The Mid Yorkshire Hospitals
NHS Trust

Having an operation to remove your ovary/ovary and tubes by laparoscopic sugery

Striving for excellence

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What is a laparoscopy?

“lap” refers to the whole abdomen (tummy area), “scopy” means to look at. A laparoscopy is an inspection at your pelvic organs with a telescope (camera) known as laparoscope. The main reason for doing a laparoscopy in gynaecology is to look at the female reproductive organs.

What is an oophorectomy?

Surgical removal of one or both ovaries. The main reasons for removing them are disease of the ovary (cysts, adhesions, tubo ovarian abscess not responsive to antibiotics and torsion of the ovary), chronic pelvic pain, endometriosis and premenstrual syndrome.

Non diseased ovaries are sometimes also removed as a preventative measure to avoid ovarian cancer in later life. This is particularly appropriate in women with a family history of ovarian cancer (mother or sibling) or if they are found to carry a genetic fault (BRCA1 BRCA2) Ref 3.

Your operation will depend on your personal circumstances and will be discussed with you by your gynaecologist before your operation.

About this information

You should read this information together with any other information you have been given about your choices and the operation itself. This information gives general advice based on women’s experiences and expert opinion. Every woman has different needs and recovers in different ways. Your own recovery will depend on:

- how fit and well you are before your operation
- the reason you are having a laparoscopic oophorectomy
- whether you are having one or both ovaries removed
- how smoothly the operation goes and whether there are any complications.

How is a laparoscopic oophorectomy performed?

The skin on your abdomen will be cleansed. A catheter (a fine tube that is inserted into your bladder through your urethra, the opening where your urine normally comes out of) is used to empty your bladder. A small instrument is fitted into the womb to allow your gynaecologist to look behind your womb. The laparoscope is introduced into the abdomen through a small incision in the skin directly inside the belly button. The gynaecologist will do further small cuts at the left and right side of your abdomen and bikini line. After the procedure these wounds will be either glued or stitched and a small dressing applied.

Harmless carbon dioxide gas is used to lift the abdominal wall so that the pelvic organs can be seen more easily. The blood supply to the ovaries will be stopped after which the ovaries will be removed through one of the small cuts in your abdomen. This procedure is usually associated with removal of the fallopian tube on the same side because of its close relation to the ovary. The removal of the fallopian tube along with the ovary is called a salpingo-oophorectomy. When both fallopian tubes and ovaries are removed it is called a bilateral salpingo-oophorectomy.

What are the intended benefits of having this procedure?

The aim is to improve your symptoms based on your clinical condition. It could to reduce pain, exclude cancer or prevent cancer in the future.

What are the risks?

This procedure is usually uncomplicated. However, all involve operations involve risks. Complications tend to be more frequent if you have had previous abdominal surgery, if you are overweight and suffer with chronic medical conditions such as diabetes, cardiac or breathing problems.

High body mass index (BMI)

An elevated BMI Increases your risks of surgical complications, if you are overweight, it can take longer to recover from the effects of the anaesthetic and there is a higher risk of complications such as infection and thrombosis.

BMI is based on your height and weight. This is one way to see if you're at a healthy weight.

- Underweight your BMI is less than 18.5
- Healthy weight your BMI is 18.9 to 24.9
- Overweight your BMI is above 25.

Infection

This is also a small risk and may need treatment with antibiotics. The most common infections are urinary tract infections, umbilical wound infection and chest infections. Refer to the vaginal bleeding, stitches and dressings section of this leaflet for advice on reducing your risk of infection.

If your gynaecologist thinks you are at high risk of complications from laparoscopic surgery then they may advise that you have your surgery done through an open operation (through a larger cut) instead, known as a laparotomy.

Wound bruising and gaping

These are frequent risks but will usually resolve without any intervention.

Anaesthetic

Your anaesthetist will be able to discuss with you the risks of having an anaesthetic. Please read "You and your Anaesthetic" patient information leaflet.

