

**PREOPERATIVE INFORMATION SHEET FOR  
OVARIAN CYSTECTOMY/SALPINGO-OOPHORECTOMY**

**Clinical diagnosis:** \_\_\_\_\_

**Indication for surgery:** ovarian cyst / \_\_\_\_\_

**Nature of the operation:**

- general anaesthesia
- peritoneal cavity entered
- ovarian cyst/ovary and tube removed
- frozen section where indicated
- abdominal wound closed
- all tissue removed will be sent to the Department of Pathology or disposed of as appropriate unless otherwise specified
- photographic and/or video images may be recorded during the operation for education/research purpose. Please inform our staff if you have any objection.

**Benefits of the procedure:**

- remove the ovarian cyst to avoid complications like bleeding, torsion and rupture
- for definitive diagnosis

**Other consequences** after the procedure:

- no effect on hormonal status in the presence of normal ovarian tissue
- cyst rupture and possible spread of disease if malignant
- possible adverse effect on future fertility
- risk of recurrence of the ovarian cyst, especially for endometriotic cysts

**Risks and complications** may include, but are not limited to the following:

- Women who are obese, who have significant pathology, who have undergone previous surgery or who have pre-existing medical conditions must understand that the quoted risks for serious or frequent complications will be increased.
- Anaesthetic complications
- Serious
  - bleeding, may need blood transfusion
  - salpingo-oophorectomy during cystectomy if bleeding is excessive or ovary is badly damaged
  - injury to neighbouring organs especially the bladder, ureters and bowels
  - return to the theatre because of complications like bleeding, wound dehiscence
  - pelvic abscess/infection
  - deep vein thrombosis and pulmonary embolism
  - wound complications including infection and hernia
- Frequent
  - fever
  - frequency of micturition, dysuria and urinary tract infection
  - wound infection, pain, bruising, delayed wound healing or keloid formation
  - numbness, tingling or burning sensation around the scar
  - internal scarring with adhesions

**Risks of not having the procedure:**

- may develop cyst complications (like bleeding, torsion or rupture)
- unsure pathology and potential undiagnosed malignancy

**Possible alternatives**

- cystectomy versus salpingo-oophorectomy

- bilateral salpingo-oophorectomy
- total abdominal hysterectomy bilateral salpingo-oophorectomy
- laparoscopic approach
- others \_\_\_\_\_

**Other associated procedures** (which may become necessary during the procedure):

- blood transfusion
- repair injured bladder, ureter or bowel
- removal of the tube, the other adnexal organs and the uterus
- removal of the other ovary, tube, uterus, omentum and pelvic/para-aortic lymph nodes in case of malignancy

**Special follow-up issue**

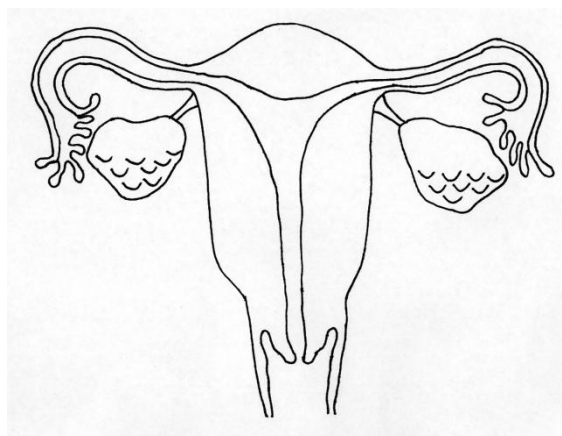
- consideration of taking oral contraceptive pills to reduce the chance of recurrence after removal of endometriotic cyst
- consideration of hormonal therapy if both ovaries are removed before menopause; the side effects including increased risk of carcinoma of breast, deep vein thrombosis and gallstones; you may need to pay for the treatment if you do not have any climacteric symptoms
- further treatment may be necessary in case of malignancy


**Statement of patient:** procedure(s) which should not be carried out without further discussion

*I acknowledge that the above information concerning my operation/procedure have been explained to me and discussed with me by the medical staff and I fully understand them. I have been given the opportunities to ask questions pertinent to my condition and management and satisfactory answers have been provided by medical staff.*

Signature \_\_\_\_\_

Date \_\_\_\_\_



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