Borderline ovarian tumours

This leaflet will tell you what a borderline ovarian tumour is, what treatment you will receive, and what to expect after your treatment. If you have any further questions or concerns, please do not hesitate to contact a doctor or nurse caring for you.

What is a borderline ovarian tumour?

Borderline ovarian tumours are abnormal cells that form in the tissue covering the ovary. They are not cancerous and are treated by surgery which is usually a complete cure.

Approximately 15 in 100 cases (15%) of ovarian tumours are borderline tumours. These tumours are different to ovarian cancer because their growth is limited and they never invade the supportive tissue of the ovary, called the stroma. They are also called low malignant (the possibility to become cancerous) tumours as they tend to grow slowly and in a more controlled manner when compared to cancer cells.

Borderline ovarian tumours are classified as serous (covered in serum) or mucinous (covered in mucus) depending on their appearance under the microscope. They are also classified by stage (development) according to their size or how far they have spread. Serous tumours are more common at 65 in 100 cases (65%) of patients treated.

A small number of women who have been diagnosed with a borderline ovarian tumour will be diagnosed at a more advanced stage where the disease has spread. When borderline ovarian tumours spread, they attach small seedlings onto the peritoneum (a layer veering the organs in the abdomen). These seedlings can be successfully removed surgically, but occasionally they may remain on this surface layer, for which you will be closely monitored by your consultant and team.

Symptoms of a borderline ovarian tumour

Small size tumours do not usually cause any symptoms, but some can grow to a size where they cause pressure on the surrounding structures and cause symptoms including:

- pain or pressure in the tummy
- a change in bowel habit
- a swollen abdomen
- vaginal bleeding (not related to your period)
- frequent emptying of the bladder

What treatment will I have?

If a borderline ovarian tumour is suspected, your consultant will first examine your abdomen (tummy) and carry out an internal (vaginal) examination if necessary. You will have an ultrasound scan if you have not had one already, and this could be to see inside your vaginal or abdomen. The doctor may then arrange for you to have some further investigations including scans and blood tests. They will then review these results with their team and make a plan for your treatment.
As borderline ovarian tumours are slow growing, many of them are diagnosed at an early stage and can be cured by surgery.

Many women are treated by surgical removal of only the affected ovary and fallopian tube, with the womb and other ovary left in place. In about one in 20 cases (5%), the tumour will come back in the remaining ovary if only the affected ovary is removed and the disease is at an early stage. If you are at high risk of developing further tumours, your consultant may recommend that you have both ovaries and both tubes removed, to avoid further surgery. This surgery is called a total abdominal hysterectomy with bilateral salpingoophrectomy.

If you have a mucinous type of borderline ovarian tumour, your consultant may recommend removing your appendix as well as ovary during surgery as it is suspected that the tumour has started in the appendix and has spread to the ovary.

During the surgery, your doctor will closely look at the inside of your pelvis and abdomen and take small biopsies (small samples of tissue) from different areas. They will also remove part of the fatty tissue called omentum near the ovary, and may take samples of lymph glands too. This is to check if the tumour cells have spread to these areas.

Fertility
If the borderline ovarian tumour is only within the ovary, and you wish to have more children, your doctor will discuss fertility-conserving surgery, saving the other ovary, fallopian tube and the womb. Please do not hesitate to discuss your fertility options with your consultant and clinical nurse specialist when you meet with them.

Asking for your consent
We want to involve you in decisions about your care and treatment. If you decide to go ahead with surgery, you will be asked to sign a consent (permission) form. This states that you agree to have the treatment and you understand what it involves.

If you would like more information about our consent process, please speak to a member of staff caring for you.

Pain relief
It is important that you take your painkillers on a regular basis for the first few days following surgery, or leading up to it if needed. Taking the medicine regularly will keep a constant level of it in your body, so will control your pain better. After a few days, you can gradually reduce your medicine until you do not need it any longer. Please contact the hospital or your GP if you find the pain difficult to control.

Always follow the instructions on the packet and never take more than the recommended dose.

Fit note
If you are receiving treatment either as an inpatient (staying in hospital overnight) or as an outpatient (attending a clinic appointment), and it is assessed that you will not be able to work for more than seven days in a row, you are entitled to request a fit note from a hospital doctor.

