**Prophylactic Hysterectomy**

Prophylactic hysterectomy and mastectomy are gaining popularity among people presumed to be at risk of developing ovarian cancer or breast cancer respectively. However, according to Villella et al., (2006), it is not necessary for one to undergo a prophylactic hysterectomy since the majority of women with predisposing risk factors do not develop ovarian cancer. Instead, the affected people should undergo regular check-ups to curb the development of any malignant or benign tumour. Early identification of a tumour is important and has a positive prognosis.

Prophylactic surgeries are tagged with some ethical dilemmas hence should not be prioritized in managing patients. First, most people are not likely to develop the anticipated tumour hence there is a need for a physician and surgeon to be sure of the presence of a malignancy before a surgical procedure. This is because the prophylactic procedures are usually irreversible. At the same time, despite the fact that the procedures are carried out with an informed consent, most patients are vulnerable (Karamurzin, Soslow, & Garg, 2013). The vulnerability ensures because of the fear of developing cancer hence consenting to the procedure. Hence their decision can be clouded. Moreover, some patients make the decision when they are in a crisis thus not able to make a decision with sober minds.

Instead of a prophylactic hysterectomy, patients with a strong history of ovarian cancer should undergo regular check-ups to determine the development of any malignancy. A medical cover is essential for this patients because of the increased probability of developing chronic illnesses. Hence, they should be advised to take a medical cover for easy management. As Cragun, (2011) points out, pelvic exam, transvaginal ultrasound and blood serum marker tastes are essential in the regular screening for ovarian cancer.

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