Deep vein thrombosis (DVT)

A blood clot including pulmonary embolus (a blood clot in the lung) is also a potential risk. This risk is very low.
Refer to the section on “Formation of blood clots - how to reduce the risk”

Hernia Ref 1

This is when tissue pushes through a surgical wound in the abdomen that has not completely healed.

Damage to organs

The operation is safe but in rare instances damage to the bowel, uterus (<1 in 100) or to the urinary tract (<1 in 100 including the bladder or ureters - the tube that connects your kidneys to the bladder on each side) may occur which requires major surgery to repair them. If damage to the bowel or urinary tract is suspected at surgery, an open operation through a larger incision (cut in the midline or along the bikini line) would have to be carried out to explore and repair a bladder or bowel injury.

Haemorrhage (excessive bleeding) during or after surgery due to damage to the larger blood vessels (<1 in 100) may require a blood transfusion or a second open operation to stop the bleeding.

Some women may be at higher risk of complications. For example:

- previous major abdominal surgery, particularly if a long midline incision has been made (between the belly button and the pubic line)
- Caesarean section via the bikini line incision
- Previous peritonitis or inflammatory bowel disease.

Trauma to the womb or perforation is also a small risk but this usually heals easily on its own.
Refer to the section on “what can slow down my recovery”

Are there any alternatives?

Laparoscopic oophorectomy is one of the treatment options for your clinical condition. Alternative treatment options will vary based on your specific clinical condition, which will be discussed with you by your gynaecologist.

Do I need to do anything before I come in to hospital?

To help you recover from your operation and reduce your risks of complications it helps if you are fit are as fit as possible beforehand. As soon as you know you are going to have the operation, try to

- Stop smoking
- Eat a healthy diet
- Do regular exercise
- Lose weight if you are over weight.

Pre-assessment

You will have to attend a pre-operative assessment appointment. This will involve having a general health check, anaesthetic assessment, blood tests and heart monitoring (ECG) to make sure you are fit for surgery.

Fasting

Please follow the fasting instructions either sent out to you by the waiting list office or pre assessment. This includes not being able to suck sweets, chew gum or have a drink. It is important that you fast to ensure you have an empty stomach. If not you may vomit whilst you are anaesthetised and inhale vomit into your lungs and become seriously ill. If you do not adhere to the fasting instructions your operation will be cancelled.

Bowel preparation

If there is an increased risk of injury to your bowel your gynaecologist may prescribe you medication to empty your bowel before your surgery. Please follow the instructions given to you by your consultant on when to take this, it will be written on the box the medication is provided in. You will also need to have a low residue diet the day before your procedure. Information on what this is, can be found on pages 23-25.

Medication

Unless you have been advised otherwise please take your tablets and medication as normal. Medications that increase your risk of bleeding after surgery (asprin, warfarin, clopidogrel, ticagrelor,rivaroxaban, apixaban,dabigatran, diprydamole sometimes called persantin) you will be advised at pre assessment what you need to do about them.

Comfort and security

To reduce the risk of infection, please have a bath or a shower before you arrive. Please ensure in particular your belly button area has been thoroughly washed. It is advisable to wear loose fitting clothing and underwear as your abdomen will be bloated and tender after your operation.

Bring a change of night clothes, toiletries, antiseptic hand wipes or gel, a book, magazine, ipad or other things to help pass time during your recovery.

Do not wear any makeup especially foundation, mascara and lipstick. Foundation and lipstick mask the true colour of your skin which the anaesthetist will want to see. Flakes of mascara could get into your eyes during the anaesthetic causing irritation. You will also need to remove any nail polish and jewellery, other than your wedding ring.

Remember to write down or store in your phone important phone numbers.

Please bring a supply of sanitary towels with you. The use of tampons is not advisable.

Do not take any unnecessary money and valuables into hospital with you.

Please refer to the section on ‘what can help me to recover’‘what can slow down my recovery’.

What can I expect after this procedure?

