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 – Ovarian Cystectomy / Salpingo-oophorectomy

Clinical diagnosis: _____

Indication for surgery: ovarian cyst / _____

1. **Nature of the operation**
   - 1.1. General anaesthesia
   - 1.2. Peritoneal cavity entered
   - 1.3. Ovarian cyst/ovary and tube removed
   - 1.4. Frozen section where indicated
   - 1.5. Abdominal wound closed
   - 1.6. All tissue removed will be sent to the Department of Pathology or disposed of as appropriate unless otherwise specified
   - 1.7. 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. Remove the ovarian cyst to avoid complications like 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 ovarian 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. Serious:
     - 4.3.1. Bleeding, may need blood transfusion
     - 4.3.2. Salpingo-oophorectomy during cystectomy if bleeding is excessive or ovary is badly damaged
     - 4.3.3. Injury to neighbouring organs especially the bladder, ureters and bowels
     - 4.3.4. Return to the theatre because of complications like bleeding, wound dehiscence
     - 4.3.5. Pelvic abscess/infection
     - 4.3.6. Deep vein thrombosis and pulmonary embolism
     - 4.3.7. Wound complications including infection and hernia
   - 4.4. Frequent:
     - 4.4.1. Fever
     - 4.4.2. Frequency of micturition, dysuria and urinary tract infection
     - 4.4.3. Wound infection, pain, bruising, delayed wound healing or keloid formation
     - 4.4.4. Numbness, tingling or burning sensation around the scar
     - 4.4.5. Internal scarring with adhesions

5. **Risks of not having the procedure**
   - 5.1. May develop cyst complications (like bleeding, torsion or rupture)
   - 5.2. Unsure pathology and potential undiagnosed malignancy

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6. Possible alternatives

6.1. Cystectomy versus salpingo-oophorectomy
6.2. Bilateral salpingo-oophorectomy
6.3. Total abdominal hysterectomy bilateral salpingo-oophorectomy
6.4. Laparoscopic approach
6.5. Others

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

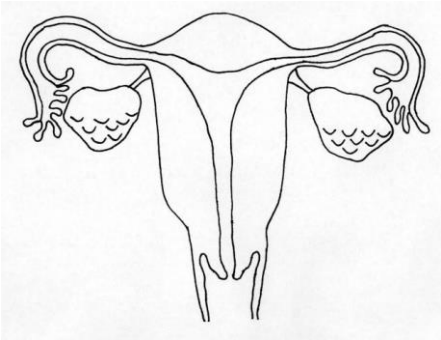
7.1. Blood transfusion
7.2. Repair injured bladder, ureter or bowel
7.3. Removal of the tube, the other adnexal organs and the uterus
7.4. Removal of the other ovary, tube, uterus, omentum and pelvic/para-aortic lymph nodes in case of malignancy

8. Special follow-up issue

8.1. Consideration of taking oral contraceptive pills to reduce the chance of recurrence after removal of endometriotic cyst
8.2. Consideration of hormonal therapy if both ovaries are removed before menopause; the side effects including increased risk of carcinoma of breast, deep vein thrombosis and gallstones; you may need to pay for the treatment if you do not have any climacteric symptoms
8.3. Further treatment may be necessary in case of malignancy

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: _____