

# Consent Form for Ovarian Cancer Surgery

This consent form is required for your (the patient's) surgery. Before filling out this form, please listen to the explanation of the surgery and contact the medical staff if you have any questions.

## 1. Patient General Information

Identification Number		Full Name	
Date of Birth		Age/Gender	

## 2. Surgery Information

Diagnosis			
Type of Surgery			
Approaches of Surgery	<input type="checkbox"/> Laparotomy <input type="checkbox"/> Laparoscopy <input type="checkbox"/> Robot-assisted surgery		
Participating Physician	Operating surgeon:	Medical Specialty: Obstetrics and Gynecology / Gynecologic Oncology	
Expected Date of Surgery			

## 3. Patient Health Status

Past Medical History (diseases and injuries)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Allergies	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Idiosyncrasy	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Diabetes	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Hypertension/Hypotension	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Drug Abuse	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Current Medications	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Airway Disorder	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Smoking Status	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Bleeding Disorder	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Cardiovascular Disease (heart attack, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Pulmonary Disease (cough, phlegm, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Renal Disease (edema, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Others (                      )	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown



## **4. Purpose and Benefits of the Surgery**

### **1) Diagnosis**

The symptoms, treatment, and prognosis are similar for ovarian, fallopian tubal, and primary peritoneal cancer. Several tests, such as CT, MRI, and PET/CT, are performed if these diseases are suspected. However, the lesion is directly identified through surgery, and the tissue is resected to confirm the primary site of cancer through pathological examination.

### **2) Surgical staging**

Surgical staging involves identifying and removing the metastatic lesion through surgery to determine the disease extent.

### **3) Histologic Classification**

After surgery, a biopsy confirms the histological type of cancer. It plays an important role in planning additional treatment and predicting the patient's prognosis.

### **4) Cytoreduction**

It is important to remove as much of the spreading tumors as possible. Patients with fewer tumors remaining after surgery better respond to chemotherapy, which increases the survival rate.

### **5) Genetic testing**

Nowadays, biomarker testing, including genetic testing, is performed using cancer tissue obtained from the surgery. This testing allows us to make more detailed personalized treatment plans and help improve the prognosis.

## **5. Risk Factors Threatening the Safety of the Surgery**

Patients with the following criteria have higher risks of postoperative complications:

- ① over 70 years old
- ② prolonged operation time
- ③ undergone extensive surgery
- ④ limited in physical activity
- ⑤ malnourished or with chronic diseases (hypertension, diabetes, immunological disorders, etc.)

These patients may need long-term postoperative and/or intensive care.

## **6. Alternative Treatments**

If it is considered difficult to remove the lesion entirely due to large volumes of pleural effusion or ascitic fluid, metastasis of bowel mesentery and liver parenchyma, high risk of postoperative complications, etc., chemotherapy can be performed before attempting cytoreductive surgery. In addition, if surgery cannot be performed due to the patient's medical conditions or other reasons, palliative chemotherapy can be performed to alleviate symptoms. However, the effectiveness of this treatment is limited.

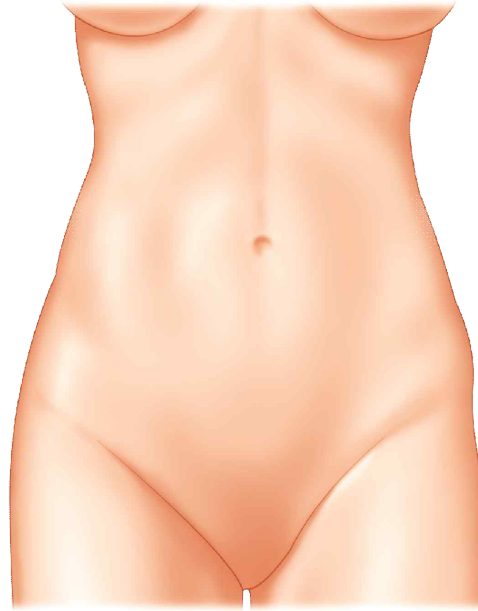
## **7. Consequences of Not Having the Surgery**

Not having the surgery will make it difficult to establish a treatment plan as the exact stage and histologic type of tumor cannot be determined. In addition, as the disease progresses, the quality of life will decrease due to abdominal distention, malnutrition, and pain caused by ascites, leading to death from multiple organ failure.



## 8. Surgical Approaches and the Possibility of Change in the Procedure

- Laparotomy
- Laparoscopy
- Robot-assisted surgery



Surgery for ovarian cancer can be performed by laparotomy, laparoscopy, or robot-assisted surgery, depending on preoperative evaluations and the patient's medical condition and history. If it is deemed difficult to remove the lesion safely and entirely with laparoscopic or robot-assisted surgery in preoperative examinations, the surgery may be performed with or changed from laparoscopy or robot-assisted surgery to a laparotomy. These include cases where advanced-stage cancer is suspected, the cancer is accompanied by another gynecological disease, or abdominal adhesion due to past surgical history is suspected.

A laparotomy is a traditional "open" abdominal surgery, performing a vertical incision from just above the pubic bone to the umbilicus. However, the incision can be extended further to the upper abdomen depending on the extent of the disease or degree of obesity. Laparoscopic and robot-assisted surgery is generally performed by inserting trocars at or above the umbilicus and the lower abdomen. The location and the number of trocar insertions may change depending on the extent of the surgery.

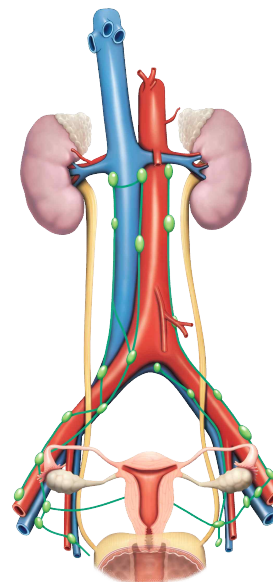
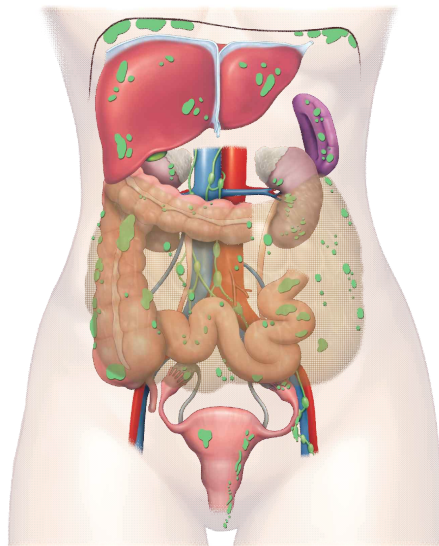


## 9. Extent of the Surgery

Surgical site of the ovary:  Left       Right       Bilateral

The following surgeries may be performed depending on the degree of metastasis to reduce residual tumors by removing as much of the primary and metastatic lesions as possible.

- |   |                                       |   |
|---|---------------------------------------|---|
| <input type="checkbox"/> Peritoneal washing cytology                  | <input type="checkbox"/> Hysterectomy | <input type="checkbox"/> Salpingo-oophorectomy                  |
| <input type="checkbox"/> Omentectomy                                  |                                       | <input type="checkbox"/> Pelvic lymph node dissection or biopsy |
| <input type="checkbox"/> Paraaortic lymph node dissection or biopsy   |                                       | <input type="checkbox"/> Peritoneal resection or biopsy         |
| <input type="checkbox"/> Diaphragmatic peritoneal resection or biopsy |                                       | <input type="checkbox"/> Resection or biopsy of suspected areas |
| <input type="checkbox"/> Small or large bowel resection               |                                       | <input type="checkbox"/> Appendectomy                           |
| <input type="checkbox"/> Partial hepatectomy                          |                                       | <input type="checkbox"/> Splenectomy                            |
| <input type="checkbox"/> Cystectomy                                   |                                       |   |
| <input type="checkbox"/> Other:                                       |                                       |   |



In the event of tumor metastasis or injury to digestive or urological organs during surgery, the extent of the surgery may be extended and cooperation with other specialized departments such as general surgery and urology might be necessary. In such cases, we will inform and obtain consent for further operation from your guardian. However, if it is too urgent to explain during the surgery, we will explain the reasons for the changes and the outcome of the surgery to you or your authorized person (guardian) immediately after the operation.