Usual length of stay in hospital

You should be able to go home on the same day, though you may be asked to stay in hospital overnight. This operation is usually done as a day case, but it will depend on how quickly you recover from the surgery and whether there has been any complications with the surgery, or the anaesthetic. Sometimes your gynaecologist can predict if you need to stay longer than usual and this will be discussed with you before you decide to go ahead with the procedure.

When you wake up from the anaesthetic, your nurse will want to make sure you are not in pain and that it is safe for you to go home before you are discharged. This usually takes between three and four hours. When you go home, make sure you are not alone and that someone can stay with you overnight.

After-effects of general anaesthesia

You will wake up in the operating theatre or the recovery room where a nurse will monitor your observations (blood pressure, pulse and oxygen saturations along with your pain score). You may have an oxygen mask over your face to help you breathe.

Nausea is a common side effect with anaesthetic. Tell the nurse if you feel sick. If you have had an anaesthetic in the past and have had side effects mention this to the anaesthetist. Most modern anaesthetics are short lasting. You should not have, or suffer from, any after-effects for more than a day after your operation. During

the first 24 hours you may feel more sleepy than usual and your judgement may be impaired. If you drink any alcohol, it will affect you more than usual. You need to make arrangements for someone to look after you and any dependent children in the first 24 hours and you should not drive or make any important decisions. Please read “You and your Anaesthetic” patient information leaflet.

Intravenous infusions/cannula

You will have a small plastic tube in one of the veins in your arm called a cannula, this may be attached to a bag of fluid called a drip. This allows fluid to be absorbed by your body until you feel able to eat and drink.

Scars/wounds

You will have between one and four small scars/wounds on different parts of your abdomen - one scar will usually be in your tummy button. Each scar will be between 0.5 cm and 1 cm long. It is not unusual to have a small amount of leakage onto your dressing. Bruising around your scar is common along with wound gapping.

Stitches and dressings

Your cuts will be closed by stitches or glue. Glue and some stitches dissolve by themselves. Other stitches may need to be removed. You will be given information about this or any sutures that require removal. Some people develop bruising around the cuts which will settle after a few days. Your cuts will initially be covered with a dressing. You should be able to take this off about 24-48 hours after your operation and have a wash or shower (see section on washing and showering). You do not have to replace any dressings if there’s no bleeding. However you may want to replace the dressing for comfort reasons to stop the scars/wounds rubbing against your clothes.

Vaginal bleeding

You may get a small amount of vaginal bleeding for 24 to 48 hours. You will have a sanitary towel in loosely in place on your return from theatre. You will not have any underwear on as this is removed to enable the laparoscopy to be performed. Any vaginal blood loss should lessen and turn brown over the next few days. You can usually expect your period when it is due, though it may be altered by the procedure. Do not use tampons after your laparoscopy as there is an increased risk of infection. You may use tampons on your next period.

Pain and discomfort

You can expect some pain and discomfort in your lower abdomen for the first few days after your operation. You may also have some bloating and shoulder tip pain. This is a common side effect of the operation due to trapped wind caused by left over carbon dioxide in your abdomen. When leaving hospital, you will usually be provided with analgesia (painkillers) for the pain you are experiencing. Paracetomol, brufen or naproxen. Sometimes painkillers that contain codeine or dihydrocodeine can make you sleepy, slightly sick and constipated. If you do need to take these medications, try to eat extra fruit and fibre to reduce the chances of becoming constipated. You might find Peppermint capsules good at relieving wind pain.

Starting to eat and drink

If you have had a short general anaesthetic, once you are awake, you will be offered a drink of water or cup of tea and something light to eat before you go home.

Washing and showering

You should be able to have a shower or bath and remove any dressing 24-48 hours after your operation. When you first take a shower or bath, it is a good idea for someone to be at home with you to help you if you feel faint or dizzy. Don’t worry about getting

your scars wet - just ensure that you pat them dry with clean disposable tissues or let them dry in the air. Keeping scars clean and dry helps healing. It is best to use plain water, do not add salt, antiseptic or bath foams etc. as these can cause irritation and delay wound healing.

