



PATIENT & CAREGIVER EDUCATION

About Your Ovarian Transposition Surgery

This information will help you prepare for your ovarian transposition surgery at Memorial Sloan Kettering (MSK), and help you understand what to expect during your recovery.

About Ovarian Transposition

Ovarian transposition is a surgery that moves your ovaries out of the field of radiation. This will lower the amount of radiation your ovaries are exposed to during your radiation therapy. It may also help your ovaries keep working properly after your treatment. If your ovaries are working properly, you have a better chance of having children after your cancer treatment. You will also be less likely to go into early menopause (permanent end of menstrual cycles).

Your ovaries are located in the lower area of your pelvis (see Figure 1). In adults, the ovaries and fallopian tubes have to be separated from the uterus to move them far enough away (see Figure 2). In children, the ovaries and fallopian tubes can usually be moved out of the field of radiation without having to separate

them from the uterus.

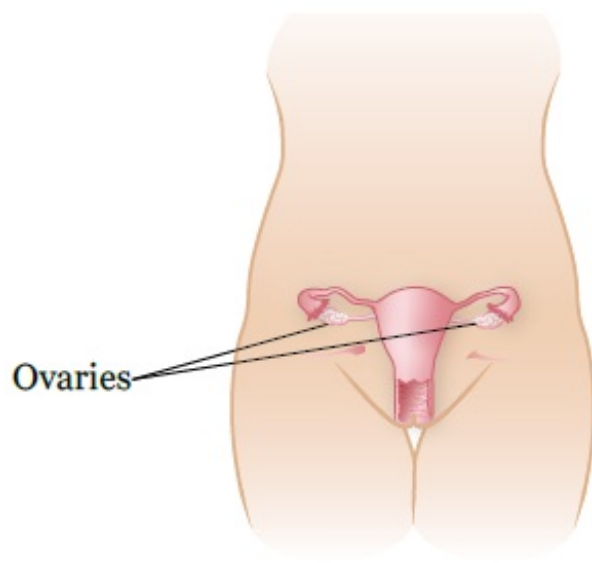


Figure 1. Location of ovaries before ovarian transposition surgery

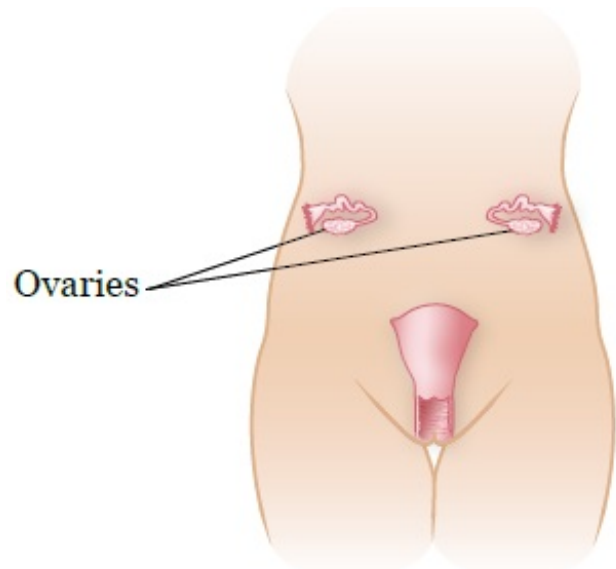


Figure 2. Location of ovaries after ovarian transposition surgery in adults

Having children after your cancer treatment

If you would like to have children after your cancer treatment, here are some things you should know.

- If your ovaries and fallopian tubes are separated from your uterus during your ovarian transposition surgery, they can't be reconnected or moved back after your treatment is over. This means that you won't be able to get pregnant on your own. If you might want to get pregnant in the future, you will need to see a reproductive endocrinologist (fertility specialist).
- Even if you have an ovarian transposition, your ovaries will still be exposed to some radiation. This can affect your chances

of having biological children, especially if you're also getting chemotherapy.

- Some women have eggs collected and frozen before the surgery to improve their chances of having biological children. Ask your doctor if this is an option for you. If it is, and you're interested in this, ask for a referral to a reproductive endocrinologist .
- We can't move your uterus outside the field of radiation. Depending on the dose of radiation you're getting, your uterus may be damaged. This could affect your ability to get pregnant or carry a child. Ask your radiation oncologist if you will be able to carry a pregnancy after your radiation therapy.

For more information fertility and fertility preservation, read the resource *Fertility Preservation: Options for Females Starting Cancer Treatment*

(www.mskcc.org/pe/fertility_starting_treatment).

Before Your Surgery

Presurgical testing

Before your surgery, you will have an appointment for presurgical testing (PST). The date, time, and location of your PST appointment will be printed on the appointment reminder from your surgeon's office. You can eat and take your usual medications the day of your PST appointment.

