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Clinical Practice

Incidental adnexal mass at Caesarean section - the value of implementing a comprehensive consenting process

Ingrid Paredes , Marlon Pastrana , Alasdair Gordon and Toh Lick Tan

ABSTRACT
Informed consent is an important part of good medical practice. Potentially, added, but not essential procedures may only become obvious during surgery. Therefore comprehensive consent to cover such a situation is advisable. In this report, we illustrate the value of a standardised consent form which addresses the issue.

Introduction

Examination of the ovaries at caesarean section is a normal practice as ovarian pathology may be found. The incidence of an adnexal mass found at caesarean section ranges from 1 in 123 [1] to 329 [2]. Ovarian cysts rarely develop de novo in late pregnancy, but rather persist from early pregnancy. About 4 in 5 ovarian cysts detected in the first trimester scan resolve spontaneously. Also, 4 in 5 of ovarian cysts persisting into the second trimester will also be present in the post-natal period as complex cysts such as serous cystadenomas, mature cystic teratomas, endometriomas and mucinous cystadenomas [3]. It therefore seems sensible to remove the ovarian cyst for histology at caesarean section rather than subject the woman to the anxiety of multiple investigations and/or another laparotomy, particularly when ovarian cystectomy during caesarean section does not appear to increase morbidity of the procedure [1].

We present a case of incidental ovarian cyst found at elective caesarean section to illustrate the value of a comprehensive consenting process.

Case Report

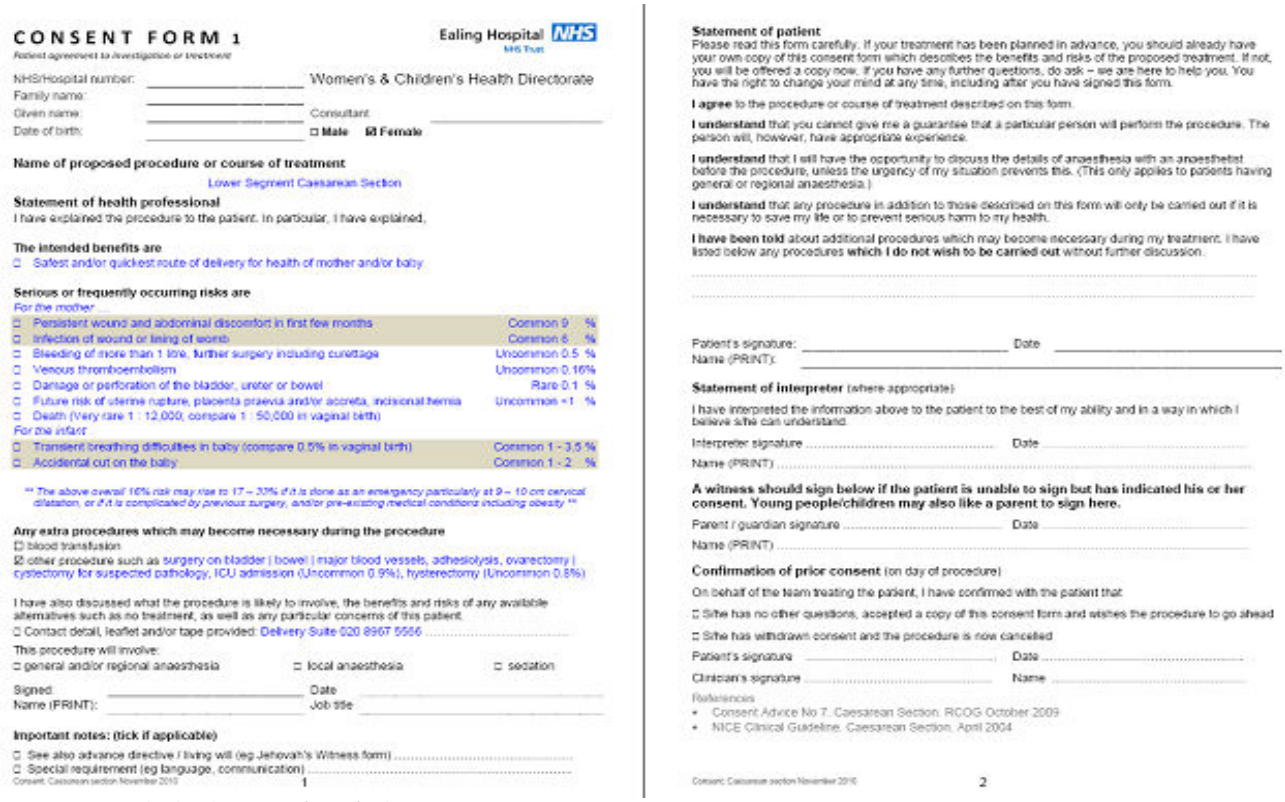
A 35 year-old para 1 + 0 healthy Polish woman was admitted for elective lower segment caesarean section (LSCS) at 39+ [4] weeks gestation in view of a previous caesarean section 2 years ago for failure to progress in the first stage of labour.She was booked in a neighbouring hospital for her antenatal care where she was counselled and consented for the procedure by her consultant. Her pregnancy was uncomplicated and routine pregnancy scans were unremarkable. Apart from drainage of a breast abscess 2 years ago, she had no medical history of note.

