

Information Protocol for Operation through Laparoscopy in Patients with Probably Benign Findings of the Ovary/Fallopian Tubes (Adnexal Findings)

Name:

First name:

Date of birth:

Examination has shown that you have changes in your ovaries or Fallopian tubes (adnexal findings). Examinations thus far have shown that these are in all likelihood benign, and will be treated and/or removed through laparoscopy. The surgery requires general anesthesia. The following information is for your instruction and should not worry you. It is a supplement to the detailed medical consultation about the planned procedure. Ask for further explanations if something is not clear to you. But also let us know if you do not want any further explanations.

Operation method

During laparoscopy, a bladder catheter and a stomach probe must always be inserted. Abdominal access is usually through a small incision in the navel area. A needle is used to introduce carbon dioxide into the abdominal cavity so that the abdominal wall is lifted from the intestines. Then, 5-10 mm tubes are inserted through other small incisions into the lower abdomen. The camera is usually inserted through the incision in the navel area, and the surgical instruments, through the other incisions. The entire operation is performed under constant video control.

The entire abdominal cavity is inspected with the camera, particularly the lower abdomen with the adnexal findings. If the findings confirm benign changes, the operation is completed by laparoscopy. Before the intervention, a decision will be made with you as to what will be done if the findings unexpectedly prove malignant. You will receive a separate information protocol for any follow-up procedures under the same anesthesia. Depending on the findings, the healthy ovarian tissue may be preserved and only the pathological findings removed, or the ovary may have to be completely removed, usually along with the Fallopian tube. The findings are usually removed in a retrieval bag to prevent spillage of contents. This is done either via incision in the vagina or an enlarged incision in the abdominal wall. The carbon dioxide is released at the end of the operation, and the small skin incisions are closed with a suture.

Risks and complications

As with any surgery, there is a risk of increased or secondary bleeding – rarely requiring transfusion –, wound infection, thrombosis, or even embolism. You will receive blood thinning injections as a precaution. During surgery, rarely or very rarely, internal organs such as the bladder, bowel, ureter, or blood vessels may be injured when the tubes are inserted or during surgery. Generally, such injuries can be corrected via laparoscopy without adverse consequences. Rarely, the abdomen must be opened through a transverse or longitudinal incision due to a complication or for technical reasons. 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

After laparoscopy, you will feel well again relatively quickly, because this method causes less pain than open surgery. Bilateral shoulder pain, which is associated with the residual carbon dioxide, is typical during the first days and will disappear on its own. You can eat and drink normally again very quickly. If removal of both ovaries is necessary for medical reasons, this would affect the sex hormones if you are not already menopausal.

Your questions:

Explanatory consultation

Interpreter:

Proposed operation:

Operation outline: (Operation method, skin incision, what is removed, reconstructed, etc., side indication left, right)

Notes of the doctor for the information interview (waiver of explanation with indication of the reason, individual risk-increasing circumstances: age, heart disease, obesity, etc.).

Alternative treatment possibilities:

Date:

Time:

Duration of explanatory consultation:

Treatment order:

Dr. _____ has had an informative talk with me. I understood the explanations and was able to ask any questions I had. I received a copy of the interview protocol.

I agree with the proposed procedure, as well as with the changes and extensions discussed that may be required during the operation.

Place, date:

Patient:

The text on the front page was discussed with the patient, the questions answered, and a copy of this explanation protocol was given to the patient.

Date, time:

Doctor:
