

Patient information from BMJ

Last published: Sep 27, 2021

Ovarian cancer: what is it?

Ovarian cancer is cancer that affects women's ovaries and that can affect other organs and tissues near to the ovaries. It is a serious disease, but if it is diagnosed at an early stage it can usually be cured. And even cancers that are more advanced can be treated and their progress slowed.

What is ovarian cancer?

The cells in your body usually grow, die off, and get replaced in a regular way. But if groups of cells start to grow out of control they can form a lump called a tumour.

Not all tumours are dangerous. For example, many women have growths on their ovaries called cysts. These cysts aren't usually cancer and they often go away by themselves.

But if they cause symptoms, or if your doctor is worried that they could be cancer, you might be advised to have surgery to remove them.

Cancerous ovarian tumours are serious. This is partly because pieces of the tumour can break off and spread to other parts of the body.

Most ovarian cancers start in cells on the outside of an ovary. When they spread it tends to be to nearby organs such as the womb, bladder, and bowels, causing new spots of cancer in these areas.

Ovarian cancer is most common in women over 50. Having a close family member with the disease can also slightly increase your chance of getting it.

What are the symptoms?

Most women with ovarian cancer get some symptoms in the early stages. But they are not always recognised as being caused by ovarian cancer. This is because the symptoms of ovarian cancer are similar to those of other, less-serious, conditions such as indigestion or an irritable bowel.

The symptoms of ovarian cancer can include:

- pain in your pelvis (your lower abdomen)

Ovarian cancer: what is it?

- constipation
- diarrhoea
- feeling bloated or full after eating very little
- losing weight without trying
- having to urinate more often
- persistent bloating or swelling, where your abdomen gets bigger and doesn't get smaller again
- bleeding from your vagina between your periods
- swollen ankles
- back pain
- a lump in your abdomen.

Your doctor will probably ask you about your symptoms and how long you have had them, and about your general health and any illnesses in your family.

He or she will also do a physical examination. This might involve feeling your abdomen and examining inside your vagina to check your ovaries and fallopian tubes.

You might have some tests, such as a blood test and an ultrasound scan, and maybe an MRI scan, to look at the organs inside your abdomen.

But even after these tests your doctor probably won't be able to say for sure if you have ovarian cancer. The only way to tell for sure is for the doctor to take samples of tissue to be checked under a microscope. This is done in a surgical procedure.

The most common procedure is a laparotomy, where the surgeon makes a cut in the abdomen. But sometimes the surgeon is able to do a laparoscopy, which requires a much smaller cut. During the procedure the surgeon will remove samples of tissue from your ovary and from other parts of your abdomen.

What will happen to me?

No one can say for sure what will happen to you if you have ovarian cancer. But, as with most cancers, the less advanced your cancer is (the less it has spread) when you are diagnosed, the better your chance of being cured.

What happens to you also depends on how much cancer doctors can remove during surgery and how well you respond to chemotherapy. Remember that figures from research studies tell us how well a lot of women do on average. But they don't predict how well you or your cancer will respond to treatments.

Doctors can't tell for sure what course your cancer will take. For this reason you need to be watchful and have regular check-ups for many years after your treatment has finished.

Future pregnancy

Ovarian cancer: what is it?

If both of your ovaries are taken out during surgery you won't be able to become pregnant naturally. But if you are younger and you have not been through the menopause you might be able to become pregnant with fertility treatments that you have planned before your surgery.

For example, it might be possible to remove and freeze some eggs from your ovary, or some embryos, before surgery. Or you might be able to have surgery that doesn't remove all of your reproductive organs. You can talk to your doctor about the options available to you before you have surgery.

The patient information from *BMJ Best Practice* is regularly updated. The most recent version of Best Practice can be found at bestpractice.bmj.com. This information is intended for use by health professionals. It is not a substitute for medical advice. It is strongly recommended that you independently verify any interpretation of this material and, if you have a medical problem, see your doctor.

Please see BMJ's full terms of use at: bmj.com/company/legal-information. BMJ does not make any representations, conditions, warranties or guarantees, whether express or implied, that this material is accurate, complete, up-to-date or fit for any particular purposes.

© BMJ Publishing Group Ltd 2024. All rights reserved.

What did you think about this patient information guide?

Complete the [online survey](#) or scan the QR code to help us to ensure our content is of the highest quality and relevant for patients. The survey is anonymous and will take around 5 minutes to complete.



BMJ Group