ENHANCING ENDOSCOPY SKILLS

Medicolegal Issues in Endoscopy

Key Practice Points

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President & Secretary's Message

Greetings from Team IAGE,

It is our pleasure and privilege to present before you the Good Practice Points for the management of common problems in gynaecology.

Gynaecological conditions are often complex and varied in their presentation, with significant variability in patient response to treatment. These guidelines have been developed to support clinicians in delivering consistent, evidence-based, and patient-centered care in their day-to-day practice.

We extend our sincere congratulations to everyone who has contributed to the development of these guidelines. Your dedication and expertise have been invaluable in shaping this important work. We would like to especially acknowledge Dr. Bhaskar Pal for the tremendous effort and diligence invested in this initiative, as well as Dr. Atul Ghanatra for his leadership during whose tenure this work was accomplished.

We also express my heartfelt gratitude to IAGE for providing us with this opportunity to contribute towards advancing clinical practice and improving patient outcomes in gynaecological care.

Thank you.

Best wishes
Dr Sudha Tandon
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(2026-2027)

Best wishes
Dr Vidya Bhat
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Team IAGE 2026-2027

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INTRODUCTION

Practicing medicine has now become hazardous & risky anddoctor patient relationship has suffered a lot. Mutual faith isreplaced with mutual suspicion and hence probably practicing defensive medicine has become inevitable.

Super specialities are more prone to be targeted and Endoscopy being one which not only requires expertise but also is expensive, faces litigations more frequently than probably other fields.

The best way to handle such situations is to prevent them and for that adequate and essential knowledge of law is a must. Also it is prudent to always practise within the competency and training one has had and avoid misadventure. Key practice points pave our way to ease out everyday issues and help us achieve a safe and litigation free practice.

KEY PRACTICE GUIDELINES

Annexure-1

1. General legal information
2. Consent in Endoscopy
3. Documentation for Endoscopy
4. Competency and training for Endoscopy

Annexure-2

Model Consents

1. Laparoscopic Hysterectomy
2. Diagnostic Hysteroscopy
3. Operative Hysteroscopy
4. Laparoscopic Ovarian Cystectomy /Oophorectomy/Salpingectomy
5. Laparoscopic Surgery for Endometriosis
6. Laparoscopic Myomectomy
7. Fertility Enhancing Endoscopy Surgery
8. Laparoscopic Tubal Ligation

GENERAL LEGAL INFORMATION

1. What is professional negligence??

Absence of reasonable care or skill or willful negligence on the part of the medical practitioner in the treatmentof the patient whereby the health or life of the patient is endangered.

2.W**hat are the ingredients of negligence???**

1. There was a Duty towards patients;
2. There was Deficiency in duty
3. This Directly resulted in (causa causans)
4. Damage which may be physical, mental or financial loss to patient or relatives

3. What are the types of negligence???

Civil Negligence: Malpractice, Deficiency in Service
Criminal Negligence: gross lack of competency, gross inattention, reckless behavior

4. Who has to prove negligence??? Burden of proof??

The courts and fora accept and presume innocence of healthcare professionals and the complainant has the burden of proof to prove his or her allegations.

5. What is res ipsa loquitor???

The thing or the fact speaks for itself. Error is so self evident that the doctor has to prove his innocence.

Examples-

- Surgery without consent
- Surgery on wrong patient or wrong organ
- Leaving mop or instrument inside-GOSSYPIBOMA
- Transfusing wrong blood
- Performing criminal abortion

6.What is the principle of vicarious liability????

Liability for another's act .A doctor is responsible for not only his own negligence but also for the negligence of his employees, if such an act occurs under his direct supervision, by the principle of Respondent Superior and QUI FACIT PER ALIUM FACIT PER SE.

Types-

1.Principal agent relationship- PG STUDENT-TEACHER
2.Master servant relationship- NURSING STAFF AND DOCTOR
3.Independent contractor- CONSULTANT AND HOSPITAL MANAGEMENT

7.What are the fora for complaints against healthcare professionals???

Forum	Complaint	Outcome
Civil court	Civil negligence	Compensation
Consumer court	Deficiency in service/unfair trade practice	Compensation
Police /Criminal court	Criminal negligence	Imprisonment and fine
IMA-DC	Professional misconduct	Suspend/remove membership
MMC/MCI-DC	Professional misconduct	Suspend/remove name
SHRC	Violation of human rights	Action in courts
NHRC	Violation of human rights	Action in courts
LOK ADALAT	Consent decree	Dispute resolution
All the above fora can be approached simultaneously.		

8. How is an Medicolegal case or police complaint against a doctor investigated ???

This is done as per guidelines given by honorable Supreme court in the judgment of Jacob Matthews vs State of Punjab

- Government to form rules and guidelines for such investigation.
- The IO.. obtain an independent and competent medical opinion preferably from a doctor in government service qualified in that branch of medical practice after applying Bolam's test.
- A doctor accused of rashness or negligence, may not be arrested in a routine manner (simply because a charge has been leveled against him). Unless his arrest is necessary.

9. What is Bolam"s test???

It is a test of standard of reasonable care. The courts and fora expect doctors to provide reasonable care and not extraordinary care. A man need not possess the highest expert skill; it is well established law that it is sufficient if he exercises the ordinary skill of an ordinarily competent man exercising that particular art.

10. **What should I remember while taking indemnity insurance???**

In today's era, indemnity insurance is a must and there are multitude of companies offering it. There are various issues to understand before embarking upon one over the other like AOY/AOA ratio and amount for which indemnified, whether out of court settlements are covered, whether choice of advocate is allowed, whether trained and untrained staff are included. RememberCriminal complaints and cases are never covered under indemnity insurance. It is therefore prudent to read and understand properly before taking it.

CONSENTS FOR ENDOSCOPY

CONSENT (Voluntary agreement, compliance or permission.)

It is defined in section 13 of Indian Contract Act, 1872, as, two or more persons are said to consent, when they agree upon the same thing in same sense i.e., "Parties AD IDEM".The element of consent is one of the critical issues in medical treatment.

The patient has a legal right to autonomy and self determination enshrined within Article 21 of the Indian Constitution. He can refuse treatment except in an emergency situation where the doctor need not get consent for treatment. The consent obtained should be legally valid. A doctor who treats without valid consent will be liable under the tort and criminal laws.

Consent is not an event of merely obtaining signatures on paper before patient submits to particular treatment, but it is process of communication. It is proactive process of making sufficient disclosure, and empowerment the patient to consciously decide on what he or she considers best after understanding pros and cons involved.

1.Is consent necessary???

Conduct, Ethics and Etiquette Regulations 2002, Indian medical council act 1956
7.16 Before performing an operation the physician should obtain in writing the consent from the husband or wife, parent or guardian in the case of minor, or the patient himself as the case may be.
In an operation which may result in sterility the consent of both husband and wife is needed.

2.What is the liability for procedure done without consent???

LIABILITY IN TORT LAW- procedure without consent is a Civil wrong- Gesture/preparation-apprehension which infringes Right in REM and hence makes the doctor liable for damages as compensation.
LIABILITY IN CRIME-IPC 1860 Procedure without consent is a crime under S-349/S-351 with a punishment of 3mths SI +Rs 500/- Fine

3.What is the landmark case for consent in India???

Samira Kohli versus Dr Prabha Manchanda is the landmark case for consent.
It's a supreme court case where 3 judges bench (BN Aggarwal, PP Naolekar, and RV Ravendran) finally defined consent in context of medical negligence in Indian scenario. 2008

4.What were the discussions in that case regarding consent???

In this case, the term "consent" was discussed in detail. Following questions were raised and answered in relation to medical context of "consent":
Question 1. Whether informed consent is necessary for surgical removal of reproductive organs?
Answer: Yes

Question 2. What should be the nature of consent?
Answer: Consent should be voluntary and free. Patient should have capacity and competence to consent. Consent should be based on knowledge, which means patient should have adequate information about nature and procedure of treatment , purpose of treatment ,benefits and effects of treatment , alternatives available

Question 3. Does supreme court expect to explain about all possible complications?
Answer: The doctors are expected to anticipate certain complications or requirements depending on the condition of patient. No need to explain about theoretical risks involved which can frighten or confuse patient resulting in either refusal of consent for treatment or lead the patient to undergo fanciful treatment. A balance should be achieved.

Question 4. Can there be a common consent for diagnostic and operative procedures when they are Contemplated?
Answer: Yes

Question 5. Can we do additional surgery either as a conservative or as a radical treatment, without specific consent for the same?
Answer: Big 'no'

Question 6. Can consent be taken by assistant doctor?
Answer: Yes This case has been referred to and cited several times, subsequently 8

5. What are the types of consents???

Types of consents are Implied Consent AND Expressed Consent.

Implied consent: Implied consent is a consent which is not expressly granted by person, but rather implicitly granted by a person's actions, facts, and circumstances of particular situation. For example, once patient enters in to a doctor's clinic implied consent is for talking history and examination.

Expressed consent: The terms of which are stated in distinct and explicit language. It may be oral or written. Oral consent is also equally valid Informed consent:

6. What are the criteria for valid consent???
Patient should have capacity and competence to consent. That means patient should be an adult and of sound mind. If these conditions are not fulfilled, the guardian's consent is valid.

CAPACITY
– Should not be minor or insane
VOLUNTARY
– Should be signed by patient herself
– Others are just witnesses
KNOWLEDGE
– Nature of treatment
– Benefits
– Side effects

- Available alternatives
- Consequences of refusal of treatment

7. What is a blanket consent???

Blanket consent has no legal value. This is what most of the doctors practice routinely. They have routine stereo-typed printed consent forms for all surgical procedures whether, it is hysterectomy or medical termination of pregnancy (MTP). There should be different consent forms for different surgical procedures, which should included explanation of possible risks and complications involved in that particular surgery

8. **What consent is necessary if a "Ghost surgeon" operates???**

"GHOST Surgeon" entails hiring services of expert surgeon in particular disciplinary, for example, laparoscopic surgeon should be routinely sought for in fraternity. It is advisable to incorporate the name of visiting operating surgeon in the consent form, to reduce own's liability in case of future litigations. To extent, the best thing would be to inform the patient about it, "I am calling Dr name for his expertise in that particular surgery"

9. Can we do additional surgery for which consent is not taken?

No. An argument that it was beneficial, it would save the time or would relieve the patient from pain or suffering in future, does not hold the grounds if defense is in the court of law The only exception to this rule is, where an additional procedure, though unauthorized, is mandatory, in order to preserve the health of patient then it would be unreasonable to delay such procedure, until the patient regains consciousness and takes decision.

10. What if the patient refuses the procedure???

Informed Refusal: After being informed about procedure, its side effects and other related facts, if patient refuses to undergo treatment, informed refusal consent should be taken, to protect ourselves for litigations in future. In case of informed refusal of treatment, signature of witness should also be taken.

11. What should be the contents of consent???

Following should be the contents of a valid consent-
a)Date and time
b)Patient related: Name, age and signature of the patient/proxy decision maker
c)Doctor related: Name, registration number and signature of the doctor
d)Witness: Name and signature of witness
e)Disease-related: Diagnosis along with co-morbidities if any
f)Surgical procedure related: Type of surgery (elective/emergency), nature of surgery with antecedent risks and benefits, alternative treatment available, adverse consequences of refusing treatment
g) Anaesthesia related: Type of anaesthesia (general and/or regional, local anaesthesia, sedation) including risks

h)Blood transfusion: Requirement and related risks
i)Special risks: Need for post-operative ventilation, intensive care, etc
j)Document the fact that patient and relatives were allowed to ask questions, and their queries were answered to their satisfaction.

12. Any special consents for endoscopic surgery??

Expressed and informed consent for recording the procedure, using the video for social media for educational purposes and for use in conferences without revealing the identity of the patient in any way. One has to also follow the various provisions of the s 69 A Information Technology act 2000 and guidelines 2021.
CONFERENCES/ LIVE WORKSHOP

13. Should there be a separate consent for anesthesia???

Surgical consent is not sufficient to cover anaesthesia care
The surgeons are incapable to discuss the risks associated with anaesthesia.
Informed consent for anaesthesia must be taken by the anaesthesia provider as only he can impart anaesthesia related necessary information and explain the risks involved.
It may be documented by the anaesthesiologist on the surgical consent form by a handwritten note, or on a separate anaesthesia consent form.

14. Should there be a separate consent for blood transfusion??

Generally, the legal and ethical principles that apply to transfusion medicine are no different from those applicable to any medical interaction or intervention. Standards Regulated by The Drug and Cosmetic Act,1940 should be followed. Human blood is covered under the definition of 'Drug' under Sec. 3(b) of Drugs & Cosmetics Act., hence, it is imperative that Blood Banks need to be regulated under the Drugs & Cosmetics Act and rules thereunder.

15. How long is the informed consent valid???

Informed consent has continuing force and effect until
(1) the patient revokes it, or
(2) the patient's condition changes materially such that either the scope of the procedure or the risks change.

DOCUMENTATION

Documentation is the base of all the work that has been done by the healthcare professional. But it is considered a time consuming bother. Many causes of poor records emerge like cutting costs, restaurant type medical service, no training, Doctor - shopping patients etc. nevertheless the real value of good documentation emerges only when one is hit by litigation.

1. What is medical documentation???

Any and all forms of documentation by a clinician recorded in a professional capacity in relation to the provision of patient care.

May include written or electronic health records, audio, video, e-mails, fax, images, charts, check lists etc.

2. What are reasons to maintain good records??

Records are coordinative vehicle – for communication, all case - related info, should be complete. Good records indicate good quality medical care, good quality practitioner and are the best defense for litigations.

3. What should be documented???

All details regarding date and time,outpatient documents,copies of all reports,Indoor case records ,copy of discharge card, consent, prescriptions, transfer notes, Videos of surgeries etc.

4. What are the criteria of good records???

Good records should be Correct,Clear,Comprehensive,Chronological and Contemporaneous

5. Are electronic records better than hand written??

One can either use hand written or Electronic media records. Both are equally good. Lot of softwares are now available and one can choose that which is most user friendly as the staff may need training to use them. Advantages of electronic records are that research is easily possible from data and they do have a little medicolegal advantage.

