Memorial Sloan Kettering Cancer Center

PATIENT & CAREGIVER EDUCATION

Surgeries to Lower Your Risk of Gynecologic Cancer

This resource explains surgeries you can have to help lower your risk for gynecologic cancer.

People with certain hereditary conditions may choose to have surgery to lower their risk of gynecologic cancer. Hereditary conditions are passed down from parents to children.

Gynecologic cancer includes any cancer in a female's reproductive organs, such as:

- Ovarian cancer
- Fallopian tube cancer
- Endometrial cancer (cancer of the lining of your uterus)
- Cervical cancer
- Uterine cancer

Key terms:

- **Menstruate:** Get your period.

- **Menopause:** Not having your period for at least 12 months.
- **Infertile:** Unable to have biological children.

About your reproductive system

Your reproductive system is in your lower abdomen (belly). It includes your ovaries, fallopian tubes, uterus, cervix, and vagina (see Figure 1).

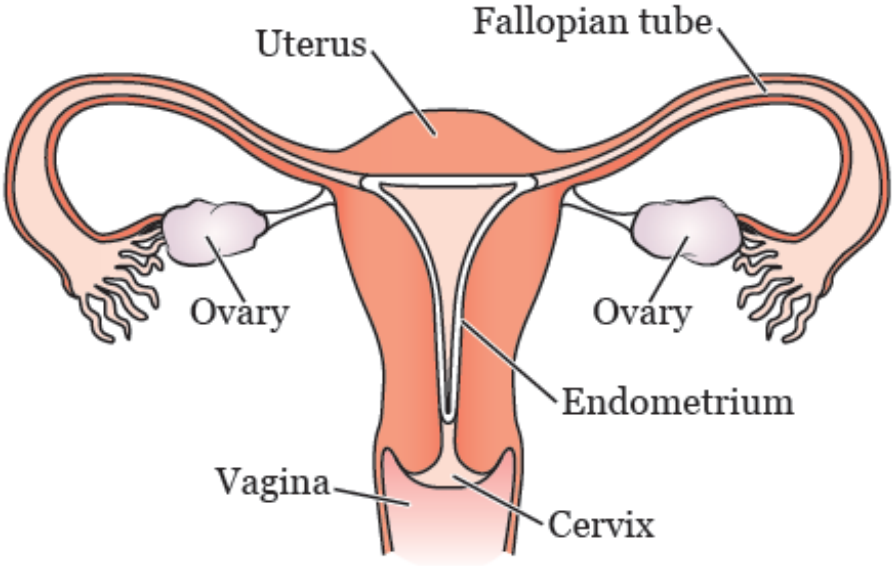

Figure 1. Your reproductive system

- Your uterus is in your lower abdomen between your bladder and rectum.
- Your endometrium (en-doh-MEE-tree-um) is the tissue lining the inside of your uterus.
- Your cervix is the lower narrow end of your uterus.
- Your ovaries and fallopian tubes are attached to your uterus.

About surgeries to lower your risk of gynecologic cancer

There are different types of surgeries you can have to lower your risk of gynecologic cancers. These are done as either laparoscopic (LA-puh-ruh-SKAH-pik) surgery or robotic surgery. Talk with your surgeon about which type of surgery is the best option for you.

Laparoscopic surgery

During a laparoscopic surgery, your surgeon will use a laparoscope and surgical tools to do the surgery. A laparoscope is a tube-like tool with a camera connected to a video camera and screen. This lets your surgeon see the inside of your abdomen.

Your surgeon will make several small incisions (surgical cuts) on your abdomen. They'll use the laparoscope and small tools to remove tissue.

Robotic surgery

In a robotic surgery, your surgeon will make small incisions on your abdomen. They'll use a robot as a tool to do the surgery.

Your surgeon will sit at a console with a 3-dimensional view of the surgical site. They'll do the surgery from there using a robot they control.

These surgeries are described in the following sections. Talk with your healthcare provider for more information about these surgeries and your options.

