**Patologisvar**

|  |  |
| --- | --- |
| **Date of pathology report** |  |
| **Evaluating pathology laboratory** | Oslo University hospital 🗆Stavanger University Hospital 🗆Other 🗆 Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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

|  |  |  |
| --- | --- | --- |
| **Histologi:** | **Normal** | **Abnormal** |
| Left ovary |  |  |
| Right ovary |  |  |
| Abdominal washing |  |  |
| Uterus |  |  |
| Other |  |  |

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

**Surgery-related complications**

|  |  |
| --- | --- |
| **Hospital where surgery took place** | Oslo University hospital 🗆Stavanger University Hospital 🗆Akershus University Hospital 🗆Other 🗆 Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **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 ofsalpingectomy/oophorectomy/salpingo-oophorectomyonly! If surgery is combined with another surgery (forexample mamma surgery), please only document theduration of the removal of tubes/ovaries/tubes andovaries |  |
| **Type of surgery** | Salpingectomy 🗆Oophorectomy 🗆Salpingo-oophorectomy 🗆Other 🗆 Specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Type of incision** | Laparoscopy 🗆Laparotomy: Pfannenstiel incision 🗆Laparotomy: Median, below umbilicus 🗆Laparotomy: Median 🗆Converted: Laparoscopy to laparotomy 🗆Other 🗆 Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **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 injury occur during surgery?*** utdyp hvis ja;
* hva skjedde
* hvordan ble det behandlet og fulgt opp
 | **YES 🗆 NO🗆** |
| **Did any injury to the urinary tract occur during surgery?*** utdyp hvis ja;
* hva skjedde
* hvordan ble det behandlet og fulgt opp
 | **YES 🗆 NO🗆** |
| **Blood loss DURING surgery? (mL)** | **\_\_\_\_\_\_\_\_ ml****If 500 mL or more, this resulted in :*** 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?**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(units)**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; For how many days was the patient admitted at the Intensive Care unit?**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (days) |
| **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 🗆
* 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?**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(units)**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; For how many days was the patient admitted at the Intensive Care unit?**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (days) |
| **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 🗆 Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**If an infection occurred, How was the infection treated?** * 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?DATE: |
| **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?DATE: |
| **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☺ |