Gleneagles Hospital
HONG KONG
港怡醫院

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

Patient Information Sheet – Laparoscopic Ovarian Cystectomy / Salphingo-oophorectomy

Clinical diagnosis: _____

Indication for surgery: ovarian cyst / _____

1. Nature of operation

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. Ovarian cystectomy/salpingo-oophorectomy done
1.6. Specimen removed with zipper bag
1.7. May need to remove specimen vaginally
1.8. Abdominal (and vaginal) 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 the open procedure
1.11.1. Same pathology removed
1.11.2. Same sequelae
1.12. Differences from the open procedure
1.12.1. 3-4 smaller abdominal wounds ± vaginal wound
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. Remove the ovarian cyst to avoid complications such as bleeding, torsion and rupture
2.2. For definitive diagnosis

3. Other consequences after the procedure

3.1. No effect on hormonal status in the presence of normal ovarian tissue
3.2. Cyst rupture and possible spread of disease if malignant
3.3. Possible adverse effect on future fertility
3.4. Risk of recurrence of the cyst, especially for endometriotic cysts

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 open ovarian cystectomy/salpingo-oophorectomy
4.4. Serious:
4.4.1. Failure to gain entry into abdominal cavity and to complete intended procedure, requiring laparotomy
4.4.2. Bleeding, may need blood transfusion
4.4.3. Salpingo-oophorectomy during cystectomy if bleeding is excessive or ovary is badly damaged

4.4.4. Injury to neighbouring organs especially the bladder, ureters and bowels
4.4.5. Return to theatre because of complications like bleeding, wound complication
4.4.6. Pelvic abscess/infection
4.4.7. Deep vein thrombosis and pulmonary embolism
4.4.8. Death, 3-8 women in every 100000 undergoing laparoscopy die as a result of complications (very rare)
4.4.9. Wound complications including hernia (lower incidence)

4.5. Frequent:
4.5.1. Fever
4.5.2. Higher risk of rupture of cyst and spillage of its content; consequence of spillage
4.5.3. Shoulder tip pain
4.5.4. Frequency of micturition, dysuria and urinary tract infection
4.5.5. Wound complications including infection, pain, bruising, delayed wound healing, keloid formation
4.5.6. Numbness, tingling or burning sensation around the scar
4.5.7. Internal scarring with adhesion
4.5.8. May have dyspareunia following vaginal wound suturing

5. Risks of not having the procedure

5.1. May develop cyst complications (like torsion, bleeding, rupture)
5.2. Unsure pathology and potential undiagnosed malignancy

6. Possible alternatives

6.1. Laparoscopic cystectomy versus salpingo-oophorectomy
6.2. Laparoscopic bilateral salpingo-oophorectomy
6.3. Laparoscopic assisted vaginal hysterectomy, bilateral salpingo-oophorectomy
6.4. Open approach
6.5. Others

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

7.1. Blood transfusion
7.2. Laparotomy (less than 5 in every 100)
7.3. Repair to bladder, bowel or major blood vessels
7.4. Removal of the tube, the other adnexal organs and the uterus

8. Any special follow up

8.1. Consideration of hormonal therapy if the ovaries are removed before menopause, the side effects include increased risk of carcinoma of breast, deep vein thrombosis and gall stones; you may need to pay for the treatment if you do not have any climacteric symptoms
8.2. Further treatment may be necessary in case of malignancy

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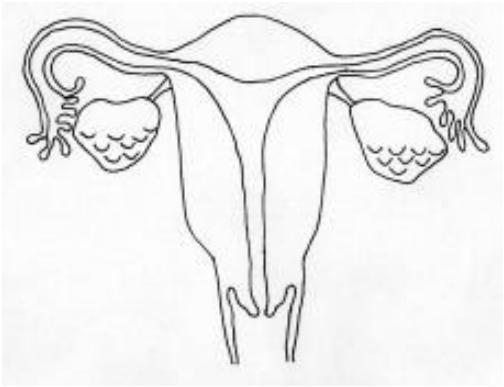
9. Statement of patient:

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: _____