

Deciding Together—Bilateral Salpingectomy Your Tubes, Your Life, Your Choice



What is ovarian cancer?

Ovarian cancer forms in the tissues of the ovaries or fallopian tubes. Scientists have recently discovered that **most** ovarian cancers actually begin in the fallopian tubes and then spread to the ovaries.

This cancer is often not found until it has already spread. This makes it harder to treat and more deadly. There is no screening test for ovarian cancer, and Pap smears do not detect it. That is why early prevention—like removing the fallopian tubes in high-risk individuals—can be important.

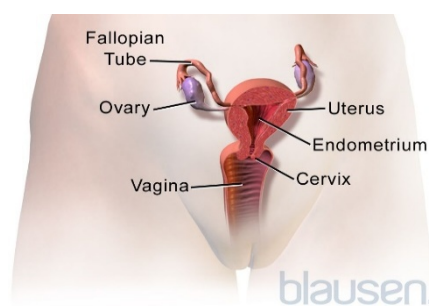
How common is ovarian cancer?

The risk of getting ovarian cancer during your lifetime is about 1 in 78. About 20,000 people are diagnosed with ovarian cancer every year. Most people diagnosed with ovarian cancer will die from it within 5 years.

What is the survival rate for high-grade serous ovarian cancer?

High-grade serous cancer is the most common (70%) form of ovarian cancer. It is also the deadliest form of ovarian cancer. The 5-year survival rate for high-grade serous ovarian cancer is less than 50%.

Source: National Cancer Institute



Anatomy Reproductive System Female

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Who is at a higher risk for ovarian cancer?

Certain people are more likely to develop ovarian cancer than others.

They include those who have:

- a family history of ovarian cancer
- been tested and told they are BRCA1 or BRCA2 positive
- certain other genetic (hereditary) conditions, such as Lynch Syndrome
- endometriosis

Can you screen for ovarian cancer?

There are no screening tests for ovarian cancer. PAP smears and ultrasounds do not screen for ovarian cancer. Symptoms of ovarian cancer often do not appear until it has spread and is difficult to treat.

Is there a surgical option to reduce the risk of ovarian cancer?

Yes. Most ovarian cancers actually start in the fallopian tubes. Some people choose a surgery called bilateral salpingectomy (sal-pin-JEK-tuh-me) to lower the risk. This surgery is the removal of both fallopian tubes. The ovaries and uterus remain in place.

This surgery is:

- low-risk
- quick (takes just a few minutes)
- often done during another abdominal surgery (like hernia repair or gallbladder removal)
- permanent birth control for people who are done having children

Removing the fallopian tubes an effective way to reduce the risk of ovarian cancer. That is why many people choose this option.

What is the role of the 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). Sperm fertilize eggs in the fallopian tubes. The only way to become pregnant after removal of both fallopian tubes is through in vitro fertilization.

What is the difference between tubal ligation (having your fallopian tubes tied) and bilateral salpingectomy (having your fallopian tubes removed)?

Tubal ligation and bilateral salpingectomy are permanent birth control options. Permanent birth control is a procedure that permanently prevents pregnancy. For a tubal ligation, your doctor blocks, clamps or seals the fallopian tubes. For a bilateral salpingectomy, your doctor completely removes your fallopian tubes.

Tubal Ligation	Bilateral Salpingectomy
May be reversible	Is not Reversible
Future pregnancy is possible with tubal ligation reversal or in vitro fertilization (IVF)	Future pregnancy is possible with in vitro fertilization (IVF)
1-2% failure rate	Lowest failure rate of all birth control methods (aside from abstinence)
Risk of ectopic pregnancy	Lower risk of ectopic pregnancy than tubal ligation
May decrease the risk of ovarian cancer some.	The most effective way to decrease the risk of ovarian cancer; may cut the risk by 80%

What are the risks of bilateral salpingectomy?

Every surgery comes with risk. Bilateral salpingectomy is considered a low-risk procedure. Some rare complications could include bleeding, infection, hernia, injury to organs in the abdomen, scar tissue and chronic pain. Most studies have shown that having your fallopian tubes removed will not result in the early onset of menopause because the ovaries are left in place.

Is bilateral salpingectomy right for you?

Please use the decision aide on the following page. Doing this exercise will help you decide if having a bilateral salpingectomy is right for you.

- You will find five pairs of statements.
- Start with the first pair in the first row.
- Decide which of the two statements – the one on the left or the one on the right – best describes you.
 - You can circle the number to show how strongly you feel.
 - If you cannot decide, then circle the word ‘neutral.’
- Move on to the second pair of statements in the second row and so on.

I am not at a higher risk for ovarian cancer	I am at a higher risk for ovarian cancer
The risk of ovarian cancer is low. I do not think it is necessary to reduce my risk further.	The risk of ovarian cancer is low. However, I want to reduce my risk even further.
I prefer to keep my fallopian tubes because I want my body to change as little as possible.	I prefer to have my fallopian tubes removed because I do not need them anymore.
I want to have additional children.	I am done having children.
I worry that I might regret my decision in the future.	I am not worried about regretting my decision in the future.

*For more
information!*

To learn more about bilateral salpingectomy 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.

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Deciding Together – Bilateral Salpingectomy 10/6/2025