



Procedure Information Sheet

Introduction

It is a procedure by using laparoscopic techniques to remove the ovarian cyst or tube and ovary.

Indication

- Ovary cyst.
- Other: _____

The Operation / Procedure

- 1 General anaesthesia, incisions are made after pneumoperitoneum created by insufflation of carbon dioxide.
- 2 Telescope and instruments passed into abdomen +/- uterus.
- 3 Ovarian cystectomy / salpingo-oophorectomy done.
- 4 Specimen removed abdominally with zipper bag.
- 5 May need to remove specimen vaginally.
- 6 Abdominal (and vaginal) wounds closed.
- 7 All tissue removed will be sent to the Pathology Department or disposed of as appropriate unless otherwise specified.

Before the Operation / Procedure

- 1 A written consent is required.
- 2 Keep fast 6 hours before operation.
- 3 Pubic shaving may be required.
- 4 Umbilical cleansing is required :
 - 4.1 Use clean cotton wool applicators soaked with soapy water to clean the umbilicus ;
 - 4.2 Swab from inside to outside and repeat procedure until the umbilicus is cleaned thoroughly.
- 5 Bowel preparation may be required by doctor.
- 6 Take off all clothes (including underwear) and things such as denture, jewelry and contact lens, then put on operation gown.
- 7 Empty urinary bladder before operation.

After the Operation / Procedure

1. Patient who have undergone general anesthesia may have fatigue, nausea or vomiting. If the symptoms persisted or aggravate, please inform health care providers.
2. Patient may feel abdominal distension on the operation day.
3. Base on 3-4 smaller abdominal wounds, patient will feel less painful than open operation, faster postoperative recovery and earlier discharge, therefore shorter sick leave required.
4. No effect on hormonal status in the presence of normal ovarian tissue.
5. Possible adverse effect on fertility.
6. Risk of recurrence, especially for endometriotic cyst.
7. Consideration of hormonal therapy if the ovaries are removed, the side effects include increase in carcinoma of breast and gall stones.
8. Further treatment may be necessary in case of malignancy.

Patient's Label

Patient Name: _____
Hospital No: _____
Episode No: _____



Similarities with the open procedure

1. Same pathology removed.
2. Same sequelae.

Risks and Complications

Women who are obese or very thin, 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.

1. Anaesthetic complications.
2. Damage to the bowel, bladder, ureters, uterus, vagina or major blood vessels which might require repair by laparoscopy or laparotomy. Some of the injuries might not be noted at the time of surgery.
3. Bleeding, may need blood transfusion.
4. Return to theatre because of complications like bleeding, wound dehiscence,
5. Wound complications including bleeding, infection, bruising, wound gaping, keloid formation, pain, numbness and hernia.
6. Pelvic infection.
7. Internal scarring with adhesions.
8. Shoulder tip pain.
9. Thromboembolic complication e.g. deep vein thrombosis pulmonary embolism.
10. 3-8 women in every 100,000 die as a result of complications.

Risk of Not Having the Procedure

1. May develop ovarian cyst complications (like torsion, haemorrhage, rupture) .
2. Unsure pathology and potential undiagnosed malignancy.

Alternative Treatment

1. Laparoscopic cystectomy versus salpingo-oophorectomy.
2. Laparoscopic bilateral salpingo-oophorectomy.
3. LAVHBSO.
4. Open approach.
5. Other _____

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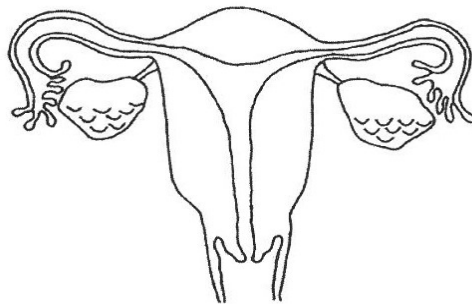
Laparoscopic Ovarian Cystectomy (and Salpingo-Oophorectomy if necessary)

Disclaimer

This leaflet only provides general information pertaining to this operation / procedure. While common risks and complications are described, the list is not exhaustive, and the degree of risk could also vary between patients. Please contact your doctor for detailed information and specific enquiry.

Reference

Department of Obstetric & Gynaecology, United Christian Hospital, Pre-operative Information Sheet: Laparoscopic Ovarian Cystectomy /Salpingo-Oophorectomy (2022)



Patient's Label

Patient Name: _____

Hospital No: _____

Episode No: _____

Patient's Signature: _____ Date: _____