6. What is the special precaution taken during documentation???

Any documentation should clearly mention the patient counseling in details including the need for any treatment, its alternatives and recognised side effectsin patient's own language.

7. What is the time in years that the documents should be preserved???

Number of years documents are to be preserved-

- MCI rules : 3 yrs
- CPA : 2 yrs (Note it is 2yrs from the date of cause of action)(which can be any no of yrs in case of TL failure)
- Civil : 3 yrs
- Criminal law : No limitation (if criminal case is suspected, keep till eternity)
- IT : 6 yrs after the assessment year(expected to keep books of income, not all documents)
- Obstetric papers : ? 21yrs in some countries. No case law as yet in India.

8. How can I destroy the documents after the time is done???

one has to give a newspaper notice in a local paper and destroy one month later.

9. Do I hv to record all endoscopic surgeries???

No. Legally it is not mandatory to video record all endoscopic surgeries. Discussion and consent about the same should be obtained with the patient preop.

10. Is it mandatory to hand over such video to the patient?? Edited or unedited??

All medical records belong to the patient and upon a request the same should be handed over. The doctor shall maintain the medical records of the patient for 3 years which may be made available whenever required within 72 hours of the request. One may choose to give edited version to the patient after informing her the same but it is a good practice to keep an unedited version with the hospital or the doctor. One may also charge separately for the same.

COMPETENCY AND TRAINING

Minimal invasive surgery (MIS) assessment and certification is considered to be the gold standard in assuring that a surgeon has acquired and retained a certain level of knowledge and skills. In recent years, training and education in endoscopic surgery has been critically reviewed. Clinicians, both surgeons as gynaecologist who perform endoscopic surgery without proper training of the specific psychomotor skills, are at higher risk to increased patient morbidity and mortality. Although the apprentice-tutor model has long been a successful approach for training of surgeons, recently, clinicians have recognised that endoscopic surgery requires an important training phase outside the operating theatre.
An endoscopic surgeon ideally must possess theoretical background of anatomy, pathology, treatment options, surgical techniques and adequate practical laparoscopic psychomotor skills (LPS) , including laparoscopic camera navigation (LCN), hand-eye coordination (HEC) and bi-manual coordination (BMC), prior to enter the in-operating room (OR) training programme. Laparoscopic skills are difficult to learn.

There has been a boom in training programmes in India and the world over.
Competency in performing a particular endoscopy surgery and proper training form a part of defense in the court of law.

1. **What are the different endoscopy skill levels accepted internationally???**

ESHRE levels for Hysteroscopic surgery, AAGL levels for Laproscopic and Hysteroscopic Surgery, the European diploma model (Gynaecological endoscopy surgery education and assessment GESEA) etc.

2. **What training for endoscopy is available in India??**

India has probably one of the most stretched endoscopy training programmes ranging from online programmes, observership, fellowships, diploma and degree programmes. These are provided by individuals, hospitas, teaching institutes, societies, colleges and universities. Many have affiliations from international societies . boards and universities.

3. **What enables us to practice endoscopy???**

Endoscopy is considered an integral part of training during post graduation in India and hence one can practice endocopy after finishing. Nevertheless this being an evolving science some practical training goes in a long way not only to acquire correct knowledge but developing technical skills as this had a steep learning curve, but also to prevent complications and hence avoiding litigations.

4. **What training does the court accept???**

The court accepts the following as adequate training in decreasing order-
Degree or diploma by recognised UNIVERSITY, Fellowship programmes/hands on training, Diploma programmes, Observership programmes and Attending conferences

5. **What is competency by practice???**

Competency by practice is a term used to when one has the skills, knowledge and attributes and performs that particular art over substantial no of years.

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4. Bolam v Friern Hospital Management Committee [1957] 1 WLR 582
5. The Indian contract act 1872
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8. The Indian penal code, 1860
9. ESHRE/AAGL/GESEA training modules
10. FOGSI UNIFORM CONSENTS-2021

Annexure-2
MODEL CONSENTS-

CONSENT FOR LAPROSCOPIC HYSTERECTOMY

(Please read the information below carefully. Do ask questions/ queries/ doubts before you sign the document. Please ensure that your relative signs as a witness.)

Part I : Information about the surgery

1. Name of the procedure: Laparoscopic hysterectomy. Additionally, following procedures may be done: Salpingectomy: Right / left / both Ovarian cystectomy: Right / left / both Oophorectomy: Right / left / both (Tick mark what is applicable / strike out what is not applicable)

2. Meaning: Surgical removal of the uterus is called hysterectomy. Uterus along with its lower part (cervix) is removed in this case. In some cases, the cervix is not removed. Along with the uterus, ovary (or both ovaries) and/ or fallopian tube (or both fallopian tubes) may also be removed. Removal of ovary is called oophorectomy and removal of fallopian tube is called salpingectomy. Sometimes ovaries may have abnormal growths called “ovarian cysts”. Removal of cysts is called as “ovarian cystectomy.” When the surgery is performed by using a telescope and other instruments by making small incisions on the abdomen, it is called as laparoscopic hysterectomy.

Purpose/ indications: (The list given below only indicates common reasons and does not include all indications):

I.Heavy and irregular bleeding from the uterus not responding to medical treatment
II.Fibroids of the uterus: Mostly fibroids cause excessive bleeding, anaemia, pelvic pain and symptoms related to pressure on adjacent organs.
III.Uterus which has descended from its place. This is called prolapse.
IV.Endometriosis and adenomyosis/ adenomyoma
V.Cancer involving genital tract or other organs
VI. Certain types of Endometrial hyperplasia.(meaning thickening of the inner lining of the uterus)
VII. Chronic pain caused due to uterus
VIII. Any other condition:
_____
_____ _____ (for manual entry)

3. Description of the procedure: This surgery may be done under regional anaesthesia (where in the lower half of the body is made numb or anaesthetised) or under general anaesthesia (where the patient is put to sleep by giving injection) SA + GA. The doctor makes multiple small incisions on the abdomen. Gas (carbon dioxide or air) is filled with a specialised gadget in the abdomen.

Using specialised energy devices, the uterus is separated from the urinary bladder and the rectum. It is disconnected from all the supports and blood vessels. Thus, the uterus is free and is removed from the body. In case if the ovary, ovarian cyst and/ or fallopian tube is to be removed, it is also separated from other structures, blood vessels are tied and the part is removed. The doctor may complete the separation and removal of the uterus by laparoscopy fully and part of the procedure may be done through vagina.

4. Benefits & effects of the procedure :

The diseased uterus is responsible directly for the medical condition and the suffering. Thus, removal of uterus means removal of the root cause in itself. After undergoing this surgery menstruation stops permanently. The woman will not be able to become pregnant after this surgery. Woman can resume all other activities including sexual intercourse after recovering from the surgery. Effects of removal of the ovaries: As ovary/ ovaries are removed there is no chance that woman will suffer from the disease of ovary in future life. If both ovaries are removed, the secretion of female hormones will cease completely. In some women, this may lead to symptoms of hormone deficiency such as hot flushes, bone pain, bone weakness, weight gain, hair loss, vaginal dryness. If woman is nearing menopause the hormonal secretion, in any case, may be very low. Thus removal of ovaries may not cause so much of disturbances. Medicines may be prescribed by the doctor to deal with these symptoms. Effects of removal of cyst of ovary: If ovary is showing an abnormal growth such as cyst, the doctor may remove the cyst. Thus, normal tissue of the ovary is retained and only cyst is removed. Thus, ovary continues to do its job of producing hormones. Removal of fallopian tube/tubes: The chance of fallopian tube getting diseased in future is eliminated when the tube is removed. There is some scientific evidence that cancer of ovary originates in the later part of the tube. Thus removal of fallopian tube may provide protection from possibility of ovarian cancer in future. However more studies are being done to prove this.

5. Alternatives:

Medical therapy: If woman is suffering from excessive and / or irregular bleeding, hormonal or nonhormonal medicines can be given to her. There can be oral medicines or injections. Hormones can be delivered by a device fitted in the uterus.

Other surgical procedures: In recent years new techniques have been developed where by the lining of the uterus is burnt or removed by surgical procedures. There is a possibility that symptoms may recur or one may not respond to the treatment. In case of fibroids, only fibroids may be removed. This is called “myomectomy”. However, there is a possibility that new fibroids may get formed in the uterus during later life. This will again cause trouble and recurrence of symptoms and may again need a surgery in later life. Typically, those who want to preserve the menstruation and child bearing may opt for this alternative. In case of endometriosis or adenomyoma, only diseased tissue may be removed. Yet again there is a possibility of recurrence.

6. Other modes of hysterectomy: Once it is decided to remove the uterus, it is important to understand the ways to do the surgery. The hysterectomy can be done by making a surgical cut on the abdomen or through the birth passage or vagina or by using laparoscopy. When uterus is removed via birth passage, there are no incisions on the abdomen. If the uterus is high up in the pelvis or large in size, this method of operating through vagina may not be suitable. Abdominal surgery is conventional surgery, doesn't need high tech equipment and is relatively less complex in nature.But it needs sufficient incision (transverse or vertical) on the abdomen. Laparoscopic surgery involves multiple but small incisions and hence is more cosmetic in nature. These are the advantages of laparoscopic surgery over other modes of surgery.

7. Consequences of refusal of the procedure: If surgery is not done, woman may need to choose other alternative modalities as discussed above. If no treatment is done, woman may not get any relief from the suffering.

8. **Outline of substantial risks:** With the advances in medical science, surgeries have become safer than in the past. However any surgery has its own set of risks and complications.

a. **Excessive bleeding/ blood accumulation:** Sometimes excessive bleeding may occur during or after the surgery. Transfusion of blood and blood products may be needed. In case the blood accumulates inside the body cavity, additional procedure or surgery to remove the accumulated blood and stop the bleeding may be required.

b. **Infection:** If the Pathological microorganisms are not resisted by the body's resistance mechanism, the infection can set in. Infection commonly causes fever, pus formation in the area of the surgery. Additional does of antibiotics and sometimes additional procedure may be required to remove the infection from the body. If the wound does not heal well, it may need repeated dressings or repair again. Severe infection or sepsis is uncommon.

c. **Injury to surrounding structures:** While the uterus is being separated from the surrounding structures such as urinary bladder, ureter, bowel blood vessels may get injured. The injury may or may not get detected immediately. Use of electricity and heat may cause injury to surrounding structures which may become evident later. Whenever detected it may need to be repaired by necessary additional surgery.

d. Anesthesia has become much safer in today's world. It is common to have drowsiness, vomiting, weakness, throat pain for a day or two after anesthesia. Headache after spinal and other regional anesthesia is not uncommon. Rarely temporary weakness, numbness in lower part of the body may be caused after regional anesthesia.

e. Every Individual has a different way to cope up. Sometimes the scar becomes thick and some- times it stays as a thin line. Some- times hernia formation may occur later. In some cases surgery leads to adhesions of bowel. In later life, if the supports around the vagina get loosened, the vagina may prolapse partly or fully.

f. Very rare- conditions: Allergic reaction to any drug including anaesthesia medicines, blood transfusion, need for assistance for respiration (oxygen/ ventilation), shock, stroke or heart attack due to strain on the heart, fluid collection in the lungs, formation of blood clots in veins leading to embolus further leading to damage to vital organs, loss of function of any limb or organ or paresis are extremely rare but not unknown complications of any surgery. Rarely if the uterus is densely stuck to other organs the doctor may find it difficult to complete the procedure. In that case the doctor may resort to open surgery. ROUTE OF SURGERY

CONSENT FOR CONVERSION

THIS INFORMATION LEAFLET WAS RECEIVED ON

..... (date / time) Signature of the patient: .....(instruction To Patient: Please Bring This Paper When You Come To The Hospital For Getting The Surgery/ Procedure Done)

CONSENT FOR DIAGNOSTIC HYSTEROSCOPY

(Please read the information below carefully. Do ask questions/ queries/ doubts before you sign the document. Please ensure that your relative signs as a witness)

Part I: Information about the surgery

1. Name of the procedure: Hysteroscopy- Diagnostic.

2. Meaning: Female reproductive system consists of uterus, two ovaries and two fallopian tubes. Hysteroscopy means use of telescope to see the inside of uterus. The doctor introduces telescope through vagina. No incision is needed on the abdomen. The doctor gets to see the lining of the uterus and the opening of the fallopian tubes. Doctor may also take biopsies of tissues to confirm certain conditions.

3. Purpose/ indications: (The list given below only indicates common reasons and does not include all indications):

I. To find out the cause of infertility: When woman is not getting pregnant, the doctor may need to examine the uterus to find out the reason.
II. To find out the cause of abnormal uterine bleeding.
III. To diagnose or rule out infections inside the uterus such as tuberculosis.
IV. To rule out or diagnose malignancy or its progression.
V. To diagnose any structural abnormality in the uterus.
VI. To aide surgeries done through laparoscopy
VII. To diagnose presence of tumours, growths like fibroids, foreign body (such as missed contraceptive devices), adhesions.
I. Any other condition:

_____
_____(for manual entry)

4 Description of the procedure:
This surgery may be done under regional anaesthesia (where in the lower half of the body is made numb or anaesthetised) or under general anaesthesia (where the patient is put to sleep by giving injection) or local anaesthesia. IIn Hysteroscopy, the doctor widens the mouth of the uterus using instruments called dilators. A thin telescope is put inside the uterus. The uterus is filled up with fluid (saline or other specialised fluids). The doctor sees the structures through the telescope. In certain cases, the doctor can take a biopsy of the tissue.

5. Benefits & effects of the procedure:
Direct visualisation of the inside of the uterus helps in the diagnosis. As no incision is taken, recovery is very fast.

6. Alternatives: Sonography, MRI, X-ray can be used to make diagnosis.

7. Consequences of refusal of the procedure: If surgery is not done, one may not be able to make or confirm the diagnosis hence treatment cannot be initiated.

8. Outline of substantial risks: With the advances in medical science, surgeries have become safer than in the past. However, any surgery has its own set of risks and complications.

a Excessive bleeding/ blood accumulation: Sometimes excessive bleeding may occur during or after the surgery. Transfusion of blood and blood products may be needed. In case the blood accumulates inside the body cavity, additional procedure or surgery to remove the accumulated blood and stop the bleeding may be required.

b. Infection: If the Pathological microorganisms are not resisted by the body's resistance mechanism, the infection can set in. Infection commonly causes fever, pus formation in the area of the surgery. Additional does of antibiotics and sometimes additional procedure may be required to remove the infection from the body. If the wound does not heal well, it may need repeated dressings or repair again. Severe infection or sepsis is uncommon.

c. Injury to surrounding structures: Dilatation of the cervix is a blind procedure. At this time, the uterus may perforate or the dilator may not enter into the cavity that is to be examined. During the surgery various organs in the abdominal cavity such as urinary bladder, ureter, bowel, major blood vessels may get injured. The injury may or may not get detected immediately. Whenever detected it need to be repaired by necessary additional surgery. Rarely the doctor may have to abandon the procedure.

d. Anaesthesia has become much safer in today's world. It is common to have drowsiness, vomiting, weakness, throat pain for a day or two after anaesthesia. Headache after spinal and other regional anaesthesia are not uncommon. Rarely temporary weakness, numbness in lower part of the body may be caused after regional anesthesia.

e. Very rare- conditions: Allergic reaction to any drug including anaesthesia medicines, blood transfusion, need for assistance for respiration (oxygen/ ventilation), shock, stroke or heart attack due to strain on the heart, fluid collection in the lungs, formation of blood clots in veins leading to embolus further leading to damage to vital organs, loss of function of any limb or organ or paresis are extremely rare but not unknown complications of any surgery.

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Part -2 Undertaking

CONSENT FOR DIAGNOSTIC + OPERATIVE HYSTEROSCOPY

(Please read the information below carefully. Do ask questions/ queries/ doubts before you sign the document. Please ensure that your relative signs as a witness)

Part I: Information about the surgery

1. Name of the procedure: Hysteroscopy- Diagnostic+ Operative (if needed)

2. Meaning: Female reproductive system consists of uterus, two ovaries and two fallopian tubes. Hysteroscopy means use of telescope to see the inside of uterus. Hysteroscopy means use of telescope to see the inside of uterus. The doctor introduces telescope through vagina. No incision is needed on the abdomen. The doctor gets to see the lining of the uterus and the opening of the fallopian tubes. Doctor may also take biopsies of tissues to confirm certain conditions. Once the doctor makes a diagnosis, the doctor may proceed to treat or correct the abnormalities found at the same sitting. All abnormal findings cannot be dealt with at the same time. These may need to be treated at later date.

3. Purpose/ indications: (The list given below only indicates common reasons and does not include all indications):

I. To find out the cause of infertility: When woman is not getting pregnant, the doctor may need to examine the uterus to find out the reason.
II. To find out the cause of abnormal uterine bleeding.
III. To diagnose or rule out infections inside the uterus such as tuberculosis.
IV. To rule out or diagnose malignancy or its progression.
V. To diagnose any structural abnormality in the uterus.
VI. To aide surgeries done through laparoscopy
VII. To diagnose presence of tumours, growths like fibroids, foreign body (such as missed contraceptive devices), adhesions.
VIII. Any other Condition:

_____
_____ (for manual entry)

4. Description of the procedure: This surgery may be done under regional anaesthesia (where in the lower half of the body is made numb or anaesthetised) or under general anaesthesia (where the patient is put to sleep by giving injection) or local anaesthesia. In Hysteroscopy, the doctor widens the mouth of the uterus using instruments called dilators. A thin telescope is put inside the uterus. The uterus is filled up with fluid (saline or other specialised fluids). The doctor sees the structures through the telescope. If the doctor finds an abnormality that needs surgical treatment the doctor may proceed and treat such conditions. Common conditions that may be treated alongside are as under (List below is indicative)

5. Benefits & effects of the procedure: Direct visualisation of the inside or the uterus helps in diagnosis. As no incision is taken, recovery is very fast. As the doctor treats the condition at the same sitting, another surgery at a later date is avoided.

6. Alternatives: Sonography, MRI, X-ray can be used to make diagnosis.

7. Consequences of refusal of the procedure: If surgery is not done, one may not be able to make or confirm the diagnosis hence treatment

8. Outline of substantial risks: With the advances in medical science, surgeries have become safer than in the past. However, any surgery has its own set of risks and complications.

a. Excessive bleeding/ blood accumulation: Sometimes excessive bleeding may occur during or after the surgery. Transfusion of blood and blood products may be needed. In case the blood accumulates inside the body cavity, additional procedure or surgery to remove the accumulated blood and stop the bleeding may be required.

b. Infection: If the Pathological microorganisms are not resisted by the body's resistance mechanism, the infection can set in. Infection commonly causes fever, pus formation in the area of the surgery. Additional does of antibiotics and sometimes additional procedure may be required to remove the infection from the body. If the wound does not heal well, it may need repeated dressings or repair again. Severe infection or sepsis is uncommon.

c. Injury to surrounding structures: Dilatation of the cervix is a blind procedure. At this time, the uterus may perforate or the dilator may not enter into the cavity that is to be examined. During the surgery various organs in the abdominal cavity such as urinary bladder, ureter, bowel, major blood vessels may get injured. The injury may or may not get detected immediately. Whenever detected it need to be repaired by necessary additional surgery. Rarely the doctor may have to abandon the procedure.

d. Anaesthesia has become much safer in today's world. It is common to have drowsiness, vomiting, weakness, throat pain for a day or two after anaesthesia. Headache after spinal and other regional anaesthesia are not uncommon. Rarely temporary weakness, numbness in lower part of the body may be caused after regional anesthesia.

e. Very rare- conditions: Allergic reaction to any drug including anaesthesia medicines, blood transfusion, need for assistance for respiration (oxygen/ ventilation), shock, stroke or heart attack due to strain on the heart, fluid collection in the lungs, formation of blood clots in veins leading to embolus further leading to damage to vital organs, loss of function of any limb or organ or paresis are extremely rare but not unknown complications of any surgery.

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Part -2 undertaking

CONSENT FOR LAPROSCOPIC OVARIAN CYSTECTOMY OR OOPHORECTOMY OR SALPINGECTOMY

(Please read the information below carefully. Do ask questions/ queries/ doubts before you sign the document. Please ensure that your relative signs as a witness)

Part -1-Information about the procedure

1. Name of the procedure: Laparoscopy for · Ovarian/ adnexal cystectomy: Ovarian / adnexal cyst right/ left/ both · Oophorectomy: right / left / both · Salpingectomy: right / left / both (Tick whatever is applicable)

2. Meaning: Female reproductive system consists of uterus, two ovaries and two fallopian tubes. The area adjacent to the uterus on each side where fallopian tube and ovary lie is also called as adnexa.Laparoscopy means use of telescope to see and operate on the organs inside the abdomen.Removal of cyst in the ovary is called as ovarian cystectomy. Removal of ovary is called oophorectomy and removal of fallopian tube is called salpingectomy. In some case the exact origin of the cyst cannot be determined. It can be only said that the cyst is arising from the area adjacent to uterus. They are called as adnexal cysts. In some cases investigations like sonography may be able to further specify the site as “paraovarian” (next to ovary) or “parafimbrial” (next to fimbrial end of the fallopian tube) or “paratubal” (next to fallopian tube). All these cysts are classified as adnexal cysts. Final treatment remains the same; that is surgical removal.

3. Purpose/ indications: (The list given below only indicates common reasons and does not include all indications):

I. When the ovarian/ adnexal cysts are large they need to be removed surgically.
II. Cysts with suspicion of malignancy need to be removed.
III. Ovarian cysts caused due to endometriosis.
IV. Cysts causing pain, menstrual irregularities need to be removed.
V. If the chance of cancer of breast or ovary is high then they may be removed as preventive measure.
VI. Swollen and abnormal fallopian tubes
VII. Any other condition: _____ _____ (for manual entry)

4. Description of the procedure: This surgery may be done under regional anaesthesia (where in the lower half of the body is made numb or anaesthetised) or under general anaesthesia (where the patient is put to sleep by giving injection). In Laparoscopy, the doctor makes multiple small incisions on the abdomen. A telescope is put inside the abdomen. The abdomen is filled up with a gas (carbon dioxide or air). The doctor sees the structures through the telescope. The doctor operates using specialised instruments. Theovary/ fallopian tube/s or the cyst is separated from the surrounding structures like bowel, urinary bladder, blood vessels. The blood flow to the area is stopped.

Thus the ovarian cyst/ ovary is disconnected and removed from the body. In case if the fallopian tube is to be removed, it is also separated from other structures, blood vessels are tied and is removed.

5. Benefits & effects of the procedure: Ovarian or adnexal cyst is an abnormal growth. Fallopian tubes that are swollen are abnormal too. Thus, removal of the cyst or fallopian tube/s mean removal of the root cause in itself. Removal of the cyst/ fallopian tube/s is expected to relive the symptoms such as pain. The cyst/ ovary/ ovaries may be sent for further analysis to find out exact nature of the growth so that further treatment may be advised. Effects of removal of the ovaries: As ovary/ ovaries are removed there is no chance that woman will suffer from the disease of ovary in future life. If both ovaries are removed, the secretion of female hormones will cease completely.

In some women, removal of both ovaries may lead to symptoms of hormone deficiency such as hot flushes, bone pain, bone weakness, weight gain, hair loss, vaginal dryness. If woman is nearing menopause the hormonal secretion, in any case, may be very low. Thus, removal of ovaries may not cause so much of disturbances. Medicines can be prescribed by the doctor to deal with the symptoms. Removal of fallopian tube/tubes: When fallopian tubes are swollen or blocked, they will not function normally in any case. Infection, increase in swelling, pus formation may further increase the trouble. Removal of abnormal tubes is expected to relieve the symptoms. When ovary on the particular side is removed, it is common to remove the fallopian tube from the same side. This eliminates the chance of fallopian tube getting diseased in future. There is some scientific evidence that cancer of ovary originates in the later part of the tube. Thus, removal of fallopian tube may provide protection from possibility of ovarian cancer in future. However more studies are being done to prove this.

6. Alternatives: Medical therapy: For smaller sized cysts, hormonal or non-hormonal medicines can be given. ˜ Other way to do the surgery Once it is decided to remove the cyst or ovary or fallopian tube it is important to understand the other way to do the surgery. The same surgery may be done by open surgery technique as well. However, in this case, the doctor will make larger incision. Thus, laparoscopy is more cosmetic than open surgery. These are the advantages of laparoscopy overother modes of surgery.

7. Consequences of refusal of the procedure: If surgery is not done, one may need to use other modalities of treatment, as discussed above. If no treatment is done, one may not get relief from the suffering. The cyst may further grow or the disease may further progress.

8. Outline of substantial risks: With the advances in medical science, surgeries have become safer than in the past. However, any surgery has its own set of risks and complications.

a. Excessive bleeding/ blood accumulation: Sometimes excessive bleeding may occur during or after the surgery. Transfusion of blood and blood products may be needed.

In case the blood accumulates inside the body cavity, additional procedure or surgery to remove the accumulated blood and stop the bleeding may be required.

b. Infection: If the Pathological microorganisms are not resisted by the body's resistance mechanism, the infection can set in. Infection commonly causes fever, pus formation in the area of the surgery. Additional does of antibiotics and sometimes additional procedure may be required to remove the infection from the body. If the wound does not heal well, it may need repeated dressings or repair again. Severe infection or sepsis is uncommon.

c. Injury to surrounding structures: During the surgery various organs in the abdominal cavity such as urinary bladder, ureter, bowel, major blood vessels may get injured. The injury may or may not get detected immediately. Whenever detected it may need to be repaired by necessary additional surgery.

d. Anaesthesia has become much safer in today's world. It is common to have drowsiness, vomiting, weakness, throat pain for a day or two after anaesthesia. Headache after spinal and other regional anaesthesia are not uncommon. Rarely temporary weakness, numbness in lower part of the body may be caused after regional anesthesia.

e. Every Individual has a different way to cope up. Sometimes the scar becomes thick and some- times it stays as thin line. Some- times hernia formation may occur later. In some cases, surgery leads to adhesions of bowel. In later life, if the supports around the vagina get loosened, the vagina may prolapse partly or fully.

f. Very rare-conditions: Allergic reaction to any drug including anaesthesia medicines, blood transfusion, need for assistance for respiration (oxygen/ ventilation), shock, stroke or heart attack due to strain on the heart, fluid collection in the lungs, formation of blood clots in veins leading to embolus further leading to damage to vital organs, loss of function of any limb or organ or paresis are extremely rare but not unknown complications of any surgery.

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Part -2 -Undertaking

CONSENT FOR LAPROSCOPIC SURGERY FOR DIAGNOSIS & OR TREATMENT OF ENDOMETRIOSIS / ENDOMETRIOTIC CYST

(Please read the information below carefully. Do ask questions/ queries/ doubts before you sign the document. Please ensure that your relative signs as a witness.)

Part I: Information about the surgery

1. Name of the procedure: Laparoscopy for endometriosis / endometriotic chocolate cyst or cysts including ¯ Diagnosis and dissection of tissues, ¯ Ablation of endometriotic patches, removal of endometriotic cysts from affected ovary (cystectomy) ¯ Removal of affected ovary/ ovaries ¯ Removal of ovary/ies (Oophorectomy) along with fallopian tube/s (salpingectomy) (tick whatever is applicable)

..... (for manual entry)

2. Meaning: Female reproductive system consists of uterus, two ovaries and two fallopian tubes. The area adjacent to the uterus on each side where fallopian tube and ovary lie is also called as adnexa. Laparoscopy means use of telescope to see and operate on the organs inside the abdomen. Endometriosis is a disease in which the lining of the uterus (called endometrium) starts developing at other places. It is common to see endometriosis developing on the ovaries, surface of the uterus and other pelvic organs. Some times it forms cysts which are filled with chocolate colored fluid. Some times it can develop in the muscle of the uterus making the uterus swollen. This is called as adenomyosis. Though less common, it can also involve intestines, urinary bladder & bowel. . This abnormal tissue causes significant irritation to the tissues leading to inflammation. Tissues stick to each other and cause malfunction of the organs. Those women who suffer from endometriosis may have painful and/ or heavy or irregular menstruation, painful intercourse, bleeding in urine and stools during menstrual periods. They may not get pregnant because of this problem. Some times women have no symptoms and cysts are picked up on routine checkup or sonography.

Milder variety of endometriosis without any cyst formation may get diagnosed only after the laparoscope is introduced. Removal of cyst in the ovary is called as ovarian cystectomy. Removal of ovary is called oophorectomy and removal of fallopian tube is called salpingectomy. In some case the exact origin of the cyst cannot be determined during investigations. This may happen because of the distorted anatomy caused by the disease itself. It can only be said that the cyst is arising from the area adjacent to uterus. They are called as adnexal cysts. In some cases investigations like sonography may be able to further specify the site as “paraovarian” (next to ovary) or “parafimbrial” (next to fimbrial end of the fallopian tube) or “paratubal” (next to fallopian tube). All these cysts are classified as adnexal cysts. Final treatment remains the same; that is surgical removal.

3. Purpose/ indications: (The list given below only indicates common reasons and does not include all indications):

I. Women is not able to conceive or wants to get pregnant some time later in life.

II. When the ovarian/ adnexal cysts are large they need to be removed surgically.

III. When woman is suffering from symptoms of endometriosis are described above

. IV. Cysts with suspicion of malignancy need to be removed.

V. When endometriosis is strongly suspected the surgery is done to confirm the diagnosis and treat it.

VI. Any other condition:

.....

.....(for manual entry)

4. Description of the procedure: This surgery may be done under regional anaesthesia (where in the lower half of the body is made numb oranaesthetised) or under general anaesthesia (where the patient is put to sleep by giving injection). In Laparoscopy, the doctor makes multiple small incisions on the abdomen. A telescope is put inside the abdomen. The abdomen is filled up with a gas (carbon dioxide or air). The doctor sees the structures through the telescope. The doctor operates using specialised instruments. The ovary/ fallopian tube/s or the cyst is separated from the surrounding structures like bowel, urinary bladder, blood vessels. The blood flow to the area is stopped. Thus the ovarian cyst/ ovary is disconnected and removed from the body. In case if the fallopian tube is to be removed, it is also separated from other structures, and is removed. Endomtriotic tissue is destroyed using heat enrgey created by specialised gadgets. As mentioned above, endometriosis causes distortion of anatomical structures and poses a challenge to the doctor.

5. Benefits& effects of the procedure: The surgery is aimed to remove/ destroy as much abnormal tissue as possible maintaining normal functioning of the organs. During the surgery the doctor gets a chance to grade the severity of the disease. This is important especially if the woman is planning to get pregnant. Endomtetriosis is a disease that has high chance of recurrence after any treatment including surgery. So even after the surgery, additional treatment, usually in the form of medicines, is needed. When endometriosis involves ovaries, it may reduce the ovarian reserve. Thus surgical treatment at least temporarily halts the deterioration of the ovarian function (which may already be affected by the disease). Effects of removal of the ovaries: If ovary is fully converted into the chocolate cyst and there is no normal tissue left, removal of cyst may amount to removal of ovary. In some women, removal of both ovaries may lead to symptoms of hormone deficiency such as hot flushes, bone pain, bone weakness, weight gain, hair loss, vaginal dryness. If woman is nearing menopause the hormonal secretion, in any case, may be very low. Thus, removal of ovaries may not cause so much of disturbances. Medicines can be prescribed by the doctor to deal with the symptoms. Thus removal of ovary is done if woman is elderly or if disease is extremely severe Removal of fallopian tube/tubes: When fallopian tubes are swollen or blocked, they will not function normally in any case. Again removal of fallopian tubes is done only when the tubes are diseased , disease is severe or woman is elderly.

There is some scientific evidence that cancer of ovary originates in the later part of the tube. Thus, removal of fallopian tube may provide protection from possibility of ovarian cancer in future. However more studies are being done to prove this.

6. Alternatives: Medical therapy: Various medicines can be given to temporarily stop the growth of endometriosis. Hormonal tablets, injections or intra uterine system are available. These medicines may keep pain at bay. Usually menstruation stops or gets infrequent.. ˜ Other way to do the surgery Removal of uterus and both ovaries can significantly reduce the abnormal tissue as well as growth of new endometriotic tissue. Of course, this option will only be suitable for those who are not interested in child bearing and menstrual function.

7. Consequences of refusal of the procedure: If surgery is not done, one may need to use other modalities of treatment, as discussed above. If no treatment is done, one may not get relief from the suffering. The cyst may further grow or the disease may further progress.

8. Outline of substantial risks: With the advances in medical science, surgeries have become safer than in the past. However, any surgery has its own set of risks and complications.

a. Excessive bleeding/ blood accumulation: Sometimes excessive bleeding may occur during or after the surgery. Transfusion of blood and blood products may be needed. In case the blood accumulates inside the body cavity, additional procedure or surgery to remove the accumulated blood and stop the bleeding may be required.

b. Infection: If the Pathological microorganisms are not resisted by the body's resistance mechanism, the infection can set in. Infection commonly causes fever, pus formation in the area of the surgery. Additional does of antibiotics and sometimes additional procedure may be required to remove the infection from the body. If the wound does not heal well, it may need repeated dressings or repair again. Severe infection or sepsis is uncommon.

c. Injury to surrounding structures: While the telescope is being put inside and /or while tissues are being separated other surrounding structures such as urinary bladder, ureter, bowel, blood vessels may get injured. During the surgery various organs in the abdominal cavity such as urinary bladder, ureter, bowel, major blood vessels may get injured. As discussed above altered anatomy caused due to endometriosis may make it difficult for the doctor to dissect and separate the tissues from one another. The injury may or may not get detected immediately. Whenever detected it may need to be repaired by necessary additional surgery.

d. Anaesthesia has become much safer in today's world. It is common to have drowsiness, vomiting, weakness, throat pain for a day or two after anaesthesia. Headache after spinal and other regional anaesthesia are not uncommon. Rarely temporary weakness, numbness in lower part of the body may be caused after regional anesthesia.

e. Every Individual has a different way to cope up. Sometimes the scar becomes thick and some- times it stays as thin line. Some- times hernia formation may occur later. In some cases, surgery leads to adhesions of bowel. In some cases, endometriosis spreads to the site of incision as well.

f. Endometriosis is known to reoccur after some time. Hence long term treatment is required even after the surgery.

g. If the doctor finds that the tissues are badly stuck and cannot be separated, the doctor may have to abandon the procedure halfway or only do bear minimum clearance of endometriosis Or may resort to open surgery.

h. Very rare-conditions: Allergic reaction to any drug including anaesthesia medicines, blood transfusion, need for assistance for respiration (oxygen/ ventilation), shock, stroke or heart attack due to strain on the heart, fluid collection in the lungs, formation of blood clots in veins leading to embolus further leading to damage to vital organs, loss of function of any limb or organ or paresis are extremely rare but not unknown complications of any surgery. vital organs, loss of function of any limb or organ or paresis are extremely rare but not unknown complications of any surgery.

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Part -2 - Undertaking

CONSENT FOR LAPROSCOPIC MYOMECTOMY

(Please read the information below carefully. Do ask questions/ queries/ doubts before you sign the document. Please ensure that your relative signs as a witness.)