Types of surgeries to lower your risk of gynecologic cancer

Bilateral salpingo-oophorectomy (BSO)

Bilateral salpingo-oophorectomy (sal-PIN-goh-oh-oh-foh-REK-toh-mee) is surgery to remove your fallopian tubes and ovaries. This is also called a BSO. You may have a BSO if you have a high risk of ovarian or fallopian tube cancer.

After your BSO, you'll stop menstruating (getting your period). You may have normal symptoms of menopause. You'll also be infertile. Read the "Side effects of gynecologic surgeries" section of this resource to learn more.

BSO with an endometrial biopsy

This surgery is like a BSO, except you'll also have an endometrial biopsy. An endometrial biopsy is a screening process that takes a small tissue sample from the lining of your uterus.

During your biopsy, your healthcare provider will check the tissue sample for pre-cancer cells and endometrial cancer.

You may have some cramping during the procedure.

You won't have any side effects or problems after the biopsy.

Bilateral salpingectomy

This is surgery to remove your fallopian tubes but not your ovaries. You may have a bilateral salpingectomy if you:

- Have a high risk of having ovarian or fallopian tube cancer; and
- Are not at the recommended age to have your ovaries removed.

After your surgery, you'll be infertile. You may still menstruate, depending on your age.

A bilateral salpingectomy doesn't cause menopause unless your ovaries are removed. Read the "Side effects of gynecologic surgeries" section of this resource to learn more.

Total hysterectomy

A total hysterectomy is surgery to remove your uterus and cervix. You may have a hysterectomy to lower your risk for gynecologic cancer because you have:

- Uterine, cervical, fallopian tube, or ovarian cancer
- Uterine fibroids

- Endometriosis
- Heavy vaginal bleeding
- Pelvic pain

Your doctor will explain why you're having the surgery.

After your hysterectomy, you'll be infertile. A hysterectomy doesn't cause menopause unless your ovaries are removed. Read the "Side effects of gynecologic surgeries" section of this resource to learn more.

Total hysterectomy with a BSO

This surgery is like a hysterectomy, except you'll also have a BSO at the same time as your hysterectomy. During this surgery, your surgeon will remove both of your ovaries and fallopian tubes.

After your surgery, you'll stop menstruating. You may have normal symptoms of menopause. You'll also be infertile. Read the "Side effects of gynecologic surgeries" section of this resource to learn more.

Side effects of gynecologic surgeries

If both your ovaries are removed during surgery, you'll stop menstruating.

You may have normal symptoms of menopause. This includes night sweats, hot flashes, and vaginal dryness. If you're in menopause or have already gone through it, you may or may not still notice some of these symptoms.

Talk with your healthcare provider about ways to manage these symptoms. There are hormonal and non-hormonal treatments to help manage them, if needed. Your healthcare provider will recommend a treatment based on your medical history and other health concerns.

You'll also be infertile after your surgery. If you'd like to have biological children in the future, ask your healthcare provider for a referral to a fertility nurse specialist. Read *Fertility Preservation Before Cancer Treatment: Options for People Born with Ovaries and a Uterus* (www.mskcc.org/pe/fertility-starting-treatment) to learn more.

About MSK's CATCH program

CATCH is MSK's hereditary surveillance program. CATCH stands for Comprehensive Assessment, Treatment, and Prevention of Cancers with Hereditary Predispositions.

If you've had genetic testing and counseling and have a hereditary cancer syndrome, our CATCH program may be right for you. Talk with your healthcare provider or read

MSK CATCH: Expert advice on hereditary cancer syndromes (www.mskcc.org/pe/msk-catch) to learn more.

If you have questions or concerns, contact your healthcare provider. A member of your care team will answer Monday through Friday from 9 a.m. to 5 p.m. Outside those hours, you can leave a message or talk with another MSK provider. There is always a doctor or nurse on call. If you're not sure how to reach your healthcare provider, call 212-639-2000.

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

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