## 10. Estimated Duration of the Surgery

The duration of the surgery depends on the extent of the surgery, additional findings during the operation, and the patient's conditions (abdominal adhesion or blood vessel development, etc.), generally taking approximately 6–8 hours from skin incision to wound closure. However, the whole process takes approximately 8–10 hours based on the preparation process for the operation, stabilization time in the recovery room after the operation, and return to the ward. If the disease has severely advanced or additional surgery is performed unexpectedly, the operation time may be longer than expected. In this case, it may be difficult to estimate the time required for surgery accurately.



## **11. Possibility of Changing the Physician (Operating Surgeon)**

The physician (operating surgeon) may change according to the patient's condition or the medical institution's circumstances (e.g., treatment of emergency patients; the physician's (the operating surgeon's) personal reasons, such as illness or childbirth; and other reasons for the change: \_\_\_\_\_). In such cases, we will explain the reason for the change to you or your guardian and obtain written consent prior to the operation.

However, if a change of surgeon is urgently required based on your condition and consent cannot be obtained during the operation, we will explain the reason for the change of surgeon and the outcome of the surgery to you or your guardian immediately after the procedure.

## **12. Risks, Complications, and Management After Surgery**

### **1) Adjacent Organ Injuries**

Injury may occur when there are severe adhesions, especially to adjacent organs (bladder, ureter, urethra, colon, small intestine, etc.). In such cases, relevant specialized departments (general surgery, urology, etc.) may need to conduct surgery (bowel resection, enteroanastomosis, artificial anus or bladder, ureteral stenting, etc.) and treatment. If necessary, you may also need an artificial anus (enterostomy) or bladder (urostomy).

### **2) Bleeding**

A blood transfusion may be required during or after surgery if the blood loss is significant. Injury to a large blood vessel (aorta, inferior vena cava, iliac vessels, etc.) may result in massive bleeding that may require the involvement of specialized departments (vascular surgery, thoracic surgery, etc.).

### **3) Possibility of Reoperation Due to Bleeding or Hematoma After Surgery**

If bleeding continues even after conservative treatment such as an angiorrhaphy, electrocauterization, transfusion, use of hemostatic agents, and arterial embolization, reoperation for hemostasis may be required.

### **4) Reduced Motor and Sensory Function**

Because surgery is performed in a specific posture for a long time, neuropathy may occur in the brachial plexus, sciatic nerve, and calf nerves due to pressure, resulting in reduced sensory and motor functions in the upper and lower limbs. Nerves may be damaged during the tumor resection when there is adhesion or direct invasion to nerve tissue due to large lesions or metastasis. Although most of the damage is temporary and recovers naturally, more than several months of medication and rehabilitation may be required in some cases. For severe cases, the damage may not recover and may remain a permanent after-effect.

### **5) Pain**

Pain is severe for 2–3 days after surgery and is usually relieved afterward. It can be controlled using painkillers or patient-controlled analgesia.

### **6) Thromboembolism**

Embolisms may occur in the lungs, brain, heart, or lower extremities. In mild cases, symptoms, such as lower extremity edema and pain and shortness of breath may occur. However, embolisms may lead to hemiplegia or death from heart attack in severe cases. In patients at high risk of postoperative embolism, antithrombotic drugs are used before and after surgery, or elastic stockings are worn on the lower extremities to reduce the risk of embolism.



## **7) Lower Extremity Edema and Lymphoceles**

Lower extremity edema or lymphoceles may occur due to lymph node dissection. Lower extremity edema may be accompanied by pain and may last permanently without improving symptoms. In addition, intraperitoneal lymph leakage may occur after paraaortic lymph node dissection. In such cases, fat absorbed in the small intestine may leak together, which may cause peritonitis. Fasting or low-fat diets will help the patient recover from this condition. Lymphoceles are usually reabsorbed after sufficient time, but if not, a drainage catheter can be installed to remove the leakage, or surgical treatment may be performed. These complications may have worse symptoms with more lymph node dissection and can recur.

