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 – Open Radical Hysterectomy ± Bilateral Salpingo-oophorectomy ± Pelvic / Para-aortic Lymphadenectomy

1. Introduction

1.1. Clinical diagnosis / Indications: Cervical cancer / Uterine cancer involving the cervix / others_____

2. Nature of operation (may vary according to operative findings)

2.1. General anaesthesia is administered
2.2. A catheter is inserted into the bladder
2.3. A transverse or vertical incision is made in the abdomen
2.4. Peritoneal washing is performed (if necessary)
2.5. Ureters and uterine vessels are dissected
2.6. Bladder and bowel are freed
2.7. Uterus, cervix, upper vagina and surrounding soft tissues are removed (Ovaries and tubes may be removed at the same time)
2.8. Vaginal wound is closed
2.9. Pelvic / para –aortic lymph nodes are removed depending on individual clinical need
2.10. Skin wounds are closed

(* Photographs and/or videos may be taken during the operation for education/research purpose. Your name and ID number will not be recorded and so your identity will not be disclosed. Please inform the staff if you have any objection.)

3. Benefits of the operation

3.1. Diagnosis
3.2. Curative intent
3.3. Palliative

4. Major effects of the operation

4.1. No menstruation
4.2. Cannot get pregnant
4.3. Vagina can be shortened but coitus is still possible
4.4. Ovaries removed in a pre-menopausal women:
  4.4.1. may have climacteric symptoms such as hot flushes
  4.4.2. may consider hormonal replacement therapy in selected patients after understanding the associated risks
4.5. Ovaries conserved:
  4.5.1. no immediate change in hormonal status
  4.5.2. ovarian failure may occur 2-4 years earlier in a pre-menopausal woman
  4.5.3. if not removed - 1% risk of future operation for ovarian pathology

5. Risks and complications may include, but are not limited to the following

5.1. The overall peri-operative complication rate is about 16%. Women who are obese or at advanced age, who have significant pathology, have had previous surgery or who have pre-existing medical conditions must understand that the quoted risks for serious or frequent complications will be increased

6. Serious risks

6.1. Anaesthetic complications including death
6.2. Damage to the bladder (<5%) and/or the ureter (<10%)
6.3. Ureteric stricture
6.4. Disturbance to the bladder function (<10%), including short-term and long-term urinary retention and prolonged catheterization

6.5. Damage to the bowel (<10%)
6.6. Bowel complications such as constipation, ileus, intestinal adhesions and intestinal obstruction (<5%)
6.7. Fistula (<1%)
6.8. Vascular injury (<5%)
6.9. Haemorrhage requiring blood transfusion (<30%)
6.10. Return to theatre (<10%)
6.11. Vaginal dehiscence (<5%)
6.12. Pelvic haematoma / abscess / infection (<5%)
6.13. Venous thrombosis or pulmonary embolism (<10%)
6.14. Lymphocyst (<20%), lymphedema (<20%), lymphangitis, lymphorrhoea (<30%), if lymph node dissection is performed
6.15. Risk of death within 6 weeks
6.16. The main causes of death are pulmonary embolism and cardiac disease

7. Frequent risks
7.1. Wound infection (<10%), pain, bruising, delayed wound healing or keloid formation
7.2. Numbness, tingling or burning sensation around the scar and / or inner thighs (usually self-limiting but it could take weeks or months to resolve)
7.3. Frequency of micturition and urinary tract infection

8. Possible consequences if operation not performed
8.1. Cannot assess the microscopic features and whether there is lymph node involvement
8.2. Progression of the disease resulting in worsening of symptoms and death

9. Other associated procedures which may become necessary during the operation
9.1. Blood transfusion
9.2. Surgical clips may be needed to control bleeding and will be left in-situ
9.3. Repair of bladder and bowel injury
9.4. Colostomy in some cases of bowel injury / bowel involvement
9.5. Frozen section may be needed if there is any suspicious lesion
9.6. A drain may be inserted in the abdomen or pelvis for monitoring of blood loss, and will be removed when the condition becomes stable
9.7. Operation may be abandoned if there is any unexpected intra-operative finding or event that may result in significant risks outweighing the benefits

10. Possible alternatives (would depend on individual situation)
10.1. Radiotherapy/ chemo-radiation
10.2. Trachelectomy in selected cases
10.3. Others:_____

11. Special follow-up issue
11.1. Avoid intercourse and swimming until examination by doctor at follow-up
11.2. Taking a shower is fine
11.3. Consideration of hormonal replacement if the ovaries are removed
11.4. Continuous bladder drainage for 10-14 days
11.5. Bladder training after removal of urethral catheter
11.6. Long term bladder catheterization or intermittent self-clean catheterization may rarely be needed
11.7. Postoperative radiotherapy or chemo-irradiation, depending on the histological findings

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12. Remark

12.1. The above mentioned procedural information is by no means exhaustive, other unforeseen complications may occur in special patient groups or different individual. Please contact your physician for further enquiry.

13. Reference

13.1. Department of Obstetrics and Gynaecology, Queen Mary Hospital, Pre-operative information sheet: Open radical hysterectomy +/- bilateral salpingo-oophorectomy +/- Pelvic / Para-aortic lymphadenectomy (2015).

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: _____