



Fact Sheet

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The Patient Education Website of the American Society for Reproductive Medicine

Conditions Treated with Adnexal Surgery

Surgery can be used to treat problems with your ovaries or fallopian tubes such as cysts, endometriosis or infections. Adnexal surgery involves any of the organs that are on the sides of (“next to”) the uterus (womb), such as the fallopian tubes and ovaries.

Adnexal surgery can be “minimally invasive” or “open.” Minimally invasive surgery (also called laparoscopy) is done with a small telescope that is attached to a camera. The laparoscope is inserted through the belly button and makes it possible for the surgeon to see inside your belly. With laparoscopy, there is usually less pain, less chance of fever and a shorter hospital stay. Open surgery involves making a larger incision in your belly and the recovery time can be longer.

Ovarian cysts: Reasons you may need surgery

Most women have surgery on their ovaries or tubes because they have an ovarian cyst or adnexal mass. A cyst is a collection of fluid or other substances in tissue. Only a very small percentage of these cysts are cancerous (malignant); most cysts are not cancerous (benign). Types of benign cysts include follicular cysts, corpus luteum cysts, endometriomas, dermoid cysts, serous cysts, mucinous cysts and fibromas.

Follicular cysts and corpus luteum cysts

Follicles are the areas in the ovaries where an egg ripens in preparation for ovulation. On rare occasions, an enlarged cyst can form in this area and grow up to the size of a tennis ball. This can be painful and could cause your ovary to twist and turn on its blood supply (ovarian torsion).

Corpus luteum cysts form after ovulation. Like follicular cysts, corpus luteum cysts can grow large, causing pain and discomfort.

Dermoid cysts

Dermoid cysts are non-cancerous tumors that are made up of different kinds of tissues—such as teeth, hair, skin, bone and thyroid tissue. Dermoid cysts can grow anywhere in the body, but they are often found in your ovaries. These tumors can cause the ovary to twist and can be very painful. Dermoid cysts may grow quite large and should be surgically removed.

Endometriomas

Endometriomas are cysts that form in the ovaries when the same kind of tissue that grows in the uterus (called endometrium or endometrial tissue) begins to grow in the ovaries. These cysts fill with blood as they grow. The blood turns into a dark brown fluid, so endometriomas are sometimes called “chocolate cysts.” Endometriomas can cause pain and discomfort, as well as scarring and damage to the ovaries. If you have endometriomas, you are more likely to have problems becoming pregnant.

Para-ovarian or paratubal cysts

Para-ovarian or paratubal cysts form when structures next to the fallopian tubes fill with fluid. In rare cases, they can become large and can cause the tubes or ovaries to twist, which can cause pain and infection.

Adnexal surgery: What you should know

Removing ovarian cysts

Your age, physical exam, family history and appearance of your cyst will help your doctor determine whether you need surgery. The surgeon will remove the whole cyst so that it does not grow back, but will leave as

much of your ovary as possible. This is particularly important if you are having surgery to treat infertility.

Unblocking your fallopian tubes

Your fallopian tubes carry an egg from one of your ovaries to your uterus. Infections, diseases and sometimes surgery can damage one or both of your fallopian tubes, causing them to become scarred or blocked. Sexually transmitted infections, appendicitis, damage to your intestines, and endometriosis are examples of conditions that can damage your fallopian tubes. When one of the fallopian tubes is very badly damaged, it may become completely blocked and filled with fluid. This is called a hydrosalpinx.

Any damage to the fallopian tubes that prevents an embryo (fertilized egg) from traveling to the uterus may cause infertility. Surgery is performed to repair or open the fallopian tubes. After tubal surgery, there is an increased chance of tubal pregnancy. In cases of severely damaged or absent fallopian tubes, in vitro fertilization (IVF) does not require fallopian tubes and improves your chances of getting pregnant. However, the chances of pregnancy with IVF are significantly improved when a hydrosalpinx is either removed or surgically blocked at the end of the tube closest to the uterus.

“Ovarian drilling” for PCOS

Polycystic ovary syndrome (PCOS) is a common cause of infertility in women. Women with PCOS have many small cysts on their ovaries, do not regularly produce eggs and produce too much androgen. Androgen is the hormone responsible for male characteristics. Many women with PCOS are overweight, and symptoms include acne and hair growth on the face and body.

Although medications are usually used to treat PCOS, a minimally invasive surgical procedure called “ovarian drilling” can sometimes help you become pregnant. During the procedure your doctor will use a hot needle or laser to create a few small lesions on your ovaries. Doctors are not sure why this improves ovulation and your chance of getting pregnant, but it seems to work in some women. Any positive effects may only be short-term. It is common to have adhesions develop on your ovaries after this surgery.

However, medications can be used to treat PCOS very well, so ovarian drilling is not usually recommended unless other hormone treatments have not been successful or if you live far from a doctor who can treat you medically. In rare cases, ovarian drilling may cause the ovaries to stop functioning.

Risks of adnexal surgery

With any surgery there is a risk of pain, bleeding, infection and the development of adhesions (internal scar tissue). Other risks can include damage to the bladder, ureters or intestines, but these are very rare.

This document was produced in collaboration with the Society of Reproductive Surgeons 2012

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