

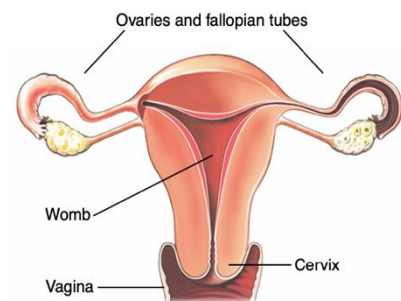
Opportunistic Bilateral Salpingectomy (Removal of both Fallopian tubes at time of sterilisation or another abdominal procedure)

What is opportunistic bilateral salpingectomy?

Opportunistic bilateral salpingectomy is a procedure to remove the fallopian tubes at the same time of another abdominal procedure (e.g. hysterectomy or sterilisation). This is to reduce the risk of developing ovarian cancer in the future.

Current research suggests that many ovarian cancers start in the fallopian tubes (the tubes that connect the ovaries to the womb). Ovarian cancer is often diagnosed late because signs and symptoms are not always obvious.

Figure 1 The womb and surrounding structures



What do fallopian tubes do?

Fertilisation of the egg takes place in the fallopian tubes which connect the ovaries to the womb. The tubes are no longer needed when a woman decides that she does not want to become pregnant in the future. Sterilisation is a form of permanent contraception carried out by blocking or removing both fallopian tubes.

What do fallopian tubes have to do with ovarian cancer?

Recent studies have shown that some types of ovarian cancer start in the fallopian tubes. For this reason, removing the fallopian tubes before cancer develops can significantly reduce the risk of developing ovarian cancer in the future. However, not all ovarian cancers start in the fallopian tube, therefore the risk is not zero and there is still a small chance of developing ovarian cancer.

Some women are at a significantly increased risk of developing ovarian cancer such as BRCA gene mutation carriers. In this group it is recommended that both fallopian tubes and ovaries are removed before cancer develops (prophylactic bilateral

salpingo-oophorectomy). However, removing the ovaries is associated with early menopause. Therefore, in women who are **not** at increased risk of ovarian cancer, removal of the ovaries is not recommended.

Why should I have my fallopian tubes removed?

During sterilisation – sterilisation is a permanent method of female contraception. It involves blocking or removing both fallopian tubes to prevent you from becoming pregnant. Removing the tubes has the advantage of significantly reducing your risk of developing ovarian cancer in the future. Sterilisation is usually a laparoscopic procedure (keyhole surgery). It can also be done at the same time as a caesarean section.

Already having abdominal surgery – if you are already having surgery on your abdomen (tummy) by an obstetrician or gynaecologist (e.g. hysterectomy, caesarean section, diagnostic laparoscopy or laparoscopic procedure) and you no longer wish to become pregnant, you could have your fallopian tubes removed during the same operation. This reduces your risk of developing ovarian cancer in the future.

How are the fallopian tubes removed?

During sterilisation

Your gynaecologist will use laparoscopic (keyhole) surgery to remove both fallopian tubes (bilateral salpingectomy). The ovaries will not be removed. This is associated with less pain, less scarring and faster return to normal activities.

Already having abdominal surgery – the exact details will depend on the abdominal surgery planned, which your healthcare team will explain to you. In addition to the abdominal surgery, you have planned, both fallopian tubes will be removed (bilateral salpingectomy). The ovaries will not be removed.

What are the risks

Studies have shown that having your fallopian tubes removed (opportunistic bilateral salpingectomy) is associated with slightly increased operation time. However, it is not associated with any increased risk compared to other methods of sterilisation or abdominal surgery alone (e.g. hysterectomy).

What are the pros and cons?

Pros	Cons
Having your fallopian tubes removed has been shown to significantly decrease your risk of developing ovarian cancer in the future.	Having your fallopian tubes removed does not decrease your risk of developing all types of ovarian cancer in the future and the risk is not zero.
Having your fallopian tubes removed is a permanent method of contraception.	This is an irreversible method of contraception and cannot be reversed if you change your mind.
Removal of the fallopian tubes is not associated with any increased risk compared to other methods of sterilisation or abdominal surgery alone (e.g. hysterectomy).	All surgical procedures are associated with potential complications. It is associated with slightly increased operation time.

What are the alternatives?

For sterilisation – there are lots of other methods of contraception which you could consider. Long-term methods include intrauterine device (the coil) or the implant or injectable contraception e.g. Depo Provera®

Summary

Opportunistic bilateral salpingectomy is the removal of both fallopian tubes at the same time as another abdominal procedure or as a method of sterilisation with the purpose of decreasing your risk of developing ovarian cancer in the future. This is a permanent method of contraception.

Reference

The Distal Fallopian Tube as the Origin of Non-Uterine Pelvic High-Grade Serous Carcinomas Scientific Impact Paper No. 44 November 2014. RCOG

**This document is available in Welsh /
Mae'r ddogfen hon ar gael yn Gymraeg**