

PREOPERATIVE INFORMATION SHEET FOR ABDOMINAL MYOMECTOMY

Clinical diagnosis: fibroid

Indication for surgery: heavy menstrual flow / pelvic or abdominal mass / pressure symptoms /

Nature of the procedure:

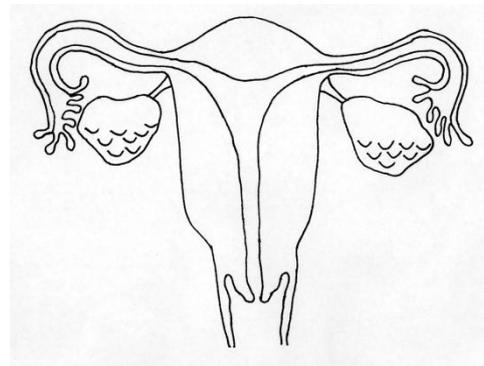
- medication may be given to reduce blood loss
- general anaesthesia
- peritoneal cavity entered
- incision over the fibroid(s)
- fibroid(s) removed
- uterine wound closed
- abdominal wound closed
- all tissue removed will be sent to the Department of Pathology or disposed of as appropriate unless otherwise 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:

- improvement of symptoms
- definitive diagnosis

Other consequences after the procedure:

- risk of uterine rupture during pregnancy
- fertility may be affected
- may need Caesarean section in future pregnancy



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
 - injury to neighbouring organs especially the bladder, ureters and bowels
 - may need to perform hysterectomy(1 to 2 in every 100, uncommon)
 - procedure may not be feasible in case of adenomyosis, fibroid not identifiable because of small size/too deep seated, or too many fibroids
 - return to theatre because of complications like bleeding, wound dehiscence
 - pelvic haematoma
 - deep vein thrombosis and pulmonary embolism
 - pelvic abscess/infection
 - incisional hernia
 - possible adverse effect on future fertility because of adhesion
 - Astherman's syndrome if the uterine cavity was severely affected
 - up to 3 in every 10 patients(very common) may require another operation for recurrence in 10 years
- Frequent
 - fever(1.2 to 3.8 in every 10, very common))
 - frequency of micturition, dysuria and urinary tract infection
 - wound complications including infection(2 to 5 in every 100, common), pain, bruising, delayed wound healing, keloid formation

numbness, tingling or burning sensation around the scar
internal scarring with adhesion

Risk of not having the procedure:

- persistent or worsening of symptoms (menorrhagia / pelvic or abdominal mass / pressure symptoms / _____)
- exact diagnosis cannot be ascertained

Possible alternatives:

- non-surgical treatment including observation or medical treatment
- hysterectomy
- uterine artery embolisation
- laparoscopic/vaginal/hysteroscopic approach
- others _____

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

- blood transfusion
- hysterectomy

Special follow-up issue: nil

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 _____

 瑪麗醫院 QUEEN MARY HOSPITAL	Department of Obstetrics and Gynaecology	Document No.	OGGG-0510-02-08-E (I)
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