## **8) Intestinal Anastomotic Disruption**

This is a complication of rupture of the anastomosis due to inflammation at the connection site when the colon or small intestine is resected. Reoperation may be required if peritonitis is severe, and you may need a temporary ileostomy or colostomy. Depending on your progress, you may have a stoma reversal surgery.

## **9) Bowel Obstruction**

Bowel obstruction may occur due to adhesion and decreased bowel movement after surgery. This issue can be expected to be relieved by fasting or inserting a nasogastric tube. However, in severe cases, surgery may be performed to resect a part of the bowel.

## **10) Surgical Wound Infection**

Infection may occur at the site of surgery, which may result in wound disruption of the surgical site. Wound disruption can be treated with daily dressing and resuturing the problematic suture site but may extend the hospitalization period.

## **11) Other Infections**

You may stay longer in the hospital if you have an infection (urinary tract infection, pneumonia, phlebitis, etc.) after surgery. Reoperation may be required if intraperitoneal infection occurs. Appropriate preventive antibiotics can reduce the risk of infection.

## **12) Urinary Disorders**

Bladder function may decrease after surgery, which is treated with clean intermittent catheterization or Foley catheter drainage and medication. This issue may last several months or may be permanent.

## **13) Weakened Immune System**

If you have had a splenectomy, you may be more vulnerable to infection by certain bacteria and viruses. However, such infections can be prevented by vaccination (influenza, tetanus, whooping cough, etc.).

## **14) Fistula with Adjacent Organs**

An extensive surgery may result in thinner walls between adjacent organs, which can lead to rectovaginal or vesicovaginal fistulas. In this case, feces or urine may leak through the vagina and may require additional surgery.



### 15) Complications from Prolonged Surgery

Prolonged surgery can lead to acute renal failure, atelectasis, pneumonia, myocardial ischemia, and hypotension after surgery. Appropriate supportive therapy is provided to reduce these occurrences. If symptoms are severe or recovery is delayed, patients may undergo ventilator use and intensive care unit treatment. In severe cases, these occurrences may lead to death.

### 13. Precautions After Surgery

- 1) Cough and take deep breaths frequently to prevent atelectasis and fever, which may occur after surgery.
- 2) Early ambulation after surgery can reduce complications, such as intraperitoneal adhesion, thromboembolism, and bowel obstruction.
- 3) You can start taking meals after you pass gas or 2–3 days after surgery. The fasting period may be extended if you have had a bowel resection or adhesion is severe. Fluids and nutrients are supplied through the veins until you can start taking meals.
- 4) The urinary Foley catheter is usually removed within two days to one week after surgery. During surgery, a drainage catheter is inserted in the abdominal cavity to observe abdominal bleeding after surgery. The removal of the drainage catheter is determined by the color and amount of drainage.
- 5) You may discharge 1–2 weeks after surgery, but it varies depending on your condition. The schedule may change, if additional treatments are needed or biopsy results should be checked before discharge.
- 6) You can have general home-cooked meals. With postoperative digestive issues, bloating, constipation, diarrhea, and abdominal distension, make sure to eat small amounts of fiber-rich digestible food frequently with sufficient water intake.
- 7) A light shower can be taken immediately after the removal of stitches. Until then, hygiene must be maintained by washing the body with a wet towel, avoiding the surgical wound. Baths should be avoided for 4–6 weeks after surgery.
- 8) Light exercise after surgery, such as walking, can help with systemic recovery. Pay attention to early symptoms of anemia and dizziness and start with low-impact exercises with your caregiver (exercising in bed, etc.). Heavy exercise or sexual intercourse should be avoided for 6–8 weeks after surgery.
- 9) Vaginal bleeding containing pus may continue for about 3–4 weeks after surgery. You should visit the hospital outpatient clinic if the amount of vaginal bleeding or watery discharge increases enough to soak your pad or if the odor or pain is severe.
- 10) If any of the following symptoms occur after being discharged, please revisit the hospital as an examination or inpatient treatment may be required:
  - ① edema, flaring, secretion, or worsening pain in the surgical site
  - ② a high fever above 38 degrees Celsius
  - ③ persistent or worsening red or pink vaginal bleeding
  - ④ worsening abdominal pain after being discharged from the hospital



