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 staging (Left / Right / Bilateral Salpingo-oophorectomy +/- Pelvic / Para-aortic lymphadenectomy +/- Omentectomy +/- Others (_____)

1. Introduction

1.1. Clinical diagnosis / Indications:_____

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 small incision is made in umbilicus
2.4. Abdomen is inflated with carbon dioxide
2.5. Telescope is inserted to visualize internal organs
2.6. Three or more further small incisions are made on abdomen
2.7. Instruments are passed into abdomen
2.8. Peritoneal washing is performed (if necessary)
2.9. Left / right / bilateral tube(s) and ovary/ ovaries removed (if necessary)
2.10. Pelvic / para –aortic lymph nodes / omentum / peritoneal biopsy / appendix / others _____ are removed depending on individual clinical need
2.11. Specimen is then removed with the aid of a plastic bag from abdominal wound
2.12. 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. Similarities with open approach

3.1. Same organ(s) removed
3.2. Same effects on the disease (i.e. same clinical outcomes)

4. Difference from open approach

4.1. Less painful
4.2. Fewer wound complications
4.3. Faster post-operative recovery
4.4. Shorter hospitalization

5. Benefits of the operation

5.1. Diagnosis
5.2. Curative intent
5.3. Palliative

6. Major effects of the operation

6.1. No menstruation if both ovaries removed
6.2. Cannot get pregnant if both ovaries removed
6.3. Coitus is not affected
6.4. Ovaries removed in a pre-menopausal woman:
  6.4.1. May have climacteric symptoms such as hot flushes
  6.4.2. May need hormonal replacement therapy (at patient's own expense) with associated risks
6.5. Ovaries conserved:
  6.5.1. No immediate change in hormonal status
  6.5.2. Ovarian failure may occur 2-4 years earlier in a pre-menopausal woman

6.5.3. If not removed – 1% risk of future operation for ovarian pathology

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

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.

8. Serious risks

8.1. Anaesthetic complications including death
8.2. Haemorrhage requiring blood transfusion (1%)
8.3. Injury to neighbouring organs including bladder, ureters, bowel (<10%), vessels (<5%), nerves
8.4. Infection
8.5. Wound complications including infection and hernia
8.6. Lymphocyst and lymphoedema if lymph node dissection is performed (=<10%)
8.7. Deep vein thrombosis and pulmonary embolism
8.8. Fistula formation
8.9. Conversion to laparotomy (<10%)
8.10. Febrile morbidity (<10%)
8.11. Haematoma formation (<5%)

9. Frequent risks

9.1. Surgical emphysema
9.2. Wound infection, pain, bruising, delayed wound healing or keloid formation
9.3. Numbness, tingling or burning sensation around the scar and inner thigh (usually self-limiting but it could take weeks or months to resolve)
9.4. Frequency of micturition and urinary tract infection

10. Other associated procedures which may become necessary during the operation

10.1. Blood transfusion
10.2. Surgical clips may be needed to control bleeding and will be left in-situ
10.3. Repair of bladder and bowel injury
10.4. Colostomy in some cases of bowel injury
10.5. Conversion to laparotomy
10.6. Frozen section may be needed if there is any suspicious lesion
10.7. A drain may be inserted in the abdomen or pelvis for monitoring of blood loss, and will be removed when the condition becomes stable
10.8. Operation may be abandoned if there is any unexpected intra-operative finding or event that may result in significant risks outweighing the benefits

11. Possible consequences if operation not performed

Exact diagnosis / stage cannot be ascertained

12. Possible alternatives (would depend on individual situation)

12.1. Open approach

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12.2. Expectant management +/- imaging
12.3. Proceed directly to chemotherapy / radiotherapy
12.4. Others: _____

13. Special follow-up issues

13.1. Consideration of hormonal replacement after removal of ovaries
13.2. Postoperative radiotherapy and/ or chemotherapy, depending on the histological findings

14. Remark

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.

15. Reference

Department of Obstetrics and Gynaecology, Queen Mary Hospital, Pre-operative information sheet: Laparoscopic staging (Left / Right / Bilateral Salpingo-oophorectomy +/- Pelvic / Para-aortic lymphadenectomy +/- Omentectomy +/- Others (2015)

I, _____ acknowledged that the above information concerning the operation or procedure has been explained by Dr _____. I have also been given the opportunity to ask questions and received adequate explanations concerning the condition and treatment plan.

Name:

Patient No.: Case No.:

Sex / Age: Unit Bed No.:

Case Reg. Date & Time:

Patient Signature: _____

Patient Name: _____

Date: _____