Formation of blood clots - how to reduce the risk

There is a small risk of blood clots forming in the veins in your legs and pelvis (deep vein thrombosis) after any operation. These clots can travel to the lungs (pulmonary embolism), which could be serious. You can reduce the risk of clots by:

- being as mobile as you can as early as you can after your operation
- doing exercises when you are resting, for example: pump each foot up and down briskly for 30 seconds by moving your ankle, move each foot in a circular motion or 30 seconds bend and straighten your legs - one leg at a time, three times for each leg.

You may also be given other measures to reduce the risk of a clot developing, particularly if you are overweight or have other health issues. These may include:

- daily Daltaparin injections (a blood thinning agent) you may need to continue having these injections daily when you go home; your doctor will advise you on the length of time you should have these for, you can administer these yourself, train a family member or in some cases a district nurse may arranged.
- compression stockings, which should be worn day and night until your movement has improved and your mobility is no longer significantly reduced
- Special boots that inflate and deflate to wear while in hospital.

Starting HRT (hormone replacement therapy)

If you have had both your ovaries removed or have no ovaries left at the end of the procedure then you will go into the menopause immediately following your operation regardless of your age. This is known as surgical menopause.

Menopausal symptoms include hot flushes, sweating, disturbed sleep and tiredness. You may be offered hormone replacement therapy (HRT) to replace the hormones of your ovaries, namely oestrogen, if you are less than 50 at the time of your surgery. Oestrogens are recommended to protect your bones, blood vessels, hair and skin. If your hysterectomy leaves one or both your ovaries intact, there is a chance that you will go through the menopause a little earlier than you would otherwise have done. (up to 4 years earlier)

Recent evidence and the National Institute for Health and Care Excellence's (NICE) 2015 say that the risks of HRT are small and are usually outweighed by the benefits. (ref 4)

Breast cancer

NICE says:

taking combined HRT (oestrogen and progestogen) is associated with a small increased risk of breast cancer – some studies have suggested that for every 1,000 women taking combined HRT, there will be around five extra cases of breast cancer (from a normal risk of 22 cases of breast cancer per 1,000 menopausal women to 27)

- the risk of breast cancer decreases when you stop taking HRT – estimates suggest the level of risk returns to normal after about five years
- oestrogen-only HRT is associated with little or no change in the risk of breast cancer.

Because of the risk of breast cancer, it's especially important to attend all your breast cancer screening appointments if you're taking combined HRT.

Blood clots

Blood clots can be serious if they become lodged in a blood vessel and block the flow of blood. NICE says:

- taking HRT tablets can increase your risk of blood clots
- there's risk a comparatively lower risk of blood clots from HRT patches or gels.

It's thought the risk of developing a blood clot is about two to four times higher than normal for women taking HRT tablets. But as the risk of menopausal women developing blood clots is normally very low, the overall risk from HRT tablets is still small. It's estimated that for every 1,000 women taking HRT tablets for 7.5 years, less than two will develop a blood clot.

Heart disease and strokes

NICE says:

- HRT doesn't significantly increase the risk of cardiovascular disease (including heart disease and strokes) when started before 60 years of age
- oestrogen-only HRT is associated with no, or reduced, risk of heart disease
- combined HRT is associated with little or no increase in the risk of heart disease
- taking oestrogen tablets is associated with a small increase in the risk of stroke, although the normal risk of women under 60 having a stroke is very low, so the overall risk is small.

This will be discussed with you by your gynaecologist and together you can decide the best way. Speak to your GP if you're taking HRT or are considering taking it and are worried about the risk.

Talking with your gynaecologist after your operation

Your gynaecologist or another member of the surgical team may come and talk with you after your operation. Because you may still be coming round from the effects of the anaesthetic, it may be helpful for someone to be with you during this discussion. That way you can both ask questions and talk over what was said later on.

You will be given information on how you will receive your results. Usually a letter will be sent with the results as soon as these are available. Your ovaries and fallopian tubes will be sent to the laboratory for routine checking. If there is any concern regarding the results, we will arrange to see you to discuss whether any further surgery or treatment is needed. The follow-up is tailored to your requirements and a clinic appointment will be arranged for you to come back to discuss your operation and further management if your gynaecologist thinks this is necessary. If however, you have significant problems with recovery then we would like to see you and we will arrange either a review on the ward or a clinic visit.

Tiredness

You may feel much more tired than usual after your operation as your body is using a lot of energy to heal itself. You may need to take a nap during the day for the first few days. For many women this is the last symptom to improve.

What can help me recover?

A daily routine

Establish a daily routine and keep it up. For example, try to get up at your usual time, have a wash and get dressed, move about and so on. Sleeping in and staying in bed can make you feel depressed. Try to complete your routine and rest later if you need to.

Eat a healthy and balanced diet

Ensure that your body has all the nutrients it needs by eating a healthy balanced diet. A healthy diet is a high fibre diet (fruit, vegetables, wholegrain bread and cereal) with up to two litres per day of fluid intake, mainly water. Remember to eat at least five portions of fruit and vegetables each day!

Stop smoking

Stopping smoking will benefit your health in all sorts of ways, such as lessening the risk of a wound infection or chest problems after your anaesthetic. By not smoking – even if it is just while you are recovering - you will bring immediate benefits to your health. If you are unable to stop smoking before your operation, you may need to bring nicotine replacements for use during your hospital stay. You will not be able to smoke in hospital. If you would like information about a smoking cessation clinic in your area, speak with the nurse in your GP surgery.

A positive outlook

Your attitude towards how you are recovering is an important factor in determining how your body heals and how you feel in yourself. You may want to use your recovery time as a chance to make some longer term positive lifestyle choices such as:

- starting to exercise regularly if you are not doing so already and gradually building up the levels of exercise that you take
- eating a healthy diet - if you are overweight, it is best to eat healthily without trying to lose weight for the first couple of weeks after the operation; after that, you may want to lose weight by combining a healthy diet with exercise

What can slow down my recovery?

It can take longer to recover from this operation if:

- you had health problems before your operation; for example, women with diabetes may heal more slowly and be more prone to infection. If you have lung or heart problems, complications are more common.
- you smoke - smokers are at increased risk of getting a chest or wound infection during their recovery, and smoking can delay the healing process
- you were overweight at the time of your operation - if you are overweight, it can take longer to recover from the effects of the anaesthetic and there is a higher risk of complications such as infection and thrombosis
- If there were any complications during your operation.
- Recovering after an operation is a very personal experience. If you are following all the advice that you have been given but do not think that you are at the stage you ought to be, talk with your GP.

When should I seek medical advice after this operation?

Before you telephone for advice please read through your information leaflet again carefully as this may answer your query. You should seek medical advice from your GP, the hospital where you had your operation, NHS 111 or NHS 24, Endometriosis Clinical Nurse Specialist: 07803 440236, GAU gynaecology assessment unit on: 01924 541135 if you experience:

- Burning and stinging when you pass urine or pass urine frequently: This may be due to a urine infection. Treatment is with a course of antibiotics.
- Red and painful skin around your scars and/or you notice your wounds are sticky or smelly: This may be due to a wound infection. Treatment is with a course of antibiotics.

- Increasing abdominal pain: Especially if your pain had gone away or was getting better and you have been taking pain killer regularly. If you also have a temperature (fever), have lost your appetite and are vomiting, this may be due to damage to your bowel or bladder, in which case you will need to be admitted to hospital.
- A painful, red, swollen, hot leg or difficulty bearing weight on your legs: This may be due to a deep vein thrombosis (DVT). If you have shortness of breath or chest pain or cough up blood, it could be a sign that a blood clot has travelled to the lungs (pulmonary embolism). If you have these symptoms, you should seek medical help immediately.
- Heavy, red vaginal blood loss for more than a few days that isn't associated with your period. A vaginal discharge which is persistent and/or smelly. This may be due to an infection. Treatment is with a course of antibiotics.
- There is no improvement in your symptoms: You should expect a gradual improvement in your symptoms over time. If this is not the case, you should seek medical advice.

Getting back to normal

Around the house

While it is important to take enough rest, you should start some of your normal daily activities as soon as you feel able. You will find you are able to do more as the days pass. If you feel pain, you should try doing a little less for another few days. Remember to lift correctly by having your feet slightly apart, bending your knees, keeping your back straight and bracing (tightening or strengthening) your pelvic floor and stomach muscles as you lift. Hold the object close to you and lift by straightening your knees. Avoid heavy lifting for 3-5 days.

Exercise

The day after your operation you should be able to go for a short 10 to 15 minute walk in the morning and the afternoon, having a rest afterwards if you need to. You should be able to increase your activity levels quite rapidly over the first week. There is no evidence that normal physical activity levels are in any way harmful and a regular and gradual build-up of activity will assist your recovery. Most women should be able to walk slowly and steadily for 30-60 minutes by the middle of the first week, and will be back to their previous activity levels by the second week. Swimming is an ideal exercise and, if you have had no additional procedure, you can start as soon as you feel comfortable. If you have had other procedures with the laparoscopy, you may need to avoid contact sports and power sports for a few more weeks, although this will depend on your levels of fitness before surgery.

Driving

You should not drive for 24 hours after a general anaesthetic. Each insurance company will have their own conditions for when you are insured to start driving again. Check your policy.
Before you drive you should be:

- free from any sedative effects of any painkillers
- able to sit in the car comfortably and use the controls
- able to wear the seatbelt comfortably
- able to make an emergency stop
- able to look over your shoulder comfortably to manoeuvre.

It is a good idea to practise without the keys in the ignition. See whether you can do the movements you would need for an emergency stop and a three point turn without causing yourself any discomfort or pain. When you are ready to start driving again, build up gradually, starting with a short journey.

Travel plans

If you are considering travelling during your recovery, it is helpful to think about:

- the length of your journey – journeys over four hours where you are not able to move around (in a car, coach, train or plane) can increase your risk of deep vein thrombosis (DVT); this is especially so if you are travelling soon after your operation
- how comfortable you will be during your journey, particularly if you are wearing a seatbelt
- overseas travel: If you were to have a problem after your operation would you have access to appropriate medical advice at your destination? Does your travel insurance cover any necessary medical treatment in the event of a problem after your operation?
- whether your plans are in line with the levels of activity recommended in this information. If you have concerns about your travel plans, it is important to discuss these with your GP or the hospital where you have your operation before travelling.

Having sex

It is safe to have sex when you have stopped bleeding and you feel ready. If your vagina feels dry, especially if you have had both ovaries removed, try using a lubricant. You can buy this from your local pharmacy or ask your Gp to prescribe something. Sylk, Replense are non hormonal lubricants. Silicon or oil based lubricants last longer than water based. The use of Hormonal creams will need to be discussed with, and prescribed by your GP or consultant.

If a cut has been made inside your vagina you will be advised by the medical staff how long you need to avoid sex, this is usually around 6 weeks.

Sexual desire

Testosterone is produced by ovaries in women. This hormone is linked with sexual desire in women. You may notice a drop in sexual desire even if after removal of your ovaries you are taking oestrogen. You may be offered to use a testosterone patch to reverse this effect.

Returning to work

You can expect to return to work two to three weeks after your operation. If you feel well, you will not be harmed by doing light work on reduced hours after a week or so. When you go back to work will depend on the type of job you do. If you do heavy manual work, or are on your feet all day, you may need longer than someone who can sit down at work. You do not need to avoid lifting or standing after this type of operation, but you may feel more tired if you have a physically demanding job.

Sick note

If you are off work for less than one week, you will be able to complete a self-certification form for the time you have been off work. If it is longer than one week, a certificate can be obtained from the hospital where you have your operation. It might also be advisable to see your GP or your occupational health department before you go back and do certain jobs, - by discussing this with them before your operation it might be possible for you to go back on a phased return or lighter duties. You should not feel pressurised by family, friends or your employer to return to work before you feel ready. You do not need your GP's permission to go back to work. The decision is yours.

Follow up appointments

If your surgery is uncomplicated it is not uncommon for you to be discharged back into the care of your own general practitioner and not require a follow up appointment with the gynaecologist. Some gynaecologists require their patients to attend a follow up appointment anywhere between 6-12 weeks after surgery, sometimes this can be with a nurse.

Low residue diet

	Foods Allowed	Foods to Avoid
Starchy foods 	• White bread/flour • White pasta • White rice • Cous cous • Pastry (white flour)	• Wholemeal or Granary bread/flour • Wholemeal pasta • Brown rice • Pearl barley • Quinoa
Breakfast cereals 	• Cornflakes • Rice krispies • Frosted Flakes	• All wholewheat cereals (e.g., Branflakes, Weetabix, Shreddies etc) • Porridge & Muesli • All containing dried fruit/nuts
Dairy 	• Milk • Yoghurts (smooth) • Cheese	• Yoghurts or cheeses containing fruit/nut pieces
Meat, fish & eggs 	• All tender meat, fish and poultry • All eggs	• Tough, gristly meat • Skin and bones of fish • Pies/egg dishes containing vegetables as listed
Vegetables 	1-2 portions daily: • Peeled, well-cooked, soft/mashable vegetables • Potatoes (not skins) • Crisps	• Raw vegetables/salad • Baked beans • Split peas/lentils • Peas, sweetcorn, celery • All seeds, pips, tough skins • Potato skins

Low residue diet

	Foods Allowed	Foods to Avoid
Fruit 	1-2 portions daily: • Soft/ripe peeled fruit without pips or seeds e.g. tinned fruit, peaches, plums, melon, apricots, nectarines, ripe bananas, apples, pears	• All dried fruit • Citrus fruit • Berries e.g. strawberries, raspberries blackberries • Prunes • Smoothies & fruit juices with bits
Nuts 	• Nil	• Avoid all, including coconut and almond
Desserts & sweets 	• Sponge cakes (without fruit/nuts) • Custard • Ice cream • Jelly • Semolina, rice pudding • Chocolate (without fruit/nuts) • Seedless jam • Plain biscuits	• Puddings/cakes/biscuits made with wholemeal flour, dried fruit or nuts (e.g mince pies, fruit crumble etc) • Chocolate/toffee/fudge with dried fruit or nuts • Marmalade with peel and jam with seeds • Popcorn • Marzipan • Digestive biscuits
Fats 	• All ok in moderation	• Nil
Other	• Clear soups • Spices, pepper • Stock cubes • Tea, coffee, squash	• Lentil/vegetable soups • Pickles/Chutneys • Horseradish • Relish

Low residue diet

Example Meal Plan:

Breakfast	Fruit Juice (with no bits) Tea/Coffee Cornflakes/Rice Krispies with milk Egg – poached, boiled, scrambled White bread and butter, seedless jam
Lunch & dinner	Tender meat, poultry or fish Boiled/mashed potatoes or white pasta/rice 1 portion of soft cooked vegetables
Desserts	Plain cakes/jelly/custard/rice pudding/ tinned fruit, poached/stewed permitted fruit
Suitable Snacks	Plain biscuits or cakes, white bread, plain crackers & cheese, yoghurt

Nice guidance menopause diagnosis and management 2015

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Charities and support groups

The Hysterectomy Association
60 Redwood House
Charlton Down
Dorchester
DT2 9UH
Tel: 0871 781 1141
Web: www.hysterectomy-association.org.uk

Contact telephone numbers/opening times

NHS 111 or NHS 24

GAU (gynaecology assessment unit): 01924 541135

Further information

Please visit www.rcog.org.uk/recoveringwell

We are committed to providing high quality care. If you have a suggestion, comment, complaint or appreciation about the care you have received, or if you need this leaflet in another format please contact the Patient Advice and Liaison Service on: **01924 542972** or email: **myh-tr.palsmidyorks@nhs.net**

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