Fallopian tube removal

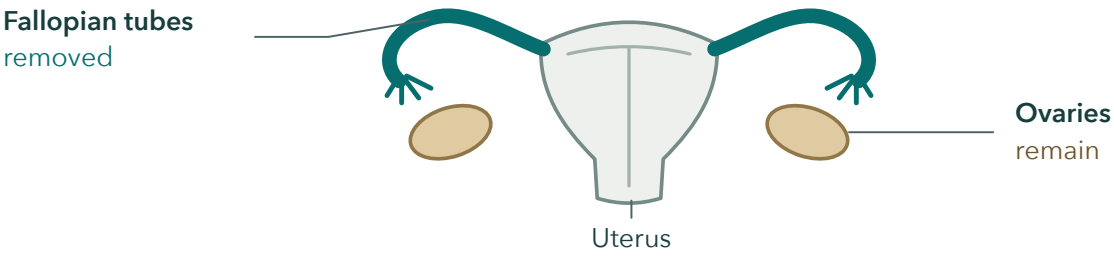
During your planned surgery

An optional step that may lower your risk of ovarian cancer. Use this guide to talk through the choice with your healthcare team.

What would be removed?

Both fallopian tubes, the small passages between the ovaries and uterus, would be removed. This is called **bilateral salpingectomy**. The ovaries would stay in place unless their removal is separately planned.

Removing both tubes is permanent. You will not be able to become pregnant naturally. In vitro fertilization (IVF), a fertility treatment, may be possible for some people, but it is not guaranteed. If you may want a future pregnancy or feel unsure, discuss this before deciding.



Simplified front view; not to scale.

Why consider it?

Many ovarian cancers begin in the fallopian tubes. Removing both tubes may lower the chance of developing ovarian cancer. It cannot prevent every ovarian cancer or remove all risk.

In the United States, about **11 in 1,000 women** develop ovarian cancer over a lifetime. This population average is not your personal risk or the risk remaining at your age. The benefit for you depends on your circumstances.

What are the risks?

Adding tube removal can add operating time and carries risks such as bleeding, infection, and injury to nearby organs. Ask how it could change the risks and recovery of **your specific operation**.

Scarring or difficulty reaching the tubes may make removal unsafe. Your surgeon may leave one or both tubes in place. Ask beforehand how this would be handled and how you would be told afterward.

What about hormones and menopause?

The ovaries make most reproductive hormones; the tubes do not. With the ovaries left in place, tube removal is not expected to cause immediate menopause. Studies are reassuring, but long-term effects on menopause timing are still being studied. Ask how your planned operation may affect periods, hormones, comfort, and sexual function.

This guide concerns removing the tubes during surgery you already need. It does not suggest having a separate operation solely for this purpose.

Make the choice that fits you

You can consider tube removal

Talk with your surgeon about whether it is suitable for you and whether both tubes can be removed safely during your planned surgery.

You can keep your tubes

You can have your planned surgery without adding tube removal. You can also ask for more discussion before deciding. This additional step is voluntary.

Does family history matter?

Yes. Tell your team about ovarian or breast cancer in your family and any inherited cancer-risk result, such as a BRCA gene change. You may need genetic counseling and a different prevention plan. Tube removal alone may not provide the protection recommended for you.

What will it cost?

Coverage and out-of-pocket costs can vary. Ask your surgeon's office and insurer whether adding tube removal changes your bill, requires authorization, or affects where your surgery can be done.

Bring these questions to your visit

- How much benefit might I expect, given my age and history?
- How would this change my operation, recovery, or future fertility?
- What happens if removing both tubes is unsafe?
- How will I learn what was removed and what the tissue report shows?

What matters most to me / questions I want to ask

Read more and prepare for your visit
mi-magic.com/patient
The online decision aid helps you think about your choice. Your answers stay in your browser unless you download or share them.

This is general education. For advice about your own care, talk with a trusted healthcare professional, such as your surgeon, OB-GYN, or primary care provider.

Evidence behind this guide
Guidance: ACOG, 2026. Obstet Gynecol. DOI: 10.1097/AOG.0000000000006400.
Cancer prevention: Bahrami, 2026. J Natl Cancer Inst. DOI: 10.1093/jnci/djag251.
Menopause and ovarian function: Hanley, 2020. Am J Obstet Gynecol. DOI: 10.1016/j.ajog.2020.02.005 Darelius, 2026. Acta Obstet Gynecol Scand. DOI: 10.1111/aogs.70247.
Population lifetime risk: National Cancer Institute, SEER Cancer Stat Facts: Ovarian Cancer.
Inherited risk: National Cancer Institute, BRCA Gene Changes: Cancer Risk and Genetic Testing.