctor, and you will have the opportunity to ask any questions you may have. You will sign a consent form for the procedure when you are seen in clinic. You should take a copy of the consent form home with you. The consent form will be checked again on the day of surgery.

After your clinic you will need to have a pre-op appointment, where you will see a nurse who will arrange some blood tests and any other investigations if required. You will then need to come to hospital on the day of the operation. You must not have anything to eat or drink from midnight the night before the procedure. You will be seen by the surgical and anaesthetic teams on the ward before the operation when you will have the opportunity to ask any questions you may have since your last consultation.

What does the surgery involve?

It is carried out in the operating theatre where you are put to sleep under a general anaesthetic. You will have three or four small cuts on your abdomen (about 1cm in size). The abdomen is filled with gas so that the bowel and other organs are well away from the operating area. The gonads are removed and brought out through the cuts in your abdomen. The gas will be removed at the end of the operation. The procedure will take about 30-60 minutes. Once the gonads have been removed, they will be sent to the laboratory so that a doctor can look at them under a microscope to check that they are normal. You will have some stitches in the cuts on your abdomen.

What will happen after the operation?

If the procedure is straightforward you will be able to go home later the same day, although some people might need to stay overnight. Someone from the surgical team will see you on the ward before you go home to let you know how the operation has gone. You will usually be prescribed some hormone tablets (oestrogen) that you will need to start taking after the operation, as your body will no longer be making this

hormone which is essential for your bones and heart. These hormones will need to be taken until at least the age of 50.

The stitches in your tummy will dissolve by about 10 days after the operation. The recovery time for this operation is 1 to 2 weeks, so you might need to take some time off school, college or work. You will be sent an appointment to come back to clinic 6 weeks after the operation.

What are the risks of the procedure?

Although generally the operation is very safe, all operations and anaesthetics carry small risks which your doctor will discuss with you when you sign the consent form. You may have some pain around the scars on your tummy which should be controlled with painkillers. Some people get some pain in their shoulder tip which is caused by the gas that was put into your tummy during the operation. This should settle within a few hours.

Infection of the wound can occur, and if your stitches are red and sore or discharging, you should see your GP as you may need some antibiotics. The other risks of 'keyhole' surgery are bleeding, and damage to the bowel or other abdominal organs. These are very unusual complications. If they happen, the surgeon might need to make a bigger cut to open your tummy to repair the damage or to stop the bleeding. This is called a laparotomy. If there is any damage to the bowel, you might need a colostomy which is where the bowel is brought out into a bag on your tummy, in order to rest the damaged bowel. This is usually temporary. Thankfully, these complications are extremely rare

What are the alternatives to having the procedure?

Some women do decide to keep their gonads inside their abdomen and not have the procedure. If you chose this option you would need to be monitored closely long term with blood tests and scans to look for signs of abnormal cells or even cancer. Unfortunately we do not have the evidence to say how often these tests should be done, and often minor changes may not show up on scans. If you have any questions about this you can discuss them with your doctor.

For further information you can contact a Nurse Consultant Monday to Friday 09:00 – 17:00 on 0151 708 9988 ext 1053

This leaflet can be made available in different formats on request. If you would like to make any suggestions or comments about the content of this leaflet, then please contact the Patient Experience Team on 0151 702 4353 or by email at pals@lwh.nhs.uk

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