#### 14. Other Matters Requiring Consent

- Consent for anesthesia: please use a separate consent form.
- Consent for blood transfusion: please use a separate consent form.
- Consent for marking surgical sites:  
I have been informed and agree to the explanation of marking surgical sites for safe surgery.
- Consent for frozen section examination and pathological biopsy:  
Frozen section examination may be performed during surgery to identify cancer cells. The results of the frozen section examination can change depending on the biopsy results performed after surgery. I have been informed that additional tests, such as special stains, immunohistochemistry, molecular pathology, and electron microscopy, may be required for an accurate diagnosis of histopathological samples. I understand that the fees incurred from additional examinations for a more accurate diagnosis can be paid after discharge if they cannot be paid during hospitalization. I agree to pay for all histopathological examination fees.
- Consent for the possibility of conducting special examinations:  
I agree that additional special tests can be performed for a more accurate diagnosis after surgery, in which case additional costs can be charged.
- Consent for Human-Derived Materials Research: please use a separate consent form.
- Other
  - ① The physician may use an additional form (attached) to provide a detailed description.
  - ② You (or your guardian) may request a copy of this consent form or additional consent forms, in which case the requested forms will be issued immediately. However, you may be required to pay additional expenses incurred in issuing any copies of this consent form or additional consent forms.
  - ③ This consent form is valid with the patient's signature or seal. However, if the patient has a physical or mental condition affecting their capacity to give informed consent via signature or if the patient is a minor, the authorized person (guardian) shall act on behalf of the patient by specifying the reason.

#### 15. Other Comments or Details





**16. I confirm and agree with the following (check the box).**

I (or the patient) confirm that I have been sufficiently informed about the surgery at my own will.	<input type="checkbox"/>
I (or the patient) confirm that the physician has informed me about the purpose, benefit, process, expected complications, after-effects, etc. of the operation (including the attachment if necessary).	<input type="checkbox"/>
I (or the patient) confirm that I have understood from the above explanation that this surgery can cause unavoidable complications or unexpected accidents due to my body constitution (idiosyncrasy).	<input type="checkbox"/>
I (or the patient) agree to take this surgery by cooperating with this operation, pledging to faithfully notify of "3. Patient Health Status" in this consent form, and entrusting related medical treatment to the physician's judgment.	<input type="checkbox"/>
I (or the patient) confirm that, prior to the surgery, my physician has informed me about the possibility of changing the surgical approach or increasing the surgical extent.	<input type="checkbox"/>
I (or the patient) confirm that, prior to the surgery, my physician has informed me about the possibility and reason for changing the physician (operating surgeon).	<input type="checkbox"/>
I (or the patient) pledge to cooperate with this operation and faithfully inform the details of this consent form.	<input type="checkbox"/>
I (or the patient) agree for student doctors (medical students) to attend (participate in) surgery for medical educational purposes under the supervision of the surgeon.	<input type="checkbox"/>

(YY/MM/DD)

Patient full name:  
 Date of birth on resident registration:  
 Address:  
 Phone number:

(Signature or seal)

Guardian (patient's ) full name:  
 Date of birth on resident registration:  
 Address:  
 Phone number:

(Signature or seal)

**\* Reason for Authorized person's (Guardian's) Signature on Behalf of the Patient**

- The patient is unable to understand the terms of the agreement due to physical or mental disability.
- The patient is unable to understand the terms of the agreement as she is a minor.
- It is clear that the above information will have a significant adverse effect on the patient's mind and body.
- The patient entrusted the authority to consent to a specific person.  
(In this case, you must attach a separate entrustment agreement or power of attorney to this agreement.)
- Other: \_\_\_\_\_

Surgical Counselor (Physician)	
Full name:	(Signature or seal)

