NHS Forth Valley

NHS Forth Valley

Borderline Ovarian tumours

Patient Information Leaflet

If you have been diagnosed with a borderline ovarian tumour. It is normal to experience a wide range of emotions and to feel anxious about treatment, follow up and possibly about preservation of future fertility.

We hope this information leaflet answers the questions you may have at the time of diagnosis or after having treatment. Most women who develop this condition are cured by surgery alone.

What is a Borderline Ovarian tumour?

Borderline ovarian tumours are rare tumours of the ovary and **they are not cancers**. They are different to ovarian cancers because they don't grow into the supportive tissue of the ovary.

They tend to grow slowly in a much controlled manner and most of them are diagnosed at early stages when the abnormal cells are still within the ovary.

Borderline ovarian tumours often affect women between 20 and 40 who have not gone through menopause.

How is a Borderline Ovarian tumour diagnosed?

This can be done looking at the tissue under the microscope. On occasions a borderline ovarian tumour is diagnosed incidentally following a procedure for something else.

How are Borderline Ovarian tumours treated?

Surgery is the only treatment needed and the objective is to remove the tumour. The extent of surgery will depend on whether you wish to have children and whether the tumour has spread (the stage of the tumour).

- If you have an early stage borderline ovarian tumour and wish to have children, minimal surgery can be considered. This means only removing the affected ovary and leaving the remaining one
- If you feel your family is complete you may be offered a more complete approach including removal of both ovaries and uterus (the womb)
- By doing this, any further recurrence should be prevented

Follow up after treatment of Borderline Ovarian tumours

Follow up will depend on what type of surgery you have had initially and the type of borderline tumour seen under the microscope.

- If you have had minimal surgery and conserved the other ovary (fertility sparing surgery) follow up will include:
  Clinical examination
  Pelvic Ultrasound
  Measurement of the tumour marker Ca125 (blood test)

This will be performed at 6 monthly intervals for 3 years and then annually during years 4 and 5. Your consultant may discuss further surgery to remove your womb and remaining ovary when you feel your family is complete.

- If you have had surgery which has removed both ovaries and your uterus, follow up will depend on the type of tumour seen under the microscope.

For most borderline ovarian tumours no routine follow up is required.

For a small number of higher risk borderline ovarian tumours follow up will include:

Clinical examination
Measurement of the tumour marker Ca125.

This will also be done at 6 monthly intervals for 3 years and annually years 4 and 5.

What is the risk of a Borderline Ovarian tumour coming back?

A small risk of recurrence, (the tumour coming back) remains over the long term.

The risk is greater if you have had minimal surgery or if there was tumour spread at the initial surgery.

Recurrence of borderline ovarian tumour can be treated with surgery, hence the importance in engaging with follow up and contacting if you have any new symptoms.

What symptoms should I report or be worried about?

If you have any of the following please contact your Gynaecology Oncology Nurse Specialist, GP or Hospital for an earlier appointment.

- Abdominal pain or swelling of the abdomen.
- Changes in bowel or bladder habits.
- Abnormal vaginal bleeding.

We hope the information has answered most of your questions but if you have any further queries or concerns please do not hesitate to contact us.

Contacts

Oncology Specialist nurse:

Linda Johnston / Jenny Kane 07776 464690

Gynaecological Ward 01324 566390

(open 24 hrs)

Secretarial Staff

Pauline McLachlan	01324 567157 (Mon to Fri 0830 – 1630)
Caroline Lyle	01324 567153 (Mon to Fri 0800-1600)
Helen Millar	01324 567154 (Mon toFri 0830-1630)

Notes for patients

Questions I would like to ask.

We are happy to consider requests for this publication in other languages or formats such as large print.

Please call 01324 590886 (24hrs),

fax 01324 590867 or email *disability.department@nhs.net*

For all the latest health news visit *www.nhsforthvalley.com*

follow us on twitter ***@NHSForthValley***

or like us on **at *www.facebook.com/nhsforthvalley***

If you can't go let us know!

Every month around 2,000 people across Forth Valley fail to turn up for hospital appointments. This costs the NHS millions of pounds each year and increases waiting times.

So if you are unable to attend, or no longer require your hospital appointment, please let us know so we can offer it to someone else.

SMOKING IS NOT PERMITTED ON NHS FORTH VALLEY PREMISES

This includes corridors, doorways, car parks & any of our grounds. If you do smoke on NHS premises you may be liable to prosecution and a fine.

NHS Forth Valley Administration Offices
Westburn Avenue, Falkirk, FK1 5SU
www.nhsforthvalley.com

INVESTORS IN PEOPLE | Silver

Re-order Ref: PIL/ Review Date: 2018