

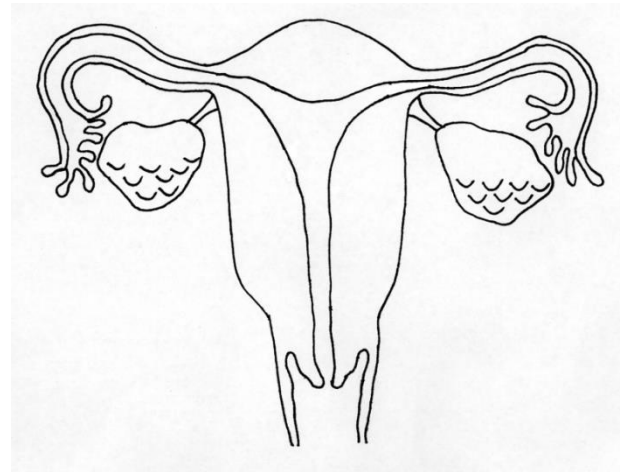
**PREOPERATIVE INFORMATION SHEET FOR  
LAPAROSCOPIC SALPINGECTOMY / SALPINGOTOMY**

**Clinical Diagnosis:** tubal pregnancy / \_\_\_\_\_

**Indication:** tubal pregnancy / \_\_\_\_\_

**Nature of the operation**

- general anaesthesia
- pneumoperitoneum created by insufflation of carbon dioxide
- incisions made
- telescope and instruments passed into abdomen
  - salpingectomy: affected fallopian tube removed (preferred unless the other tube is abnormal)
  - salpingotomy: affected fallopian tube cut open and gestational products removed
- specimen may be removed with zipper bag
- abdominal wounds closed
- all tissue removed will be sent to the Department of Pathology or disposed of as appropriate unless otherwise specified
- photographic and/or video images may be recorded during the operation for education/research purpose. Please inform our staff if you have any objection.
- similarities with the open procedure
  - same pathology removed
  - same sequelae
- difference from the open procedure
  - 3-4 smaller abdominal wounds
  - less painful
  - faster postoperative recovery
  - earlier discharge
  - shorter sick leave required



**Benefits of the procedure:** ectopic gestation or the affected tube removed

**Other consequences after the procedure:**

- surgical cure of tubal pregnancy
- increase in risk of ectopic pregnancy in future
- in salpingotomy there may be need for further treatment for persistent ectopic pregnancy (4-8 in 100); future intrauterine pregnancy rate is similar but the rate of future ectopic pregnancy may be higher compared with salpingectomy

**Risks and complications** may include, but are not limited to the following:

- Women who are obese, 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.
- Anaesthetic complications
- Serious
  - the overall risk of serious complications from diagnostic laparoscopy is approximately 2 in 1000 (uncommon)
  - failure to gain entry into abdominal cavity and complete the intended procedure laparoscopically, requiring laparotomy
  - damage to bowel, bladder, uterus or major blood vessels which would require repair and/or urinary/faecal diversion; however, up to 15% of bowel injuries might not be diagnosed at the time of laparoscopy
  - uterine perforation if instrument inserted to facilitate operation
  - salpingectomy may be needed if bleeding excessive or tube badly damaged for salpingotomy
  - return to theatre because of complications like bleeding / wound dehiscence
  - 3 to 8 women in every 100 000 undergoing laparoscopy die as a result of complications (very rare)
  - inability to identify an obvious cause for presenting complaint
  - persistent ectopic pregnancy when salpingotomy performed (4-8 in 100, common)
  - hernia at site of entry

- Frequent bruising  
shoulder-tip pain  
wound complications like gaping, infection

**Risks of not having the procedure:** patients can die as a result of internal bleeding

**Possible alternatives**

- laparoscopic salpingotomy
- laparoscopic salpingectomy
- open abdominal approach
- medical treatment
- others \_\_\_\_\_

**Other associated procedures** (which may become necessary during the operation):

- blood transfusion
- laparotomy
- salpingectomy in case of salpingotomy
- repair of damage to bowel, bladder, uterus or blood vessels


**Any special follow up:** if salpingotomy is done, need monitoring of pregnancy hormone (HCG) level till it is normalised

**Statement of patient:** procedure(s) which should not be carried out without further discussion

*I acknowledge that the above information concerning my operation/procedure have been explained to me and discussed with me by the medical staff and I fully understand them. I have been given the opportunities to ask questions pertinent to my condition and management and satisfactory answers have been provided by medical staff.*

Signature \_\_\_\_\_

Date \_\_\_\_\_

 <small>瑪麗醫院 QUEEN MARY HOSPITAL</small>	<b>Department of Obstetrics and Gynaecology</b>  <b><u>Subject</u></b> <b>Laparoscopic salpingectomy / salpingotomy</b>	<b>Document No.</b>	<b>OGGG-0510-02-07-E (I)_version 1</b>
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