Part I: Information about the surgery

1. Name of the procedure: Laparoscopic Myomectomy

2. Meaning: Fibroids or myomas are common tumors that develop in the uterus.Surgical removal of the myoma/ myomas is called myomectomy. When the surgery is performed by using a telescope or laparoscope it is called as laparoscopic myomectomy. Most often fibroids do not cause any symptoms and are harmless. Hence very small fibroids need not be removed. Most of the fibroids are not cancerous too. Some times fibroids can cause heavy, excessive, irregular bleeding and severe pain during menstruation. They can cause difficulty in getting pregnant. Rarely fibroids can get cancerous. Large fibroids can cause pressure symptoms on surrounding organs.

3. Purpose/ indications: (The list given below only indicates common reasons and does not include all indications): Following fibroids need to be operated upon: ˜ Fibroids which cause symptoms ˜ Fibroids which are large ˜ When there is a suspicion of cancer _____

4. Description of the procedure:

This surgery may be done under regional anaesthesia (where in the lower half of the body is made numb or anaesthetised) or under general anaesthesia (where the patient is put to sleep by giving injection). The doctor makes multiple small incisionson the abdomen.Gas (carbon dioxide or air) is filled with a specialised gadget in the abdomen. The laparoscope is introduced inside the abdominal cavity. The fibroid/ fibroids are identified. The uterus is cut open to reach the fibroid. It is separated from the tissue of the uterus. The blood vessels feeding the fibroid are cauterised by use of special energy devices or ligated. The fibroid is separated. The cut on the uterus is stitched back. Same procedure is done for other fibroids.

A special instrument called morcellator is used to cut the fibroids into smaller pieces which can then be retrieved through small incisions made on the abdomen. Finally the incisions on the abdomen is closed by taking stitches. Sometimes, doctor may need view the uterus from inside using hystroscope. The doctor operates using specialised instruments. Theovary/ fallopian tube/s or the cyst is separated from the surrounding structures like bowel, urinary bladder, blood vessels. The blood flow to the area is stopped. Thus the ovarian cyst/ ovary is disconnected and removed from the body. In case if the fallopian tube is to be removed, it is also separated from other structures, blood vessels are tied and is removed.

5. Benefits& effects of the procedure :
The fibroids are responsible directly for the medical condition and the suffering. Thus, removal of the fibroids means removal of the root cause in itself. After removal of fibroids, the uterus is expected to continue its biological function of menstruation and child baring. woman can resume all other activities including sexual intercourse after recovering from the surgery. It must be noted that nearly thirty percent women may find another fibroid (newly formed) in later life.. Special precautions are needed to be taken during pregnancy and child birth after removal of fibroid surgery. There is a risk that that area of uterus from where fibroid was removed may remain weak and rupture during the process of labour. Hence, doctor may prefer to do caesarean section to avoid this risk.

6. Alternatives: Medical therapy: If woman is suffering from excessive and / or irregular bleeding, hormonal or non-hormonal medicines can be given to her. There can be oral medicines or injections. Hormones can be delivered by a device fitted in the uterus.These medical treatments have their own side effects and failure rates. ˜ Other surgical procedures: Instead of removal of fibroids,entire uterus can be removed. It is obvious that woman will not menstruate or get pregnant after the uterus is removed. Usually, this method is preferred by those who are elderly and not interested in having children any more. ˜ Other modes of myomectomy: Once it is decided to remove the fibroids, it is important to understand the ways to do the surgery. The surgery can be done by making a surgical cut on the abdomen or through the birth passage or vagina(A telescope called hysteroscope may be used)or by using laparoscopy. Abdominal surgery is conventional surgery, doesn't need high tech equipment and is relatively less complex in nature. But the doctor has to make sufficient incision on the abdomen to retrieve the tumour. Vaginal surgery for fibroids is only reserved for specific conditions. If the fibroids are inside the cavity of the uterus or coming out through the uterus, only then this surgery is possible.

7. Consequences of refusal of the procedure: If surgery is not done, woman may need to choose other alternative modalities as discussed above. If no treatment is done, woman may not get any relief from the suffering.

8. Outline of substantial risks: With the advances in medical science, surgeries have become safer than in the past. However any surgery has its own set of risks and complications.

a. Excessive bleeding/ blood accumulation: Sometimes excessive bleeding may occur during or after the surgery. Transfusion of blood and blood products may be needed. In case the blood accumulates inside the body cavity, additional procedure or surgery to remove the accumulated blood and stop the bleeding may be required.

b. Infection: If the Pathological microorganisms are not resisted by the body's resistance mechanism, the infection can set in. Infection commonly causes fever, pus formation in the area of the surgery.

Additional does of antibiotics and sometimes additional procedure may be required to remove the infection from the body. If the wound does not heal well, it may need repeated dressings or repair again. Severe infection or sepsis is uncommon.

c. Injury to surrounding structures: While the telescope is being put inside and /or while fibroid is being separated from the uterus, other surrounding structures such as urinary bladder, ureter, bowel, blood vessels may get injured. The injury may or may not get detected immediately. Whenever detected it may need to be repaired by necessary additional surgery.

d. Anesthesia has become much safer in today's world. It is common to have drowsiness, vomiting, weakness, throat pain for a day or two after anesthesia. Headache after spinal and other regional anesthesiais not uncommon. Rarely temporary weakness, numbness in lower part of the body may be caused after regional anesthesia.

e. Every Individual has a different way to cope up. Sometimes the scar becomes thick and some- times it stays as a thin line. Some- times hernia formation may occur later. In some cases surgery leads to adhesions of bowel.As described earlier in the document, the scar on the uterus may give away during labour(very rarely during pregnancy). This may pose a serious danger to the woman and the child.

f. Some times the investigations done before surgery indicate that woman is suffering from fibroid. But the doctor may find that the tumour is not a fibroid. Two common tumours that mimic fibroid are adenomyoma and fibrosarcoma. Fibrosarcoma is a cancerous tumour. This diagnosis is made only when the tissue is checked under microscope. In that case, additional surgery / treatment may be needed. Adenomyoma is a condition of the uterus in which complete removal of the tumour is not possible. The doctor may resect as much part of tumour as possible or take biopsy. Rarely, while doing the surgery the doctor finds that the tumour is not arising from the uterus but arising from ovary or other pelvic organs. The doctor may resort to open surgery if there is any difficulty encountered during laparoscopic surgery.

g. As described above, fibroid is cut into small pieces and removed out through small incisions made on the abdomen. During this process very small pieces may get spread into the abdominal cavity. If the fibroid , by any chance , has cancerous tissue then the same may also spread across the abdomen. Various techniques such as “in bag morcellation”, have been developed to reduce such occurrence.

h. Very rare conditions: Allergic reaction to any drug including anaesthesia medicines, blood transfusion, need for assistance for respiration (oxygen/ ventilation), shock, stroke or heart attack due to strain on the heart, fluid collection in the lungs, formation of blood clots in veins leading to embolus further leading to damage to vital organs, loss of function of any limb or organ or paresis are extremely rare but not unknown complications of any surgery.Rarely if the uterus is densely stuck to other organs the doctor may find it difficult to complete the procedure.

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Part -2-Undertaking

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