



Information for
patients and
carers

Borderline Ovarian Tumours

Introduction

If you have recently been diagnosed with a borderline ovarian tumour, it is normal to experience a wide range of emotions. Whatever you may be feeling at present, try talking about it with someone who specialises in dealing with this condition, such as your Macmillan gynaecology oncology clinical nurse specialist (CNS).

What is a borderline ovarian tumour?

Borderline tumours of the ovary are rare and they are not cancers. There is, however, a small risk that the tumour can come back (recur) after treatment so you may need to regularly attend the clinic for a number of years.

Borderline ovarian tumours usually affect women aged between 20 and 40 who have not gone through the menopause. Most (around 8 out of 10) of these tumours are diagnosed at an early stage when only one ovary is affected by a tumour.

What causes a borderline ovarian tumour?

We do not know. There is no clear evidence to date to say what may cause a borderline ovarian tumour.

How is a borderline ovarian tumour diagnosed?

This can only be diagnosed by looking at the tissue under a microscope. Sometimes a borderline ovarian tumour is diagnosed following a procedure or operation for something else.

How are borderline ovarian tumours treated?

Surgery is the only treatment that is needed. The aim of treatment is to completely remove the tumour. The extent of the surgery will depend on whether you still wish to have children and whether the tumour has spread (the stage of your tumour). If you have an early stage tumour and you still want children, surgery to remove as little tissue as possible (minimal surgery) can be considered.

Will I need further treatment?

This will depend on:

- The surgery that you have already had;
- Whether you still wish to have children.

If you have initially had minimal surgery because you still wanted children, you may be offered two options:

- Further surgery – which will be discussed with you;
- Regular follow up with clinical examination, (vaginal) ultrasound scans and blood tests.

You may need further surgery at some point in the future if you only had minimal surgery initially.

If you have completed your family, you may be offered a hysterectomy and removal of both your ovaries and the remaining ovary, if this has not already been done. By doing this, any further recurrence should be prevented.

Will having an ovary removed affect my fertility?

The removal of one ovary should not affect your fertility in the future provided that the remaining tube and ovary are healthy. It is important that you have the opportunity to discuss this and how you feel about this with your CNS before your operation. She will continue to offer you support when you are recovering from the operation.

What is the risk of a borderline ovarian tumour recurring?

The risk of a borderline ovarian tumour recurring depends on:

- The surgery you have already had;
- If the borderline ovarian tumour was found to have spread at the time of your initial surgery;
- The type of borderline ovarian tumour you have.

Overall around 1 in 20 women will have a recurrence of their borderline ovarian tumour at some stage in the future. The risk of recurrence is higher if:

- You have only had minimal surgery (1 in 5 to 1 in 10);
- It was found to have spread at the time of your initial surgery
- (1 in 5);

When the tumour is looked at under the microscope it is described as one of two 'types':

- Serous borderline tumours;
- Mucinous borderline tumours.

The risk of recurrence is a little greater for serous tumours compared to mucinous tumours.

Depending upon your risk of recurrence, you will be followed up regularly at the hospital after treatment. For women with stage 1 disease, who have had their womb and ovaries removed, there may be no need for long term follow up.

What happens if my borderline ovarian tumour recurs?

You will need further surgery. The extent of this will depend upon:

- The stage of your disease;
- Whether you still wish to have children.

Staging

The stage of your borderline ovarian tumour is often used to describe the size and extent of the disease.

Stage 1:

The borderline ovarian tumour is confined to one or both ovaries.

Stage 2:

The borderline ovarian tumour has spread to other organs in the pelvis, for example, womb, fallopian tubes, lower bowel, and bladder.

Stage 3:

The borderline ovarian tumour has spread to other organs in the abdomen, for example omentum, lymph nodes.

Stage 4:

The borderline ovarian tumour has spread to other parts of your body, for example lungs.

What symptoms should I report or be worried about?

If you have any of the following symptoms, please contact your CNS, GP, or hospital for an earlier appointment:

- Swelling/pain of the abdomen;
- A new change in your bowel habit.

Please remember that you will have the same aches and pains that you have always had. If you develop a new health problem, this may not be related to your borderline ovarian tumour.

Contact details

Should you require further advice or information please contact the team on 01772 524211 - Monday to Friday (8 am to 5 pm).

You may also contact the following departments for advice:

Gynaecology Out Patient Department: 01772 524386

Gynaecology Ward: 01772 524231

Sources of further information

www.lancsteachinghospitals.nhs.uk

www.nhs.uk

www.patient.co.uk

www.accessable.co.uk

All our patient information leaflets are available on our website for patients to access and download:

www.lancsteachinghospitals.nhs.uk/patient-information-leaflets

Lancashire Teaching Hospitals NHS Foundation Trust is not responsible for the content of external internet sites.

There are many organisations that provide information, support and advice. These include:

Macmillan Cancer Support

89 Albert Embankment London SE1 7UQ Tel: 0808 808 2020
www.macmillan.org.uk

Ovacome (Ovarian Cancer Support Group)

52 – 54 Featherstone Street London EC1Y 8RT Freephone: 0800 008 7054 Tel: 0207 299 6654 Email: support@ovacome.org.uk
www.ovacome.org.uk

Target Ovarian Cancer

2 Angel Gate, London EC1V 2PT Tel: 020 7923 5470
www.targetovariancancer.org.uk

Jo's Trust (Cervical Cancer)

CAN Mezzanine 7-14 Great Dover Street London SE1 4YR Helpline: 0808 802 8000 Tel: 020 3096 8100 www.jostrust.org.uk

5 The Eve Appeal

15B Berghem Mews Blythe Road London W14 0HN Tel: 020 7605 0100
www.eveappeal.org.uk

Cancer Help Preston (Cancer Advice, Information and Day Centre)

Vine House 22 Cromwell Road, Ribbleton Preston Tel: 01772 793344
www.cancerhelppreston.co.uk

Cancer Help Preston (Cancer Advice, Information and Day Centre)

Croston House 113 Croston Road, Garstang PR3 1HB

Information on support groups

GYNAE-CAN Support Group

Held every third Wednesday 7pm – 9pm at Cancer Help Preston, Vine House, Cromwell Road, Preston

If interested in attending the support group just turn up to the next meeting or get in touch through Vine House on 01772 793344

Lancashire Teaching Hospitals is a smoke-free site. Smoking is not permitted anywhere on any of our premises, either inside or outside the buildings. Our staff will ask you about your smoking status when you come to hospital and will offer you support and advice about stopping smoking including Nicotine Replacement Therapy to help manage your symptoms of withdrawal.

If you want to stop smoking you can also contact the Quit Squad Freephone 0800 328 6297.

Please ask if you would like help in understanding this information. This information can be made available in large print and in other languages.

Gujarati:

આ માહિતીને સમજવામાં સહાયતા જોઈતી હોય તો ફોન કરીને પૂછો. આ માહિતી મોટા છપાણામાં અને અન્ય ભાષામાં ઉપલબ્ધ કરી શકાય છે.

Romanian:

Vă rugăm să întrebați dacă aveți nevoie de ajutor pentru înțelegerea acestor informații. Aceste informații pot fi puse la dispoziție în format mare și în alte limbi."

Polish:

Poinformuj nas, jeśli potrzebna jest ci pomoc w zrozumieniu tych informacji. Informacje te można również udostępnić dużym drukiem oraz w innych językach

Punjabi:

ਜੇ ਤੁਸੀਂ ਇਹ ਜਾਣਕਾਰੀ ਸਮਝਣ ਵੱਲੋਂ ਮਦਦ ਲੈਣੀ ਚਾਹੋਗੇ ਤਾਂ ਕਰਿਪਾ ਕਰਕੇ ਇਸ ਬਾਰੇ ਪੁੱਛੋ। ਇਹ ਜਾਣਕਾਰੀ ਵੱਡੇ ਪ੍ਰਿੰਟ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵੱਲੋਂ ਮੁਹੱਈਆ ਕੀਤੀ ਜਾ ਸਕਦੀ ਹੈ।

Urdu:

دو سر ی زبانوں او ر بڑی اگر آپ کو ہی معلومات سمجھنے کے لئے مدد کی ضرورت ہے تو ییچھپیا یں ییہ ابی دست بو یسکت ہے برا ئے مہر یان پو ے یچھہ ی۔ معلومات

Arabic:

مطبوعه بأ ح ر ف ك ب ي ر ة و بلغات إذا كنت تريد مساعدة في فهم هذه لمعلومات يُرجى أن تطلب أخرى يملكن تو فسير هذه المعلومات

Department: Gynaecology
Division: Women and Children's Health
Production date: April 2018
Review date: May 2024
CA30 V2