

Information Protocol for Gynaecological Abdominal Operations

Name:

First name:

Date of birth:

This page should provide you with information, not worry you. It is only part of the information you will receive. The planned intervention will be discussed with you in person. Please ask about anything that is unclear or seems important, and don't hesitate to say if you would prefer not to know too much about the forthcoming procedure.

The tests that have already been carried out suggest that you have a condition affecting your internal genital organs (uterus, fallopian tubes, ovaries).

Suspected diagnosis:

Surgical method: Access to the internal genital organs is generally provided via a vertical incision in the centre of the body from the lower abdomen to or over the navel. Depending on the findings during the operation, it may be necessary to remove the uterus, ovaries and/or fallopian tubes. Rarely in case of benign diseases and generally only in case of malignant diseases affecting the uterus and ovaries, neighbouring organs (bladder, ureter, bowel) can be affected. This occasionally requires the inclusion of doctors from other specialities during the operation. If there are malignant changes to the genital organs, lymph nodes from the abdomen, which are located close to major blood vessels, must be removed. This is to detect/prevent the potential spread of tumour cells to these filtering stations. Occasionally, the greater omentum (a fold of fat in the abdomen) may be removed, samples taken from the peritoneum or the appendix removed. In rare cases, for example if there is cervical cancer, it may be necessary to remove the uterus and the ligaments that attach it to the lower abdomen. In this case, the vagina will also be shortened by a few centimetres. However, for any surgery, the basic principle is that the scope of the intervention is kept to the strict minimum.

Risks and complications: Even if an operation is carried out properly, it is impossible to guarantee that treatment will be successful and there will be no complications. During the operation, bleeding can occur. This will be staunched immediately. Rarely, bleeding can also occur after the operation; this may need to be treated with a second operation. If there is significant blood loss, blood substitute will be given. Blood transfusions will only be used if blood substitutes are insufficient. Inflammation, wound complications and thrombosis (blocking of veins by blood clots) cannot always be avoided, despite medical progress and preventive measures (antibiotics, "blood thinners"). As a urinary catheter must be used to empty the bladder for the surgery, bladder irritation or bladder inflammation can occasionally occur after the operation. This can generally be treated with no issues. Flatulence and mild abdominal cramps are not technically complications, but must be seen as temporary disturbances following abdominal surgery. Despite the care taken by the surgeon, injuries to neighbouring organs such as the bladder, ureter and intestine cannot always be avoided, in particular if certain risk factors, for example adhesions, are present. Despite proper patient positioning and correct equipment connection, pressure-related and other damage to nerves and soft tissues can occur as very rare complications. Only rarely do these leave permanent symptoms (e.g. numbness, painful sensations) or scars.

After the operation, if the uterus and/or both ovaries are removed, you will no longer be able to get pregnant. You will also no longer have a period. General experience shows that weight gain and changes to sexual response are not to be expected after removal of the uterus, but may occur after removal of the ovaries. In most cases, sexual intercourse is possible after the surgery with no complications. In younger women, after the removal of both ovaries, symptoms associated with the menopause (e.g. hot flushes) will occur, with further signs of the hormone deficiency such as osteoporosis and vaginal dryness appearing over time. These symptoms can be remedied with the administration of natural female hormones. You will be given specific information on what to do after the operation, how long you will be in hospital and how long you should expect to be off work.

Cost: The operation is a standard benefit covered by health insurance. If you have supplementary insurance: is cost recovery clarified?

Your questions:

Explanatory consultation

Interpreter:

Proposed operation:

Outline of the operation: (surgical method, incision, what will be removed, reconstructed etc. side designation left/right)

Doctor's notes on explanatory consultation (waiver of explanation stating reason, individual risk factors: age, heart disease, obesity, etc.).

Alternative treatment possibilities:

Date:

Time:

Duration of explanatory consultation:

Treatment Order

Dr _____ carried out an explanatory consultation with me. I have understood the explanation and could ask any questions I had. I have been given a copy of the consultation protocol.

I consent to the planned procedure, including any discussed changes and extensions that may be found necessary during the operation.

Place, date

Patient:

The text on the front page has been discussed with the patient, any questions answered, and a copy of this information protocol has been given to the patient.

Date, time

Doctor: