

## SURGERY FOR A PELVIC MASS (TUMOR)

I have been told that I have a pelvic mass (tumor) which may be arising from an ovary, the uterus, or other pelvic structures. I understand that the nature of this mass is not well understood and that pathologic evaluation will be necessary to determine whether this tumor is benign or malignant (cancer). I will be undergoing exploratory surgery to determine the nature of the mass. In general, if the mass is malignant, the uterus, cervix and other tubes and ovaries will be removed and other organs may be left in place. I have had the chance to ask questions about preservation of fertility and my pelvic organs with my physician, and these questions have been answered to my satisfaction.

In general, if the mass is benign, it usually may be removed without too much difficulty. If the mass is a fibroid tumor and it is arising from my uterus and I wish to maintain my uterus for further pregnancies, this may be possible. If the mass is cancerous or if there is any question about the nature of the mass, a hysterectomy will be performed. If the mass is a cancer of the ovary, there is a good chance that there will already be spread of the cancer to other parts of my abdomen. In such a situation, the most important aspect of surgery is removing as much of the cancer as possible before chemotherapy or other treatment is given. If there is no obvious spread of cancer outside the ovary, a number of biopsies will be obtained from the lymph nodes, omentum (fatty internal apron which hangs down from the stomach and bowel), diaphragm, and internal abdominal surfaces. The purpose of these biopsies is to determine the stage of the cancer. In early stage cancers of the ovary, surgery alone may be sufficient treatment, but in advanced stages chemotherapy or radiotherapy may be recommended.

This is a major operation which takes approximately 2 hours and involves the removal of the uterus, cervix, tubes and ovaries, as well as sampling of lymph nodes of the pelvis and the upper abdomen. After I have had a bowel preparation consisting of laxatives, antibiotics or enemas, I will undergo a general or regional anesthesia, and an incision will be made from my bladder bone to and slightly above my belly button. Through this incision, the uterus, cervix, tubes, ovaries and pelvic and para-aortic lymph nodes will be removed. During this operation the potential risks are injury to the bladder, bowel, rectum, or ureter (the tube that connects the bladder to the kidneys), any of which may result in the need for another surgery for correction. I understand that if such an injury occurs and is recognized at the time of the operation, corrective measures will then be taken. I also recognize that I may have enough blood loss at the time of surgery that a transfusion is required or that bleeding may be sufficient enough that a second operation may be necessary (this happens extremely rarely).

If I am overweight or diabetic, I understand there is an increased risk of problems with wound healing and that the incision may open up or be left open to be cared for by irrigation and packing with gauze. This type of treatment may last 3-4 weeks. I understand that there is a risk of developing blood clots in the pelvis or legs which may

result in pulmonary emboli (the clot travels to the lungs and may be fatal). In addition, other intraoperative injuries may occur which can cause leg weakness, numbness or tingling. Generally, such injuries are short-lived and recovery is rapid.

I understand that precautions will be taken at the time of surgery to reduce the risk for complications. I will be given antibiotics by vein to reduce the risk for infection. Before and after surgery compression leggings will be used to keep the blood in my legs moving during the time of surgery in both the operating room and the recovery room and for several days afterwards. Once I have returned to my hospital bed, nurses and doctors will follow my progress very carefully. I will be in the hospital 2-4 days. I understand that if anything worrisome occurs that I may voice my concerns to my doctors and nurses at any time.

If I have any questions or problems regarding my surgery or diagnosis, I may call Dr. Sutton at (317) 415-6740 or toll free at 1-888-488-1145.

07/05/2011