Department of Obstetrics & Gynaecology - The University of Hong Kong

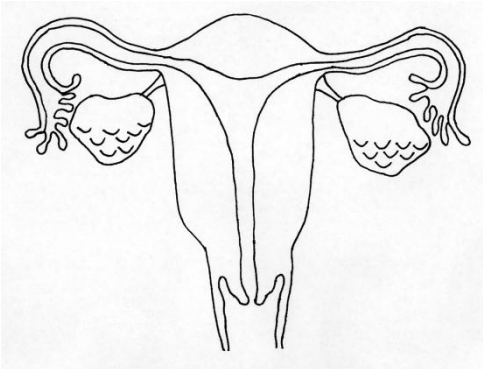
PREOPERATIVE INFORMATION SHEET FOR LAPAROSCOPIC MYOMECTOMY(±ROBOTIC ASSISTANCE – self-financed item)

Clinical diagnosis: fibroid

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

Nature of the procedure:

- general anaesthesia
- pneumoperitoneum created by insufflation of carbon dioxide
- incisions made
- telescope and instruments passed into abdomen
- myomectomy done
- additional incision made and robot connected if required
- specimen removed
- abdominal wounds 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.
- similarities with abdominal myomectomy
  same pathology removed
  same sequelae
- difference from abdominal myomectomy
  3-4 smaller abdominal wounds
  less painful
  faster postoperative recovery
  earlier discharge
  shorter sick leave required



Benefits of the procedure:

- improvement of symptoms
- definitive diagnosis

Other consequences after the procedure:

- risk of uterine rupture during pregnancy
- future 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
- Similar complications as abdominal myomectomy
- Serious
  failure to gain entry into abdominal cavity and to complete the intended procedure, requiring laparotomy
  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 or fibroid not identifiable because of small size/too deep seated, or too many fibroids
  return to theatre because of complications like bleeding, wound dehiscence
  deep vein thrombosis and pulmonary embolism
  pelvic infection
  death 3-8 in every 100000 undergoing laparoscopy die as a result of complications (very rare)
  risk of spread of cancerous tissue in case of unsuspected malignancy with the use of power morcellator
  may have dyspareunia following vaginal wound suturing

potential increased risk of uterine rupture during pregnancy because of difficulty of deep suturing
incisional hernia
possible adverse effect on future fertility because of adhesion
up to 30% of patients may require another operation for recurrence in 10 years

- Frequent

fever(1.2 to 3.8 in every 10, very common)
shoulder tip pain
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

Risks of not having the procedure:

- persistent or worsening of symptoms (heavy menstrual flow / pelvic or abdominal mass / pressure symptom / _____)
- exact diagnosis cannot be ascertained

Possible alternatives

- non-surgical treatment including observation or medical treatment
- hysterectomy
- uterine artery embolisation
- open/vaginal/hysteroscopic approach
- other ways of removing the fibroids from peritoneal cavity – minilaparotomy, vaginal
- others _____

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

- blood transfusion
- laparotomy (less than 5 in every 100)
- hysterectomy

Special follow-up issue: nil

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

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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 _____