

Information Protocol for Premenopausal Patients with Adnexal Findings

Name:

First name:

Date of birth:

Surgical indications: You have been determined to have adnexal findings, the exact nature of which is currently unknown. It may be benign, malignant or 'borderline' (the tumor is no longer benign but not yet malignant). A probably benign tumor can be treated by laparoscopy. A probably or definitely malignant tumor requires open abdominal surgery. Both operations require general anesthesia.

The following information is for your instruction and should not worry you. This is only part of the information. The basics must be explained by your doctors. Ask for an explanation if something is not clear to you.

Operation method:

a) Laparoscopy: The procedure begins with the insertion of a bladder catheter and the disinfection of the abdominal wall (it is important that you tell us about any iodine allergy). Access is through one or more incisions in the abdominal wall. One is located in the navel and the other just above the pubic hairline. Subsequently, carbon dioxide is introduced into the abdomen through a needle. If it is not possible to inflate the abdomen (e.g., with adhesions), the incision in the navel must be widened or the abdomen opened with a larger incision. Occasionally, a mobilizer is inserted into the uterus (through the vagina) so that it can be moved during the procedure. Then the adnexal findings are examined. If the tumor looks benign, it is excised from the ovary, which is thus preserved. If the tumor looks malignant or 'borderline', we must remove the ovary. Incidentally, it may happen that an identical finding is also present on the other ovary. In this case, we have to remove that ovary as well. The adnexal findings can be examined by a pathologist using a frozen section procedure (while you are still under anesthesia). Depending on the result, we may need to open the abdomen and remove more tissue. The adnexal findings are removed through the incision above the pubic bone or through an additional incision in the vagina.

b) Laparotomy (open abdominal surgery): The procedure begins with the insertion of a bladder catheter and the disinfection of the abdominal wall. A longitudinal incision is made. We remove both ovaries, the Fallopian tubes, the uterus, Scarpa's fascia (an apron of fat in the abdomen that we all have), the cecum, lymph nodes and some small bits of the peritoneum. We may also have to remove part of your intestine. If you still want a child and only one ovary is affected, we will not remove the second ovary with the Fallopian tube nor the uterus.

Risks and complications: In addition to the risk of bleeding (which rarely requires a blood transfusion), infection or thrombosis, or even embolism (which is prevented by 'thinning of the blood'), there is also a risk of organ injury (bladder, ureter, intestine, stomach) and opening of the adnexal findings. The opening of benign adnexal findings will probably have no consequences for you. The opening of 'borderline' or malignant adnexal findings can have an unfavorable course, since tumor cells spread into the abdominal cavity. To prevent such opening, you may be offered open abdominal surgery. 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 a laparoscopy, you will feel abdominal and shoulder pain. These symptoms usually disappear within 24 to 48 hours of the procedure. After an open abdominal operation, the pain may be more pronounced, but you will be given the medication you need to relieve the pain.

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:
