A. **Interpreter / cultural needs**

An Interpreter Service is required?  Yes  No
If Yes, is a qualified Interpreter present?  Yes  No
A Cultural Support Person is required?  Yes  No
If Yes, is a Cultural Support Person present?  Yes  No

B. **Condition and treatment**

The doctor has explained that you have the following condition: *(Doctor to document in patient’s own words)*

This condition requires the following procedure. *(Doctor to document - include site and/or side where relevant to the procedure)*

- [ ] Laparotomy ..........................................................
- [ ] Laparoscopy ......................................................
- [ ] Removal of ovary (include side) ................................

C. **Risks of an ovarian cystectomy/ oophorectomy**

There are risks and complications with this procedure. They include but are not limited to the following.

**General risks:**
- Bleeding could occur and may require a return to the operating room. Bleeding is more common if you have been taking blood thinning drugs such as Warfarin, Aspirin, Clopidogrel (Plavix or Iscover) or Dipyridamole (Persantin or Asasantin).
- Small areas of the lung can collapse, increasing the risk of chest infection. This may need antibiotics and physiotherapy.
- Increased risk in obese people of wound infection, chest infection, heart and lung complications, and thrombosis.
- Heart attack or stroke could occur due to the strain on the heart.
- Blood clot in the leg (DVT) causing pain and swelling. In rare cases part of the clot may break off and go to the lungs.
- Death as a result of this procedure is possible.

**Specific risks:**
- Severe bleeding, a blood transfusion may be required to replace blood loss.
- Infection in the operation site or pelvis or urinary tract. Treatment may be wound dressings and/or antibiotics.
- Injury to other organs such as the ureter(s) (tube leading from kidney to bladder) bladder or bowel. This is an uncommon risk. Further surgery will be needed to repair the injuries. For bladder injuries, a catheter (plastic tube) may be put into the bladder to drain the urine away until the bladder is healed. For ureteric injury, a plastic tube (stent) is placed in the ureter for 6 weeks and then removed by cystoscopy. If the bowel is injured, bowel resection and a possibility of a temporary or permanent colostomy. A damaged kidney may require removal.
- Bowel blockage after the operation. This may be temporary or in the longer term. Initial treatment may be a drip to give fluids into the vein and no food or fluids by mouth. If it doesn’t get better, bowel surgery may be necessary which may include a colostomy. This can be temporary or permanent.
- Poor early wound healing and the wound may burst open which may require long term wound care with dressings and antibiotics, or a hernia i.e. rupture can form in the long term. This may need repair by further surgery.
- Wound may heal normally with a thickened scar which may be red and painful. This is called a “keloid” and may be permanent and can be disfiguring.
- Sometimes a small part of the ovary may be left behind and could cause further problems, like pain.
- Occurrence of other cysts, which may need future surgery.
- Adhesions to site of cyst removal.
- If both ovaries are removed before onset of menopause, risk of osteoporosis and may require therapy eg. hormone therapy.
- Need for oophorectomy when consented for a cystectomy if bleeding excessive or ovary badly damaged.
- Increased risk in smokers of wound and chest infections, heart and lung complications and thrombosis.

D. **Significant risks and procedure options**

*(Doctor to document in space provided. Continue in Medical Record if necessary.)*

E. **Risks of not having this procedure**

*(Doctor to document in space provided. Continue in Medical Record if necessary.)*

F. **Anaesthetic**

This procedure may require an anaesthetic. *(Doctor to document type of anaesthetic discussed)*
I acknowledge that the doctor has explained:

- my medical condition and the proposed procedure, including additional treatment if the doctor finds something unexpected. I understand the risks, including the risks that are specific to me.
- the anaesthetic required for this procedure. I understand the risks, including the risks that are specific to me.
- other relevant procedure/treatment options and their associated risks.
- my prognosis and the risks of not having the procedure.
- that no guarantee has been made that the procedure will improve my condition even though it has been carried out with due professional care.
- the procedure may include a blood transfusion.
- tissues and blood may be removed and could be used for diagnosis or management of my condition, stored and disposed of sensitively by the hospital.
- if immediate life-threatening events happen during the procedure, they will be treated based on my discussions with the doctor or my Acute Resuscitation Plan.
- a doctor other than the Consultant may conduct the procedure. I understand this could be a doctor undergoing further training.

I have been given the following Patient Information Sheet/s:

- [ ] About Your Anaesthetic
- [ ] Ovarian Cystectomy / Oophorectomy
- [ ] Blood & Blood Products Transfusion

- I was able to ask questions and raise concerns with the doctor about my condition, the proposed procedure and its risks, and my treatment options. My questions and concerns have been discussed and answered to my satisfaction.
- I understand I have the right to change my mind at any time, including after I have signed this form but, preferably following a discussion with my doctor.
- I understand that image/s or video footage may be recorded as part of and during my procedure and that these image/s or video/s will assist the doctor to provide appropriate treatment.

On the basis of the above statements,

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Date: .....................................................................................................................................................

Signature: ........................................................................................................................................

Interpreter: ........................................................................................................................................

Name of Interpreter: (state the patient’s language here)

Signature: ........................................................................................................................................

Date: ..............................................................................................................................................
# Consent Information - Patient Copy

## Ovarian Cystectomy/Oophorectomy

### 1. What do I need to know about this procedure?
An ovarian cystectomy/Oophorectomy is a procedure that will be performed by laparotomy or laparoscopy:

- An operation through the abdomen to remove part or all of one or both ovaries.

### 2. My anaesthetic
This procedure will require an anaesthetic.

See About Your Anaesthetic information sheet for information about the anaesthetic and the risks involved. If you have any concerns, discuss these with your doctor.

If you have not been given an information sheet, please ask for one.

### 3. What are the risks of this specific procedure?

#### General risks:
- Bleeding could occur and may require a return to the operating room. Bleeding is more common if you have been taking blood thinning drugs such as Warfarin, Aspirin, Clopidogrel (Plavix or Iscover) or Dipyridamole (Persantin or Asasantin).
- Small areas of the lung can collapse, increasing the risk of chest infection. This may need antibiotics and physiotherapy.
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- Poor early wound healing and the wound may burst open which may require long term wound care with dressings and antibiotics, or a hernia i.e. rupture can form in the long term. This may need repair by further surgery.
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- Sometimes a small part of the ovary may be left behind and could cause further problems, like pain.
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- Need for oophorectomy when consented for a cystectomy if bleeding excessive or ovary badly damaged.
- Increased risk in smokers of wound and chest infections, heart and lung complications and thrombosis.

### Notes to talk to my doctor about:

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