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 – Laparoscopic Salphingectomy / Salphingotomy for Tubal Pregnancy

Clinical Diagnosis: tubal pregnancy / _____

Indication: tubal pregnancy / _____

1. Nature of the 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.
  1.4.1. Salpingectomy: affected fallopian tube removed.
  1.4.2. Salpingotomy: affected fallopian tube cut open and gestational products removed.
1.5. Specimen may be removed with zipper bag.
1.6. Abdominal wounds 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.
1.9. Similarities with the open procedure:
  1.9.1. Same pathology removed.
  1.9.2. Same sequelae.
1.10. Difference from the open procedure:
  1.10.1. 3-4 smaller abdominal wounds.
  1.10.2. Less painful.
  1.10.3. Faster postoperative recovery.
  1.10.4. Earlier discharge.
  1.10.5. Shorter sick leave required.

2. Benefits of the procedure

2.1. Ectopic gestation or the affected tube removed.

3. Other consequences (after the procedure)

3.1. Surgical cure of tubal pregnancy.
3.2. Increase in risk of ectopic pregnancy in future.
3.3. In salpingotomy there may be need for further treatment for persistent ectopic pregnancy (4-8 in 100); future intrauterine pregnancy rate is similar but the rate of future ectopic pregnancy may be higher compared with salpingectomy.

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. The overall risk of serious complications from diagnostic laparoscopy is approximately 2 in 1000 (uncommon).
  4.3.2. Failure to gain entry into abdominal cavity and complete the intended procedure laparoscopically, requiring laparotomy.
  4.3.3. Damage to bowel, bladder, uterus or major blood vessels which would require immediate repair by laparoscopy or laparotomy (uncommon); however, up to 15% of bowel injuries might not be diagnosed at the time of laparoscopy.
  4.3.4. Salpingectomy may be needed if bleeding excessive or tube badly damaged for salpingotomy
  4.3.5. Return to theatre because of complications like bleeding / wound dehiscence.
4.4. 3 to 8 women in every 100 000 undergoing laparoscopy die as a result of complications (very rare)
4.5. Inability to identify an obvious cause for presenting complaint
4.6. Persistent ectopic pregnancy when salpingotomy performed (4-8 in 100, common)
4.7. Hernia at site of entry

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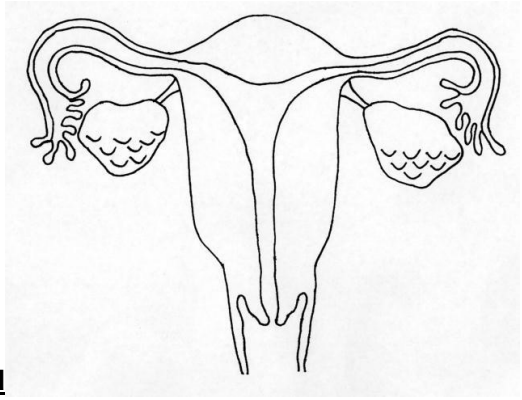
4.8. Frequent :
- 4.8.1. Bruising
- 4.8.2. Shoulder-tip pain
- 4.8.3. Wound complications like gaping, infection



5. Risks of not having the procedure

5.1. Patients can die as a result of internal bleeding

6. Possible alternatives

6.1. Laparoscopic salpingotomy
6.2. Laparoscopic salpingectomy
6.3. Open abdominal approach
6.4. Medical treatment
6.5. Others

7. Other associated procedures (which may become necessary d

7.1. Blood transfusion
7.2. Laparotomy
7.3. Salpingectomy in case of salpingotomy
7.4. Repair of damage to bowel, bladder, uterus or blood vessels

8. Any special follow up

8.1. If salpingotomy is done, need monitoring of pregnancy hormone (HCG) level till it is normalized.

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: _____