**SURGERY**

**Patologisvar**

|  |  |
| --- | --- |
| **Date of pathology report** |  |
| **Evaluating pathology laboratory** |  |

|  |  |  |
| --- | --- | --- |
| **Arrived at laboratory:** | **Yes** | **No** |
| Left Fallopian tube |  |  |
| Right Fallopian tube |  |  |
| Left ovary |  |  |
| Right ovary |  |  |
| Abdominal washing |  |  |
| Uterus |  |  |
| Other |  |  |

**Histologi:**

|  |  |  |
| --- | --- | --- |
|  | **Normal** | **Abnormal** |
| Left Fallopian tube |  |  |
| Right Fallopian tube |  |  |
| Left ovary |  |  |
| Right ovary |  |  |
| Abdominal washing |  |  |
| Uterus |  |  |
| Other |  |  |

**Right Fallopian tube:**

|  |  |  |
| --- | --- | --- |
| * **P53 staining:**   + Normal   + Overexpressed   + Not expressed   + Not performed | * **Ki67(mib1) staining:**    + Performed   + Not performed | * **STIC:**   + No, not suspicious   + Suspicious for STIC   + Yes, unequivocal for STIC |

**Left Fallopian tube:**

|  |  |  |
| --- | --- | --- |
| * **P53 staining:**   + Normal   + Overexpressed   + Not expressed   + Not performed | * **Ki67(mib1) staining:**    + Performed   + Not performed | * **STIC:**   + No, not suspicious   + Suspicious for STIC   + Yes, unequivocal for STIC |

|  |  |
| --- | --- |
| **Abnormal results** | **Specify:** |
| Location: |  |
| Location: |  |

|  |  |
| --- | --- |
| **Abnormal results** | **Specify:** |
| Location: |  |
| Location: |  |
| **Abnormal results** | **Specify:** |
| Location: |  |
| Location: |  |
| **Abnormal results** | **Specify:** |
| Location: |  |
| Location: |  |

**SURGERY**

Surgery-related complications

|  |  |
| --- | --- |
| **Country where surgery took place** | Norway |
| **Name of operating gynecologist** |  |
| **Date of admission** |  |
| **Date of surgery** |  |
| **Date of discharge** |  |
| **Time that patient stayed in operation room (minutes)** |  |
| **Operating time (from incision to closure)**  OBS! Please provide duration of  salpingectomy/oophorectomy/salpingo-oophorectomy  only! If surgery is combined with another surgery (for  example mamma surgery), please only document the  duration of the removal of tubes/ovaries/tubes and  ovaries |  |
| **Type of surgery**  (sett ring rundt det som er utført, utdyp dersom det er utført annet) | Salpingectomy  Oophorectomy  Salpingo-oophorectomy  Other: |
| **Type of incision**  (sett ring rundt det som er utført, utdyp dersom det er utført annet) | Laparoscopy  Laparotomy: Pfannenstiel incision  Laparotomy: Median, below umbilicus  Laparotomy: Median  Converted: Laparoscopy to laparotomy  Other: |
| **Evt. Reason for conversion** |  |
| **Were there any problems related to anesthesia?**  (utdyp hvis ja) | YES / NO |
| **Did the patient suffer from any allergic response**  **during admission and/or surgery?**  (utdyp hvis ja) | YES / NO |
| **Did any intestinal damage occur during surgery?**   * utdyp hvis ja; * hva skjedde * hvordan ble det behandlet og fulgt opp | YES / NO |
| **Blood loss DURING surgery? (mL)** |  |
| **If 500 mL or more, this resulted in :**  (sett ring rundt alle som passer) | None  Anemia  Blood transfusion  Need for medication use, e.g. iron suppletion  Intervention by other specialist  Prolonged hospital stay  Admission at the Intensive Care unit because of excessive blood loss |
| **If anemia, what was the lowest hemoglobin**  **measured?** (mmol/L) |  |
| **If blood transfusion, how many packed cells**  **(erythrocyte units) were administered?** (units) |  |
| **If blood transfusion, how many units of fresh frozen plasma (FFP) were administered?** (units) |  |
| **If blood transfusion, how many units of thrombocytes were administered?** |  |
| **If intervention by another specialist was necessary,** please check the applicable boxes | Surgeon  Interventional radiologist |
| ***If Admission at the***  ***Intensive Care unit because of excessive blood loss' answer this question:***  For how many days was the patient admitted at the Intensive Care unit? |  |
| **Did a postoperative hemorrhage occur?** | YES / NO  *If yes, please indicate date of diagnosis of*  *postoperative hemorrhage:*  *If yes, where did the postoperative hemorrhage occur?*  *If yes, this resulted in;*   * None * Anemia * Blood transfusion * Need for medication use, e.g. iron suppletion * Re-intervention (surgery) * Intervention by other specialist * Prolonged hospital stay * Admission at the Intensive Care unit because of excessive blood Loss   *If anemia, what was the lowest hemoglobin*  *measured?* (mmol/L):  *If blood transfusion, how many packed cells*  *(erythrocyte units) were administered?*  *If blood transfusion, how many units of fresh frozen plasma (FFP) were administered?*  *If blood transfusion, how many units of thrombocytes were administered?*  *If yes, when was the re-intervention (surgery) performed?*  *If intervention by another specialist was necessary,*  please check the applicable boxes  Surgeon  Interventional radiologist  ***Admission at the Intensive***  ***Care unit because of excessive blood loss'***  ***answer this question:***  For how many days was the patient admitted at the Intensive Care unit? |
| **Did a postoperative infection occur (within 2 weeks**  **after surgery)?** | YES/NO  If yes, infection was diagnosed date:  ***Symptomes:***  **Fever** YES/NO  **Elevated infection parameters in blood:** YES/NO  ***If elevated infection parameters in blood:***   * Leucocyte count: * C-Reactive Protein:   **Sepsis** YES/NO  ***If Sepsis;***  Body temperature:  Heart rate:  Repiratory rate:  Leucocyte count:  Positive blood culture: YES/NO  Date of positive blood culture:  Shock: YES/NO  If shock, what was the lowest systolic blood pressure?: |
| **If an infection occurred, what was (most likely) the focus?** | Wound infection  Wound abscess  Infected intra-abdominal hematoma  Intra-abdominal abscess  Urinary tract infection  Pneumonia  Other: |
| **How was the infection treated?**  Please check all the applicable boxes. | None / Expectative  Extra control visits  Antibiotics  Prolongation of hospital stay  Hospital re-admission  Re-intervention (surgery)  Admission to the Intensive Care unit |
| **Was the patient diagnosed with a deep venous thrombosis in the first 6 weeks after surgery?** | YES/NO  *If yes;*  When was the deep venous thrombosis diagnosed?  DATO: |
| **Was the patient diagnosed with a pulmonary embolism in the first 6 weeks after surgery?** | YES/ NO  *If yes;*  When was the pulmonary embolism diagnosed?  DATO |
| **Did any other postoperative complication occur in the first 6 weeks after surgery?** | YES/NO  If yes, please specify the kind of postoperative  Complication:  When was the other complication diagnosed? |
| **Has the patient been admitted in any hospital since the initial surgery?** | YES /NO |
| **Is the patient in follow-up at any specialist besides the gynecologist due to the initial surgery?** | YES / NO |

DO NOT FORGET TO FILL IN A ''Serious Adverse Event'' REPORT IF APPLICABLE!

SAE skjema finner man på side 36 i protokollen☺