

Operation Information

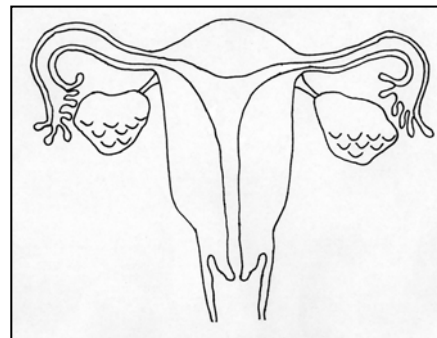
Laparoscopic Ovarian Cystectomy

Indication

Ovarian cyst / _____

Procedure

1. The operation is performed under general anaesthesia
2. Pneumoperitoneum created by insufflation of carbon dioxide
3. Incisions made
4. Telescope and instruments passed into abdomen
5. Ovarian cystectomy done
6. Removed specimen
7. Abdominal wounds closed
8. Send specimen for histopathology



Source:
Hospital Authority – Coordinating Committee in Obstetric & Gynaecology
(2008) – Hysteroscopic Excision of Fibroids / Polyps

Similarities with the open procedure

- Same pathology removed
- Same sequelae

Differences from the open procedure

- 3-4 smaller abdominal wounds
- Less painful
- Faster postoperative recovery
- Earlier discharge
- Shorter sick leave required

Possible Risks and Complications

1. Procedure Risk
 - Bleeding, may need blood transfusion
 - Damage to other nearby organs, e.g. bladder, ureters and bowels, may require repair
 - Pelvic infection
 - Wound complications including infection and hernia (lower incidence)
2. Specific Complication
 - Risk of laparotomy (less than 5%)
 - May also proceed to laparotomy if malignancy is suspected
 - Trauma to peritoneal organs and blood vessels (about 0.1%)
 - Risk of incisional hernia with large trocar

** It is impossible to mention all the possible complications that may happen and the above is only a few important complications which may occur. Before agreeing for the operation, you must acknowledge and accept the fact that no matter how ideal the situation may be, these events may occur. Damage to peripheral organ, severe haemorrhage and leakage after operation, it may require another operation to deal with the complications.

Pre-operation Preparation

1. Your doctor will explain to you the reason, the procedure and the possible complications. Patient will need to sign the consent form.
2. No food or drink is allowed six to eight hours before operation.
3. Change to operation attires and remove loose objects (e.g. dentures, jewellery, contact lens etc).
4. Empty bladder before surgery.

Post-operation Instruction

1. No effect on hormonal status in the presence of normal ovarian tissue.
2. Possible adverse effect on future fertility.
3. Risk of recurrence of the cyst, especially for endometriotic cyst. Please discuss with your doctor for further management.

Advice on discharge

1. Further treatment may be necessary in case of malignancy.
2. Please contact your attending doctor or go back to hospital for severe pain or redness of wound, swelling, purulent discharge, excessive bleeding, vaginal bleeding becomes heavy, abdominal pain, fever (body temperature above 38°C or 100°F) etc.
3. Follow up: Please attend the follow-up as arranged.

Risk of Not Having the Procedure

1. May develop cyst complications, e.g. torsion, bleeding, rupture
2. Unsure pathology and potential undiagnosed malignancy

Alternative Treatment

1. Laparoscopic salpingo-oophorectomy
2. Laparoscopic bilateral salpingo-oophorectomy
3. Laparoscopic assisted vaginal hysterectomy, bilateral salpingo-oophorectomy
4. Open abdominal approach

Other Associated Procedures

Removal of tubes, the other adnexal organs and the uterus

Any Special Follow Up

Consideration of hormonal therapy if the ovaries are removed, the side effects include increased risk of carcinoma of breast, deep vein thrombosis and gall stones.

Remarks: Should you have any enquiries, please consult your doctor.

Reference

Hospital Authority – Smart Patient (Website: http://www21.ha.org.hk/smartpatient/tc/operationstests_procedures.html)

Compiled by Union Hospital Consent Form Taskforce

The above information is for reference only, please enquire your physician for details
Our Hospital reserves the RIGHT to amend any information in this leaflet without prior notification