

Deciding Together – Bilateral Salpingectomy

Your Tubes, Your Life, Your Future

What is ovarian cancer ?

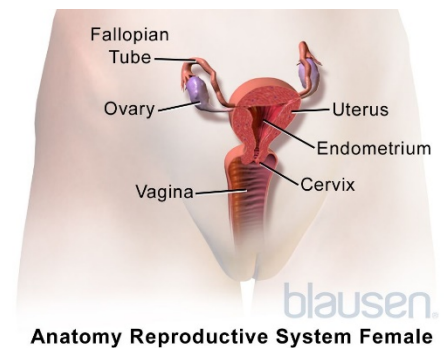
A cancer that begins in the ovaries (the female organs that produce eggs) or the fallopian tubes (the female organs that connect the ovaries to the uterus). Scientist have recently learned that most ovarian cancers begin in the fallopian tubes and spread to the ovaries. Most often ovarian cancer is not detected until it has spread. Once the cancer has spread it is more difficult to treat and often fatal. There is no screening test for this type cancer. Pap smears do not detect it.

How many people get ovarian cancer a year?

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 (80%) form of ovarian cancer. This is also the deadliest form of ovarian cancer. The 5-year survival rate for high grade serous ovarian cancer is under 30%. Source: National Cancer Institute



Who is at a higher risk for ovarian cancer?

Certain people are more likely to develop ovarian cancer. They include those who have:

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

Can you screen for ovarian cancer?

There are no screening tests for ovarian cancer. PAP smear tests 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 my risk of ovarian cancer?

Yes. The most common type of ovarian cancer starts in the fallopian tubes. Bilateral salpingectomy is a surgery to remove both fallopian tubes to reduce the risk of ovarian cancer. During this surgery the ovaries and uterus are left in place. Fallopian tube removal is low-risk, takes minutes to perform and can be done during another abdominal surgery when the surgeon is already there. (For example, when the surgeon is there to fix a hernia for you or to take out your gallbladder) People who are done giving birth and who want permanent birth control can choose to have their fallopian tubes removed instead of tied. Fallopian tube removal is the most effective way to prevent ovarian cancer. Many people choose bilateral salpingectomy for this reason.

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.

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 prevents pregnancy permanently. 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; cuts the risk in half or more.

What are the risks of Bilateral Salpingectomy?

Every surgery comes with risk. Bilateral salpingectomy is a low-risk procedure. Some rare complications could include bleeding, infection, hernia, injury to organs in the abdomen, scar tissue and chronic pain. Most research has 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?

In this step you can mark what is important to you. There are several statements listed below. By moving the slide bar a little or a lot in the direction of the statements, you can show which applies most to you. This will help you decide if having a bilateral salpingectomy is right for you.

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 opportunistic 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.