

Procedure Information Sheet - Laparoscopic Ovarian Cystectomy/Salpingo-Oophorectomy

Introduction

The removal of the ovarian cyst by inflating the abdominal cavity with carbon dioxide (CO₂) and insertion of instruments through small ports into the abdomen.

Indication

Ovarian cyst or ovarian tumor.

Procedure

1. General anesthesia.
2. Pneumoperitoneum created by insufflation of carbon dioxide.
3. Small incision made at the umbilicus.
4. Telescope and instruments passed into abdomen.
5. Specimen removed with plastic specimen bag.
6. Sometimes it may need to remove specimen vaginally.
7. Abdominal (and vaginal) wounds closed.
8. All tissue removed will be sent for histopathology examination or disposed of as appropriate unless otherwise specified.

Pre-operative preparation

1. You will need to sign a consent form and your doctor will explain to you the reason, procedure and possible complications.
2. No food or drink for 6 to 8 hours before operation.
3. Blood taking for blood typing and screening.
4. Fleet enema may be performed as instructed by your doctor.
5. Pubic hair is shaved if necessary as instructed by your doctor.

Possible risks and complications

- Anaesthetic complications.
- May need blood transfusion if excessive bleeding occurs.
- Possible injury to neighboring organs especially the bladder, ureters, bowels and blood vessel may require repairing.
- Pelvic infection.
- Wound complications including infection and hernia.
- Risk of rupture of cyst and spillage of its content, consequence of spillage.
- Chance of conversion to laparotomy.

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- May also proceed to laparotomy if malignancy is suspected.
- May have dyspareunia if there is vaginal wound suturing.
- Possible adverse effect on future infertility.

Post-operative information

1. You may take analgesics as prescribed by your doctor.
2. Contact your doctor if severe abdominal pain, purulent discharge, heavy vaginal bleeding or fever (body temperature above 38°C or 100°F) occurs.
3. Affect hormonal status depending on how much ovarian tissue is destroyed by the tumor.
4. Chance of recurrence of the cyst, especially endometriotic cyst. Follow up on schedule as instructed by your doctor.

Risk if not undergoing the procedure

- May develop cyst complications, such as torsion, cysts rupture, bleeding into the cyst.
- Unknown pathology and potential undiagnosed malignancy.

Remark

The above-mentioned procedural information is not exhaustive, other unforeseen complications may occur in special patient groups or individual differently. Please contact your physician for further enquiry.

Reference: http://www21.ha.org.hk/smartpatient/tc/operationstests_procedures.html

I acknowledge that the above information concerning my operation/procedure has been explained to me by Dr. _____. I have also been given the opportunity to ask questions and receive adequate explanations concerning my condition and the doctor's treatment plan.

Name: _____

Pt No.: _____ Case No.: _____

Sex/Age: _____ Unit Bed No: _____

Case Reg Date & Time: _____

Attn Dr: _____

Patient / Relative Signature: _____

Patient / Relative Name: _____

Relationship (if any): _____

Date: _____