

Sparing ovaries and removing fallopian tubes may cut cancer risk, but few have procedure

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Credit: AI-generated image ([disclaimer](#))

During hysterectomies for non-cancerous conditions, removing both fallopian tubes while keeping the ovaries may help protect against ovarian cancer while preserving hormonal levels, but few women receive this surgical option, according to a new study by Yale School of Medicine researchers.

Published in the February issue of the journal *Obstetrics & Gynecology*, the study was led by Xiao Xu, assistant professor in the Department of Obstetrics, Gynecology & Reproductive Sciences at Yale School of Medicine.

In hysterectomies to treat benign conditions, removing both of the ovaries in addition to the [fallopian tubes](#) has been used as a way to reduce ovarian cancer risk. But this practice can induce surgical menopause, which adversely affects cardiovascular, bone, cognitive, and sexual health. New evidence suggests that ovarian cancer often originates from the fallopian tube, rather than from the ovaries. This led the American College of Obstetricians and Gynecologists (ACOG) to issue a statement in 2015 suggesting that the practice of bilateral salpingectomy with ovarian conservation—surgical removal of both fallopian tubes while retaining the ovaries—may be a better option for ovarian cancer prevention in women at low risk for ovarian cancer.

Xu and her co-author, Dr. Vrunda Bhavsar Desai, conducted the study using data from the 2012 National Inpatient Sample. The team studied 20,635 adult women undergoing hysterectomy for benign conditions who were at low risk for ovarian cancer or future ovarian surgery.

"We found that among women undergoing inpatient [hysterectomies](#) in 2012 who were at low risk for [ovarian cancer](#), very few of them received bilateral salpingectomy with preservation of the ovaries," said Xu. "The rate of bilateral salpingectomy with ovarian conservation was 5.9% in this population. This study provides important baseline information on national practice patterns prior to the ACOG recommendation."

Xu added that the rate of bilateral salpingectomy with ovarian conservation varied widely among 744 hospitals across the country, ranging from 0% to 72.2%.

"The wide variation in hospital practice may result in differential access to prophylactic procedures depending on where patients access care," said Xu. "This can have longer-term health implications given the benefits of ovarian conservation."

Provided by Yale University

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