CLINICAL PATHWAY:

Ovarian Torsion

THIS PATHWAY SERVES AS A GUIDE AND DOES NOT REPLACE CLINICAL JUDGMENT.

[1]Typical Clinical Features:
- Female w/sudden onset lower abdominal pain
- Crampy, usually unilateral
- Often nausea/ vomiting
- Lower abdominal tenderness

Inclusion Criteria: ≥ 2 yr old, female with suspected ovarian torsion based on history and physical[1]
Exclusion Criteria: <2 yr old, male, no suspicion of ovarian torsion based on history and physical[1]

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STAT pelvic ultrasound with doppler

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Abnormal Ultrasound?
(≥ 1 feature present)
- Enlarged heterogeneous ovary compared to opposite side
- Abnormal ovarian location (midline or change from prior)
- Ovarian mass or Adnexal mass
- Ovarian cyst >5cm
- Absent or decreased ovarian blood flow (venous or arterial)

presence of vascular flow to ovary does not exclude ovarian torsion

No → Consider alternate diagnosis

Yes ↓

- Consult Pediatric Surgery
- Make NPO and start MIVF
- Send serum tumor markers (α fetoprotein and ß hcg [quant]; additional tumor markers at the discretion of the attending surgeon)
- Clean case (antibiotics not indicated)

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Operative Treatment:
Laparascopic detorsion (in most cases)

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Ovary/mass <10cm,
Normal tumor markers, and predominantly cystic ovarian lesion?

Yes → **Ovarian Preservation**
simple detorsion +/- fenestration and biopsy, ovarian cystectomy, or partial oophorectomy

No → **Unilateral Oophorectomy**
(consider ovarian preservation for benign masses)

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Post-Op Pain Control:

Initial pain control:
- **Ketorolac** 0.5 mg/kg/dose (max 15 mg/ dose) IV q6hr x48hr
- **Acetaminophen** 15 mg/kg q6hr PO/IV q6hr ATC (max 1000 mg/dose; max 75 mg/kg/day, not to exceed 4000 mg/ day)
- **Morphine** 0.1 mg/kg/dose (max 5mg/dose) IV q3hr PRN pain

Once pain well controlled:
- **Acetaminophen** 15 mg/kg/dose PO q6hr ATC (max 1000 mg/dose; max 75 mg/kg/day, not to exceed 4000 mg/day)
- Change ketorolac to **Ibuprofen** 10 mg/kg/dose (max 600 mg/dose) PO q6hr ATC
- Change morphine to **Oxycodone** 0.1 mg/kg/dose (max 5 mg/dose) PO q4h PRN

Nutrition:
- Clears, advance to regular diet as tolerated

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Discharge Criteria:
Tolerating diet, pain controlled with PO pain medications, no fevers, adequate urine output

Discharge Medication and Instructions:
- **Ibuprofen** 10 mg/kg/dose (max 600 mg/dose) PO q6hr PRN
- **Acetaminophen** 15 mg/kg/dose PO q6hr PRN (max 1000 mg/dose; max 75 mg/kg/day, not to exceed 4000 mg/day)
- Follow up 4-8 weeks with Pediatric Surgery
- Repeat pelvic ultrasound at the discretion of the attending Pediatric Surgeon

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LAST UPDATED: 10.29.26

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