

Preventive procedure for ovarian cancer adopted without adverse surgical outcomes

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A surgical procedure recommended to reduce the future risk of ovarian cancer has been successfully implemented throughout Kaiser Permanente in Northern California without a change in surgical outcomes, according to research published today in the journal *Obstetrics & Gynecology*.

Ovarian cancer is the leading cause of death from gynecological related cancers, according to the American Cancer Society, which estimates more than 14,000 women will die from ovarian cancer in 2016.

Previous research shows that the [fallopian tubes](#) are the likely origin of a majority of ovarian cancer cases. In 2013, the Society of Gynecologic Oncology recommended the removal of the fallopian tubes during routine hysterectomies, a procedure called opportunistic salpingectomy, in order to reduce the risk of ovarian cancer. Interventions that reduce [ovarian cancer](#) risk, such as surgery, are especially important given the lack of effective screening strategies and because mortality rates from the disease have not changed significantly over the past several decades.

The new study shows the results of widespread adoption of salpingectomy in a large, integrated health care system following the development and implementation of a systemwide education program on the procedure. Between June 2013 and May 2014, 72.7 percent of women included in the study had fallopian tubes removed at the time of hysterectomy, compared with 14.7 percent between June 2011 and May 2012.

"Incorporating this procedure into our clinical practice has provided the opportunity for Kaiser Permanente to prevent ovarian cancers, a particularly insidious and lethal cancer with limited screening options," said C. Bethan Powell, MD, the study's senior author and a Kaiser Permanente gynecological oncology surgeon. "We have shown that it is feasible to incorporate this procedure into gynecological practice at a large scale, with no other surgical repercussions."

The study did not identify any changes in [surgical outcomes](#) or length of stay in the hospital with the addition of salpingectomy. Instead, operating times were an average of seven minutes shorter in the hysterectomy plus salpingectomy group than in the group that had hysterectomy only (147 versus 154 minutes) when the surgery was performed in a minimally invasive way (laparoscopy), and average blood loss was significantly lower (100 versus 150 mL).

In a survey of Kaiser Permanente's Northern California gynecologists in early 2015, 86 percent reported offering women removal of the fallopian tubes at the time of hysterectomy. Of those who performed hysterectomies, the only concerns identified to removing the fallopian tubes were possible "difficulty in accessing the tube" (36 percent) and the possibility of "increased complications" (3 percent). However, 91 percent of the physicians who performed salpingectomy reported no increase in complications.

Provided by Kaiser Permanente

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