Gleneagles Hospital
HONG KONG
港怡醫院

Procedure Information Sheet – Laparotomy and Staging / Debulking

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

1. Introduction

1.1. Clinical diagnosis / Indication: Uterine / ovarian tumour / Others: _____

2. Operation: Laparotomy

2.1. Total abdominal hysterectomy +/- bilateral salpingo-oophorectomy
- 2.1.1. +/- staging
- 2.1.2. +/- debulking
- 2.1.3. +/- lymphadenectomy
- 2.1.4. +/- _____

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

3.1. General anaesthesia is administered
3.2. A catheter is inserted into the bladder
3.3. A transverse or vertical incision is made in the abdomen
3.4. Collection of peritoneal fluid / washings
3.5. Removal of the uterus +/- ovaries +/- tubes +/- gross tumour +/- omentum +/- pelvic/ para-aortic lymph nodes +/- appendix +/- bowel resection +/- bowel reanastomosis+/- stoma formation (permanent / temporary)
3.6. Biopsy from the peritoneum
3.7. Frozen sections if indicated
3.8. Closure / plication of vaginal wounds
3.9. Closure of abdominal wound

(* Photographs and/or videos may be recorded 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)

4. Benefits of the operation

4.1. Diagnosis
4.2. Curative intent
4.3. Palliative

5. Major effects of the operation

5.1. No menstruation
5.2. Cannot get pregnant
5.3. Coitus is not affected
5.4. Ovaries removed in a pre-menopausal women:
- 5.4.1. May have climacteric symptoms such as hot flushes
- 5.4.2. May consider hormonal replacement therapy in selected patients after understanding the associated risks

5.5. Ovaries conserved:
- 5.5.1. No immediate change in hormonal status
- 5.5.2. Ovarian failure may occur 2-4 years earlier in a pre-menopausal woman
- 5.5.3. If not removed - 1% risk of future operation for ovarian pathology

6. Risks and complications of the operation may include, but are not limited to the followings

6.1. Women who are obese, have significant pathology, have undergone previous surgery or have pre-existing medical condition must understand that quoted risks for serious or frequent complications will be increased

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7. Serious risks

7.1. Anaesthetic complications including death
7.2. Bleeding, may need blood transfusion (in up to 1/3 patients)
7.3. Injury to neighboring organs especially the vessels (<2%), bladder, ureters (<5%) and bowels (<5%)
7.4. Lymphocyst (<20%), lymphedema (<20%), lymphangitis, lymphorrhoea (<30%), if lymph node dissection is performed
7.5. Bowel complications such as ileus, intestinal adhesions, intestinal obstruction (<2%)
7.6. Fistual formation (<1%)
7.7. Disturbance to the bladder function (<20%)
7.8. Pelvic haematoma / abscess / infection (<5%)
7.9. Deep vein thrombosis / thromboembolism (<10%)
7.10. Breakdown of wound leading to exposure of bowels outside the body (~1%)
7.11. Reoperation, due to bleeding (<2%)
7.12. Operation cannot be completed

8. Frequent risks

8.1. Fever (<10%)
8.2. Constipation
8.3. Urinary frequency, dysuria, urinary tract infection (up to 20%)
8.4. Wound complication (overall ~10%) including infection (<5%), pain, bruising, delayed wound healing (up to 20%), keloid formation, numbness, tingling or burning sensation around the scar and / or inner thigh

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 consequences if operation not performed

10.1. Exact diagnosis cannot be ascertained
10.2. If there is malignancy, the condition will deteriorate and result in death
10.3. If there is no malignancy, the condition may lead to complications that may require emergency operation and may develop into a life threatening condition

11. Possible alternatives (would depend on individual situation)

11.1. Conservative surgery if discussed and decided before operation
11.2. Chemotherapy and/ or radiotherapy before surgery
11.3. Others: _____

12. Special follow-up issues

12.1. Avoid sexual intercourse and swimming until examination by doctor at follow-up
12.2. Taking a shower is fine
12.3. Consideration of hormonal replacement after removal of ovaries
12.4. Postoperative chemotherapy and/ or radiotherapy (depending on pathology)

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13. Remark

13.1. 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.

14. Reference

14.1. Department of Obstetrics and Gynaecology, Queen Mary Hospital, Pre-operative information sheet: Laparotomy and staging / debulking (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: _____