Salpingectomy - An Overview

What is Salpingectomy (sal-pin-JEK-tuh-me)?

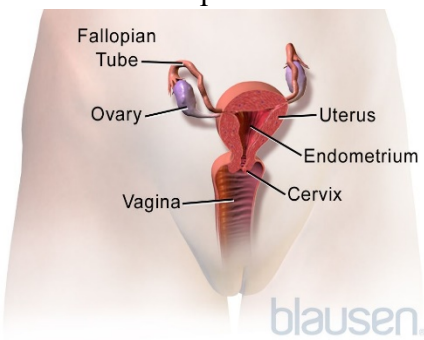
Salpingectomy is the surgical removal of one or both fallopian tubes. The fallopian tubes connect the ovaries and the uterus. Eggs from the ovaries travel through the fallopian tubes to reach the uterus (womb). The fallopian tube is where sperm usually fertilize eggs.

Some people choose to have both fallopian tubes removed (bilateral salpingectomy) as a permanent form of birth control and to lower their risk of ovarian cancer. Studies show that removing the fallopian tubes while leaving the ovaries in place, significantly decreases the risk of ovarian cancer. This is because the most common and deadly ovarian cancers actually begin in the fallopian tubes. Salpingectomy may also be recommended to treat ectopic pregnancy or infection.

Overview of the different types of salpingectomies.

The type of salpingectomy depends on why the surgery is being done.

- **Partial salpingectomy**: removal of part of the fallopian tube. Since the ovaries are kept in place, estrogen and other hormones are still produced. You will still have your period.
- **Complete salpingectomy:** complete removal of one (unilateral) or both (bilateral) fallopian tubes. Since the ovaries are kept in place, estrogen and other hormones are still produced. You will still have your period.
- **Salpingo-oophorectomy (**oof-er-ect-uh-mee**):** removal of one or both fallopian tubes and ovaries. A person will begin menopause if both ovaries are removed. If only one ovary is removed, the remaining ovary may produce enough hormones to prevent menopause. A person needs at least one fallopian tube and one ovary to become pregnant.
- **Salpingectomy with ovarian preservation:** only the fallopian tubes are removed. Since the ovaries are kept in place, estrogen and other hormones are still produced. You will still have your period.
- **Bilateral salpingectomy for reducing the risk of ovarian cancer:** elective removal of both fallopian tubes during another abdominal surgery (such as a gallbladder surgery, a hernia operation, cesarean birth or hysterectomy). This is commonly referred to as 'opportunistic salpingectomy' because it is an opportunity to reduce the risk of fallopian tube, ovarian and peritoneal cancers for people who do not need their fallopian tubes for fertility.



Anatomy Reproductive System Female

Why would salpingectomy be recommended?

- **Cancer Prevention –** Many of the most common and deadly ovarian cancers actually begin in the fallopian tubes. Studies show that removing the fallopian tubes and leaving the ovaries in place can help reduce the risk of developing ovarian cancer without causing menopause. Ovarian cancer is one of the most dangerous types of cancers. We cannot screen for it. It is usually diagnosed when it has spread and treatment is less effective.

- **Permanent Birth Control** – Bilateral salpingectomy (removal of both fallopian tubes) is also a permanent method of birth control. The only way to become pregnant after a bilateral salpingectomy is through a procedure called In-Vitro Fertilization (IVF).
- **Ectopic Pregnancy** - An ectopic pregnancy is when a fertilized egg grows outside of the uterus. An ectopic pregnancy that happens in a fallopian tube cannot grow into a baby. This may cause the tube to rupture or burst. Fallopian tube rupture can be life-threatening. Salpingectomy to remove the affected fallopian tube may be needed to prevent bleeding from the ectopic pregnancy.
- **Other Reasons -** A salpingectomy might be recommended to treat cysts, torsion (twisting of the fallopian tube and ovary), infection, scar tissue and other conditions.

Where Does Ovarian Cancer Start?

Ovarian cancer can start in the ovary or in the fallopian tubes. Scientist recently learned that most ovarian cancers actually begin in the fallopian tubes and spread to the ovaries. Since some rare types of ovarian cancer start in the ovaries, it is still possible to develop these rare types of ovarian cancer despite having your fallopian tubes removed.

Some people are more likely to develop ovarian cancer.

Most people who are diagnosed with ovarian cancer do not have a known risk. People may have increased risk if they:

- Have a family history of ovarian cancer
- Have tested positive for the BRCA1 or BRCA2 gene mutations
- Have other genetic conditions that increase the risk of ovarian cancer, such as Lynch syndrome
- Have endometriosis
- Have never been pregnant
- Have never breast fed
- Have never used hormonal birth control (for example, birth control pills)
- Began their periods early (before age 12)
- Ended their periods late in life (after age 52)
- Have a history of pelvic radiation

Can you screen for Ovarian Cancer?

No. There is no effective screening test for ovarian cancer. Pap smears do not screen for ovarian cancer. Imaging studies – like ultrasound – do not screen for ovarian cancer.

Is there a surgery that can help prevent ovarian cancer?

Yes, bilateral salpingectomy reduces the risk of ovarian cancer. This is the surgical removal of both fallopian tubes. People can choose to have this at the same time as another abdominal or pelvic surgery. It is also a favorable alternative to tubal ligation (having your tubes tied as opposed to removed). Studies show that removing the fallopian tubes and leaving the ovaries in place, is one of the most effective ways to decrease the risk of ovarian cancer. Around 80% of the most common and deadly ovarian cancers begin in the fallopian tubes.

What will the results be after a bilateral salpingectomy?

- Lower risk of fallopian tube and ovarian cancer.
- Permanent pregnancy prevention - Pregnancy after removal of both fallopian tubes is possible only with in vitro fertilization (IVF).
- Most studies have shown that having your fallopian tubes removed will not cause early menopause. This is because the ovaries are left in place.
- The ovaries will continue to produce hormones.
- You will continue to have your period.

Is a bilateral salpingectomy for reducing my risk of ovarian cancer an option for me?

Bilateral salpingectomy may be an option for you if you do not need your fallopian tubes for future fertility. Please talk to your doctor about your unique risks for ovarian cancer and whether this surgery is right for you.

Risks and Complications of a bilateral salpingectomy

Every surgery comes with risk. Bilateral salpingectomy is a low-risk procedure. Some possible but uncommon complications could include:

- Bleeding
- Hernia
- Injury to organs in the abdomen
- Infection
- Scar tissue
- Chronic pain

For more information!

To learn more about opportunistic salpingectomy you can watch this video. Please use your phone's camera to scan the QR Code

This information is not intended as a substitute for professional medical care. Always follow your healthcare professional's instructions.