During your appointment, you will meet with a nurse practitioner (NP) who works closely with anesthesiology staff (doctors and specialized nurses who will be giving you medication to put you to sleep during your surgery). Your NP will review your medical and surgical history with you. You will have tests, including an electrocardiogram (EKG) to check your heart rhythm, a chest x-ray, blood tests, and any other tests necessary to plan your care. Your NP may also recommend you see other healthcare providers.

Your NP will talk with you about which medications you should take the morning of your surgery.

It's very helpful if you bring the following with you to your PST appointment:

- A list of all the medications you're taking, including prescription and over-the-counter medications, patches, and creams.
- Results of any tests done outside of MSK, such as a cardiac stress test, echocardiogram, or carotid doppler study.
- The name(s) and telephone number(s) of your doctor(s).

Ask about your medications

You will need to stop taking some medications before your surgery. Your nurse will give you a resource called *Common*

Medications Containing Aspirin, Other Nonsteroidal Anti-inflammatory Drugs (NSAIDs), or Vitamin E

(www.mskcc.org/pe/common_meds)] or you can search for it on mskcc.org/pe. It contains important information about these medications and what you can take instead.

There are some medications that you may need to talk with your doctor about before your surgery. Some examples are listed in the following table:

| Examples of Blood Thinners | | | |
|-----------------------------------|--------------------------------|---|---------------------------|
| apixaban (Eliquis®) | dalteparin (Fragmin®) | meloxicam (Mobic®) | ticagrelor (Brilinta®) |
| aspirin | dipyridamole (Persantine®) | nonsteroidal anti-inflammatory drugs (NSAIDs) such as ibuprofen (Advil®) or naproxen (Aleve®) | tinzaparin (Innohep®) |
| celecoxib (Celebrex®) | edoxaban (Savaysa®) | pentoxifylline (Trental®) | warfarin (Coumadin®) |
| cilostazol (Pletal®) | enoxaparin (Lovenox®) | prasugrel (Effient®) | |
| clopidogrel (Plavix®) | Fondaparinux (Arixtra®) | rivaroxaban (Xarelto®) | |
| dabigatran (Pradaxa®) | heparin (shot under your skin) | sulfasalazine (Azulfidine®, Sulfazine®) | |

Please read our resource *Common Medications Containing Aspirin, Other Nonsteroidal Anti-inflammatory Drugs (NSAIDs), or Vitamin E* (www.mskcc.org/pe/common_meds). It has important information about medications you'll need to avoid before your procedure and what medications you can take instead.

Medications for diabetes

If you take insulin or other medications for diabetes, ask the doctor who prescribes the medication what you should do the morning of your procedure. You may need to change the dose before your procedure.

Arrange for someone to take you home

You must have a responsible care partner take you home after your surgery. A responsible care partner is someone who can help you get home safely and report concerns to your healthcare providers, if needed. Make sure to plan this before the day of your surgery.

If you don't have a responsible care partner to take you home, call one of the agencies below. They'll send someone to go home with you. There's usually a charge for this service, and you'll need to provide transportation. It's OK to use a taxi or car service, but you must still have a responsible care partner with you.

Agencies in New York

Agencies in New Jersey

The Day Before Your Surgery

Note the time of your surgery

A staff member from the Admitting Office will call you after 2:00 PM the day before your surgery. If you're scheduled for surgery on a Monday, you'll be called on the Friday before. The clerk will tell you what time you should arrive at the hospital for your surgery. They'll also tell you where to go on the day of your surgery. This will be at one of the locations below.

| | |
|--|--|
| <ul style="list-style-type: none">• Presurgical Center (PSC) on the 2nd floor 1275 York Avenue (between East 67th and East 68th Streets) M Elevator to 2nd Floor | <ul style="list-style-type: none">• Presurgical Center (PSC) on the 6th floor 1275 York Avenue (between East 67th and East 68th Streets) B elevator to 6th Floor |
| <ul style="list-style-type: none">• Josie Robertson Surgery Center (JRSC) 1133 York Avenue (between East 61st and East 62nd Streets) | |

If you don't receive a call by 7:00 PM, call 212-639-5014.

Instructions for eating and drinking before your surgery

- Do not eat anything after midnight the night before your surgery. This includes hard candy and gum.
- Between midnight and up until 2 hours before your scheduled arrival time, you may drink a total of 12 ounces of water (see figure).
- Starting 2 hours before your scheduled arrival time, do not eat or drink anything. This includes water.