Your employer will be able to provide information on self-certification (your employer should take your word that you are unable to work for up to seven days in a row), or you can visit the HMRC website.
Obtaining a fit note whilst in hospital means you do not have to make an appointment with your GP to obtain a fit note, so it is more convenient for you. If you require a fit note, inform the clinician looking after you before you are discharged or leave the clinic.

**Following treatment**

After your surgery, you will go back to the ward, and then home to recover. The pathologist (a doctor who specialises in diseases) will then perform tests to form a final diagnosis. We will review this and send you an appointment to come and meet with your consultant to discuss this and what it means.

Currently there is no clear evidence on what the best follow up is for patients who have had a borderline ovarian tumour. However, you will require regular follow-up. This will include hospital appointments and occasional scans. If you do not receive these appointments, please contact your consultant’s secretary or the clinical nurse specialist team.

Occasionally, the borderline tumour cells can change to cancerous cells. It is for this reason regular close follow-up is very important. If you need to re-schedule an appointment please let the team know.

**Useful sources of information**

- Ovacome charity  
  t: 0800 008 7054  
  w: [www.ovacome.org.uk/](http://www.ovacome.org.uk/)
- Cancer Research  
  w: [www.cancerresearchuk.org/about-cancer/ovarian-cancer/types/borderline](http://www.cancerresearchuk.org/about-cancer/ovarian-cancer/types/borderline)
- Target Ovarian Cancer  
  t: 020 7923 5470  
  w: [www.targetovarian.org.uk](http://www.targetovarian.org.uk)
- Dimbleby Cancer Care  
  t: 020 7188 5918  
  w: [www.dimblebycancercentre.org](http://www.dimblebycancercentre.org)
- British Association for Sexual and Relationship Therapy  
  t: 020 8543 2707  
  w: [www.basrt.org.uk](http://www.basrt.org.uk)

**Contact us**

**Dimbleby Cancer Care** provides cancer support services for Guy’s and St Thomas’. We have a drop-in information area staffed by specialist nurses and offer complementary therapies, psychological support and benefits advice for patients and carers.

Dimbleby Cancer Care is located in the Welcome Village of the Cancer Centre at Guy’s.  

t: 020 7188 5918  
e: [DimblebyCancerCare@gstt.nhs.uk](mailto:DimblebyCancerCare@gstt.nhs.uk)

If you are under the care of consultant surgeons  
- Mr Lane  
- Mr Nath  
- Mr Mehra  
- Mr Sayasneh  

Their secretaries can be contacted on 

t: 020 7188 2695/3685

If you have a clinical query, your out-of-hours GP should be your first point of contact. If this is unsuccessful, and you have recently had surgery, you can call 020 7188 2697 for the gynaecology ward.

For gynae-oncology clinical nurse specialists  

t: 020 7188 2707.

**In an emergency, go to your local Emergency Department (A&E) or dial 999.**
Pharmacy Medicines Helpline
If you have any questions or concerns about your medicines, please speak to the staff caring for you or call our helpline.

**t:** 020 7188 8748 9am to 5pm, Monday to Friday

Your comments and concerns
For advice, support or to raise a concern, contact our Patient Advice and Liaison Service (PALS). To make a complaint, contact the complaints department.

**t:** 020 7188 8801 (PALS)  
**e:** pals@gstt.nhs.uk

**t:** 020 7188 3514 (complaints)  
**e:** complaints2@gstt.nhs.uk

Language and accessible support services
If you need an interpreter or information about your care in a different language or format, please get in touch:

**t:** 020 7188 8815  
**e:** languagesupport@gstt.nhs.uk

NHS 111
Offers medical help and advice from fully trained advisers supported by experienced nurses and paramedics. Available over the phone 24 hours a day.

**t:** 111

NHS Choices
Provides online information and guidance on all aspects of health and healthcare, to help you make choices about your health.

**w:** www.nhs.uk

Get involved and have your say: become a member of the Trust
Members of Guy’s and St Thomas’ NHS Foundation Trust contribute to the organisation on a voluntary basis. We count on them for feedback, local knowledge and support. Membership is free and it is up to you how much you get involved. To find out more, and to become a member:

**t:** 0800 731 0319  
**e:** members@gstt.nhs.uk  
**w:** www.guysandstthomas.nhs.uk/membership