**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 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**(sett ring rundt det som er utført, utdyp dersom det er utført annet) | SalpingectomyOophorectomySalpingo-oophorectomyOther: |
| **Type of incision**(sett ring rundt det som er utført, utdyp dersom det er utført annet) | LaparoscopyLaparotomy: Pfannenstiel incisionLaparotomy: Median, below umbilicusLaparotomy: MedianConverted: Laparoscopy to laparotomyOther: |
| **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) |  NoneAnemiaBlood transfusionNeed for medication use, e.g. iron suppletionIntervention by other specialistProlonged hospital stayAdmission 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 |  SurgeonInterventional 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 boxesSurgeonInterventional 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/NOIf 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/NODate of positive blood culture:Shock: YES/NOIf shock, what was the lowest systolic blood pressure?: |
| **If an infection occurred, what was (most likely) the focus?** | Wound infectionWound abscessInfected intra-abdominal hematomaIntra-abdominal abscessUrinary tract infectionPneumoniaOther: |
| **How was the infection treated?** Please check all the applicable boxes. | None / ExpectativeExtra control visitsAntibioticsProlongation of hospital stayHospital re-admissionRe-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/NOIf yes, please specify the kind of postoperativeComplication: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☺