The Day of Your Surgery

Things to remember

- Wear something comfortable and loose-fitting.
- If you wear contact lenses, wear your glasses instead. Wearing contact lenses during surgery can damage your eyes.
- Take only the medications you were instructed to take the morning of your surgery. Take them with a few sips of water.
- Don't put on any lotion, cream, powder, deodorant, makeup, powder, or perfume.
- Don't wear any metal objects. Remove all jewelry, including body piercings.

- Leave valuables, such as credit cards and jewelry, at home.
- Before you're taken into the operating room, you will need to remove your hearing aid(s), dentures, prosthetic device(s), wig, and religious articles.

Where to go

Check your appointment reminder, which will tell you where to go for your surgery.

What to expect

Once you arrive at the hospital, doctors, nurses, and other staff members will ask you to state and spell your name and date of birth many times. This is for your safety. People with the same or similar name may be having surgery on the same day.

You will change into a hospital gown and meet your nurse. They will place an intravenous (IV) line into a vein, usually in your hand or arm. At first you will get fluids through the IV, but it will be used later to give you anesthesia (medication to make you sleepy). Your doctor will explain the surgery, and answer any questions you have. When it's time for your surgery, you will be brought into the operating room.

Once you're in the operating room, you will be attached to equipment to monitor your heart, breathing, and blood pressure. You will also receive oxygen through your nose or mouth. You will receive anesthesia through your IV to make you sleepy.

During your surgery, your surgeon will make a small incision (surgical cut) on your abdomen (belly). They will put a small, telescope-like tool into the incision to see the inside your body. A gas (carbon dioxide) will be pumped into your abdomen so that your surgeon has room to work.

Then, your surgeon will make more small incisions and place other small tools inside your body. The exact location and number of incisions depends on how the surgery is done.

Then, your ovaries and fallopian tubes will be moved as far as possible from the area being treated and held in place with sutures (stitches). You won't be able to feel your ovaries in the new position.

After Your Surgery

In the Post-Anesthesia Care Unit (PACU)

When you wake up after your surgery, you will be in the Post-Anesthesia Care Unit (PACU). A nurse will be monitoring your body temperature, pulse, blood pressure, and oxygen levels. You may be getting oxygen through a thin tube that rests below your nose or a mask that covers your nose and mouth. You will also have compression boots on your lower legs.

You will feel some pain after your surgery, but your nurse will give you medication to help. If your pain doesn't get better, tell your nurse.

You will have many small incisions on your abdomen. The incisions will be closed with Steri-Strips® (small strips of tape) or Dermabond® (surgical glue). Before you leave the hospital, your nurse will show you how to care for your incisions.

Most people can go home on the day of their surgery. You can go home once you:

- Can eat solid food. It may take many weeks for your appetite to return to what it was before your surgery.
- Can urinate (pee).
- Can walk.
- Aren't in too much pain.

At home

You can shower 24 hours (1 day) after your surgery.

Clean your incisions with soap and water every day. If you go home with Steri-Strips or Dermabond covering your incisions, you can shower with them on. The Steri-Strips will begin to peel off in about 1 week. If they haven't fallen off after 7 to 10 days, remove them in the shower. If you have Dermabond on your incisions, don't remove it. It will dissolve over time.

Bowel function

You may not have a bowel movement for a few days after surgery. This is normal. If you don't have a bowel movement for 3 days, call your doctor or nurse.

If you have diarrhea (loose, watery stools) call your doctor or nurse. Don't take an antidiarrheal medication, such as loperamide (Imodium®) or bismuth subsalicylate (Kaopectate®), until you talk with your doctor or nurse.

Activities after your surgery

It will take 2 to 4 weeks for your incisions to heal. Until your doctor or nurse has told you that your incisions have healed:

- Don't strain yourself or lift anything over 10 pounds (4.5 kilograms).
- Don't place anything in your vagina or have vaginal intercourse for 4 weeks or until your doctor tells you it's okay.
- Don't drive if you're taking prescription pain medications. If you aren't taking prescription pain medications, you can drive 24 hours after your surgery.

If you're traveling by plane within a few weeks after your surgery, get up and walk around every hour while you're on the plane. Be sure to stretch your legs, drink plenty of liquids, and keep your feet raised whenever possible.

Call Your Doctor or Nurse if You:

- Have swelling or tenderness in your calves or thighs
- Have trouble breathing
- Cough up blood
- Have a fever of 101° F (38.3° C) or higher
- Have serious abdominal pain that doesn't get better after taking pain medication

If you have any questions, contact a member of your healthcare team directly. If you're a patient at MSK and you need to reach a provider after 5:00 PM, during the weekend, or on a holiday, call 212-639-2000.

For more resources, visit www.mskcc.org/pe to search our virtual library.

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