Gleneagles Hospital
HONG KONG
港怡醫院

Hosp No.	:	HKID No.:	
Case No.	:		
Name	:		
DOB	:	M / F	
Adm Date	:		
Contact No.	:		

Procedure Information Sheet – Abdominal Myomectomy

Clinical Diagnosis: Fibroid

Indication for Surgery: Heavy menstrual flow / Pelvic or abdominal mass / Pressure symptoms / _____

1. Nature of the procedure

1.1. Medication may be given to reduce blood loss
1.2. General anaesthesia
1.3. Peritoneal cavity entered
1.4. Incision over the fibroid(s) and fibroid(s) removed
1.5. Uterine wound closed
1.6. Abdominal wound closed
1.7. All tissue removed will be sent to the Department of Pathology or disposed of as appropriate unless otherwise specified.
1.8. Photographic and/or video images may be recorded during the operation for education/ research purpose. Please inform our staff if you have any objection.

2. Benefits of the procedure

2.1. Improvement of symptoms
2.2. Definitive diagnosis

3. Other consequences after the procedure

3.1. Risk of uterine rupture during pregnancy
3.2. Fertility may be affected
3.3. May need Caesarean section in future pregnancy

4. Risks and complications (may include, but are not limited to the following)

4.1. Women who are obese, who have significant pathology, who have undergone previous surgery or who have pre-existing medical conditions must understand that the quoted risks for serious or frequent complications will be increased.
4.2. Anaesthetic complications
4.3. Serious:
  4.3.1. Bleeding, may need blood transfusion
  4.3.2. Injury to neighbouring organs especially the bladder, ureters and bowels
  4.3.3. May need to perform hysterectomy(1 to 2 in every 100, uncommon)
  4.3.4. Procedure may not be feasible in case of adenomyosis, fibroid not identifiable because of small size/too deep seated, or too many fibroids
  4.3.5. Return to theatre because of complications like bleeding, wound dehiscence
  4.3.6. Pelvic haematoma
  4.3.7. Deep vein thrombosis and pulmonary embolism
  4.3.8. Pelvic abscess/infection
  4.3.9. Incisional hernia
  4.3.10. Possible adverse effect on future fertility because of adhesion
  4.3.11. Astherman's syndrome if the uterine cavity was severely affected
  4.3.12. Up to 3 in every 10 patients(very common) may require another operation for recurrence in 10 years
4.4. Frequent:
  4.4.1. Fever(1.2 to 3.8 in every 10, very common))
  4.4.2. Frequency of micturition, dysuria and urinary tract infection

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4.4.3. Wound complications including infection(2 to 5 in every 100, common), pain, bruising, delayed wound healing, keloid formation
4.4.4. Numbness, tingling or burning sensation around the scar
4.4.5. Internal scarring with adhesion

5. Risk of not having the procedure

5.1. Persistent or worsening of symptoms (menorrhagia/ pelvic or abdominal mass/ pressure symptoms)
5.2. Exact diagnosis cannot be ascertained

6. Possible alternatives

6.1. Non-surgical treatment including observation or medical treatment
6.2. Hysterectomy
6.3. Uterine artery embolisation
6.4. Laparoscopic/vaginal/hysteroscopic approach
6.5. Others _____

7. Other associated procedures (which may become necessary during the operation)

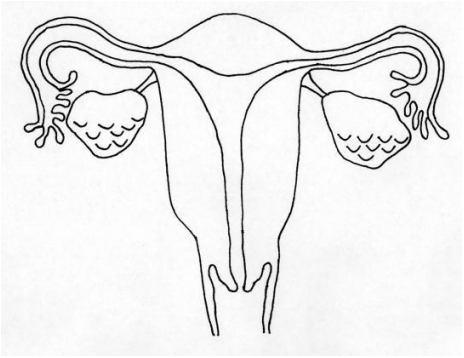
7.1. Blood transfusion
7.2. Hysterectomy

8. Special follow-up issue

8.1. Nil

9. Statement of patient

9.1. Procedure(s) which should not be carried out without further discussion



I acknowledged the above information concerning the operation or procedure. I have also been given the opportunity to ask questions and received adequate explanations concerning the condition and treatment plan.

Patient/ Relative Signature: _____

Patient/ Relative Name: _____

Date: _____