**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 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** | 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☺ | |