

Procedure Information Sheet – Laparoscopic Myomectomy (Robotic Assistance)

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

Clinical diagnosis: Fibroids

Indications: Heavy menstrual bleeding / Pelvic or abdominal mass / Pressure symptom

1. Nature of the procedure

- 1.1. General anaesthesia
- 1.2. Pneumoperitoneum created by insufflation of carbon dioxide
- 1.3. Incisions made
- 1.4. Telescope and instruments passed into abdomen
- 1.5. Myomectomy done
- 1.6. Additional incision made and robot connected if required
- 1.7. Specimen removed
- 1.8. Abdominal wounds closed
- 1.9. All tissue removed will be sent to the Department of Pathology or disposed of as appropriate unless otherwise specified
- 1.10. Photographic and/or video images may be recorded during the operation for education/research purpose. Please inform our staff if you have any objection.
- 1.11. Similarities with abdominal myomectomy
 - 1.11.1. Same pathology removed
 - 1.11.2. Same sequelae
- 1.12. Difference from abdominal myomectomy
 - 1.12.1. 3-4 smaller abdominal wounds
 - 1.12.2. Less painful
 - 1.12.3. Faster postoperative recovery
 - 1.12.4. Earlier discharge
 - 1.12.5. Shorter sick leave required

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. Future 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. Similar complications as abdominal myomectomy
- 4.4. Serious:
 - 4.4.1. Failure to gain entry into abdominal cavity and to complete the intended procedure, requiring laparotomy
 - 4.4.2. Bleeding, may need blood transfusion
 - 4.4.3. Injury to neighbouring organs especially the bladder, ureters and bowels
 - 4.4.4. May need to perform hysterectomy(1 to 2 in every 100, uncommon)

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- 4.4.5. Procedure may not be feasible in case of adenomyosis or fibroid not identifiable because of small size/too deep seated, or too many fibroids
- 4.4.6. Return to theatre because of complications like bleeding, wound dehiscence
- 4.4.7. Deep vein thrombosis and pulmonary embolism
- 4.4.8. Pelvic infection
- 4.4.9. Death 3-8 in every 100000 undergoing laparoscopy die as a result of complications (very rare)
- 4.4.10. Risk of spread of cancerous tissue in case of unsuspected malignancy with the use of power morcellator
- 4.4.11. May have dyspareunia following vaginal wound suturing
- 4.4.12. Potential increased risk of uterine rupture during pregnancy because of difficulty of deep suturing
- 4.4.13. Incisional hernia
- 4.4.14. Possible adverse effect on future fertility because of adhesion
- 4.4.15. Up to 30% of patients may require another operation for recurrence in 10 years
- 4.5. Frequent:
 - 4.5.1. Fever(1.2 to 3.8 in every 10, very common)
 - 4.5.2. Shoulder tip pain
 - 4.5.3. Frequency of micturition, dysuria and urinary tract infection
 - 4.5.4. Wound complications including infection(2 to 5 in every 100, common), pain, bruising, delayed wound healing, keloid formation
 - 4.5.5. Numbness, tingling or burning sensation around the scar
 - 4.5.6. Internal scarring with adhesion

5. Risks of not having the procedure

- 5.1. Persistent or worsening of symptoms (heavy menstrual flow / pelvic or abdominal mass / pressure symptom / _____)
- 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. Open/vaginal/hysteroscopic approach
- 6.5. Other ways of removing the fibroids from peritoneal cavity – minilaparotomy, vaginal
- 6.6. Others

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

- 7.1. Blood transfusion
- 7.2. Laparotomy (less than 5 in every 100)
- 7.3. Hysterectomy



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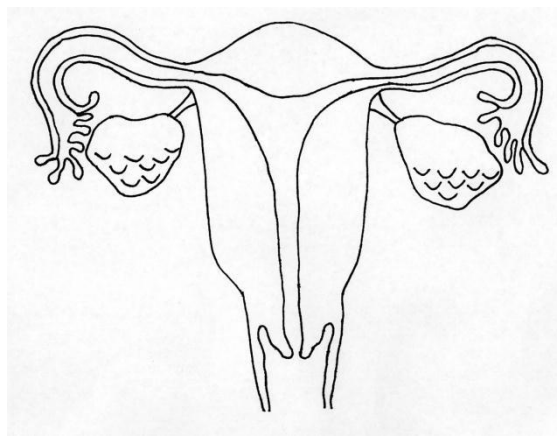
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8. Special follow-up issue

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: _____

