



Oophorectomy (ovary removal surgery)

Overview

An oophorectomy (oh-of-uh-REK-tuh-me) is a surgical procedure to remove one or both of your ovaries. Your ovaries are almond-shaped organs that sit on each side of the uterus in your pelvis. Your ovaries contain eggs and produce hormones that control your menstrual cycle.

When an oophorectomy involves removing both ovaries, it's called bilateral oophorectomy. When the surgery involves removing only one ovary, it's called unilateral oophorectomy.

Why it's done

An oophorectomy may be performed for:

- A tubo-ovarian abscess — a pus-filled pocket involving a fallopian tube and an ovary
- Ovarian cancer
- Endometriosis
- Noncancerous (benign) ovarian tumors or cysts
- Reducing the risk of ovarian cancer or breast cancer in those at increased risk
- Ovarian torsion — the twisting of an ovary

Oophorectomy combined with other procedures

An oophorectomy can be done alone, but it is often done as part of a more-complete surgery to remove the uterus (hysterectomy) in women who have undergone menopause.

In those with an increased risk of ovarian cancer, an oophorectomy is commonly combined with surgery to remove the nearby fallopian tubes (salpingectomy) since they share a common blood supply with the ovaries. When combined, the procedure is called a salpingo-oophorectomy.

Risks

An oophorectomy is a relatively safe procedure. However, with any surgical procedure, there are risks involved.

Risks of an oophorectomy include the following:

- Bleeding
- Infection

- Damage to nearby organs
- Rupture of a tumor, spreading potentially cancerous cells
- Retention of ovary cells that continue to cause signs and symptoms, such as pelvic pain, in premenopausal women (ovarian remnant syndrome)
- Inability to get pregnant on your own, if both ovaries are removed

Risks of premature menopause

If you haven't undergone menopause, you will experience premature menopause if both ovaries are removed. This deprives the body of the hormones, such as estrogen and progesterone, produced in the ovaries, leading to complications such as:

- Menopause signs and symptoms, such as hot flashes and vaginal dryness
- Depression or anxiety
- Heart disease
- Memory problems
- Decreased sex drive
- Osteoporosis
- Premature death

Taking low doses of hormone replacement drugs after surgery and until about age 50 may reduce the risk of these complications. But hormone replacement therapy has risks of its own. Discuss your options with your doctor.

How you prepare

To prepare for an oophorectomy, your doctor may ask that you:

- Drink a solution to clear your intestines the day before surgery
- Stop eating the day before your surgery and limit liquids
- Stop taking certain medications
- Undergo imaging tests, such as ultrasound and computerized tomography (CT), to help surgeons plan for the procedure

Plan for a hospital stay

You may need to stay in the hospital for a few days after an oophorectomy. How long you stay depends on how the procedure is performed and the reason for your surgery. Ask your doctor what you can expect.

Plan ahead for time in the hospital by packing:

- A robe and slippers
- Personal items, such as your toothbrush
- Things to help you pass the time, such as books and magazines

Plan for infertility

If you want to have children, talk with your doctor about your options. For some conditions, you may need only one ovary removed (unilateral oophorectomy). With the remaining ovary, you'll still have a menstrual cycle and conceive naturally.

If both of your ovaries are removed (bilateral oophorectomy), but your uterus remains, you may be able to become pregnant using assisted reproductive technology. Ask your doctor to refer you to a fertility specialist who can review your options with you.

What you can expect

During oophorectomy

During oophorectomy surgery you'll receive anesthetics to put you in a sleep-like state. You won't be awake during the procedure.

An oophorectomy can be performed two ways:

- **Laparotomy.** In this surgical approach, the surgeon makes one long incision in your lower abdomen to access your ovaries. The surgeon separates each ovary from the blood supply and tissue that surrounds it and removes the ovary.
- **Minimally invasive laparoscopic surgery.** In this surgical approach, the surgeon makes three or four very small incisions in your abdomen.

The surgeon inserts a tube with a tiny camera through one incision and special surgical tools through the others. The camera transmits video to a monitor in the operating room that the surgeon uses to guide the surgical tools.

Each ovary is separated from the blood supply and surrounding tissue and placed in a pouch. The pouch is pulled out of your abdomen through one of the small incisions.

Laparoscopic oophorectomy may also be robotically assisted in certain cases. During robotic surgery, the surgeon watches a 3-D monitor and uses hand controls that allow finer movement of the surgical tools.

Whether your oophorectomy is an open, laparoscopic or robotic procedure depends on your situation. Laparoscopic or robotic oophorectomy usually offers quicker recovery, less pain and a shorter hospital stay. But these procedures aren't appropriate for everyone, and in some cases, surgery that begins as laparoscopic may need to be converted to an open procedure during the operation.

After oophorectomy

After an oophorectomy, you can expect to:

- Spend time in a recovery room as your anesthesia wears off
- Move to a hospital room where you may spend a few hours to a few days, depending on your procedure
- Get up and about as soon as you're able in order to help your recovery

Results

How quickly you can go back to your normal activities after an oophorectomy depends on your situation, including the reason for your surgery and how it was performed.

Most people can return to full activity by six weeks after surgery. Those who undergo laparoscopic or robotic surgery may return to full activity sooner — as early as two weeks after surgery.

Discuss exercise, driving, sexual restrictions and overall activity level with your surgeon.

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