Written consent for elective LSCS was obtained by the junior doctor on duty before the consultant pre-operative ward round. However, the directorate's standardised consent (figure 1) form was not used. The woman was therefore again counselled and written consent for elective LSCS obtained for the third time now including previously omitted additional procedures that might be performed during the course of the surgery.

At the uncomplicated LSCS under spinal anaesthetic, routine inspection of the uterus and adnexa revealed a 30 x 20 x 15 mm pedunculated firm pale mass attached to the left ovary suggestive of a fibroma. The findings were relayed to the woman, and confirmation of consent for the ovarian cystectomy was obtained. The abnormal ovarian mass was removed with conservation of the left ovary. Histology of the mass subsequently confirmed it to be an ovarian fibroma / fibrothecoma.

Discussion

The Royal College of Obstetricians and Gynaecologists (RCOG) recommend that clinicians should seek prior consent to treat any problem which might arise [4]. Indeed, in its Consent Advice for caesarean section, it states that discussion of appropriate but not essential procedures, such as ovarian cystectomy at caesarean section, should take place before undertaking the procedure [5]. This supports the position of the Department of Health which states that a procedure should not be performed merely because it is convenient, and that it is good practice where possible to seek the person's consent to the proposed procedure well in advance, when there is time to respond to the person's questions and provide adequate information [6].



CONSENT FORM 1

Ealing Hospital NHS
NHS Trust

Patient agreement to investigation or treatment

NHS/Hospital number:
Family name:
Given name:
Date of birth:

Women's & Children's Health Directorate

Consultant

☐ Male ☒ Female

Name of proposed procedure or course of treatment

Lower Segment Caesarean Section

Statement of health professional

I have explained the procedure to the patient. In particular, I have explained,

The intended benefits are

☐ Safest and/or quickest route of delivery for health of mother and/or baby

Serious or frequently occurring risks are

For the mother

☐ Persistent wound and abdominal discomfort in first few months	Common 9 %
☐ Infection of wound or lining of womb	Common 6 %
☐ Bleeding of more than 1 litre, further surgery including curettage	Uncommon 0.5 %
☐ Venous thromboembolism	Uncommon 0.16%
☐ Damage or perforation of the bladder, ureter or bowel	Rare 0.1 %
☐ Future risk of uterine rupture, placenta praevia and/or accreta, incisional hernia	Uncommon <1 %
☐ Death (Very rare 1 : 12,000; compare 1 : 50,000 in vaginal birth)	

For the infant

☐ Transient breathing difficulties in baby (compare 0.5% in vaginal birth)	Common 1 - 3.5 %
☐ Accidental cut on the baby	Common 1 - 2 %

*** The above overall 16% risk may rise to 17 – 33% if it is done as an emergency particularly at 9 – 10 cm cervical dilatation, or if it is complicated by previous surgery, and/or pre-existing medical conditions including obesity ***

Any extra procedures which may become necessary during the procedure

☐ blood transfusion
☒ other procedure such as surgery on bladder / bowel / major blood vessels, adhesiolysis, ovarectomy / cystectomy for suspected pathology, ICU admission (Uncommon 0.9%), hysterectomy (Uncommon 0.8%)

I have also discussed what the procedure is likely to involve, the benefits and risks of any available alternatives such as no treatment, as well as any particular concerns of this patient.

☐ Contact detail, leaflet and/or tape provided: Delivery Suite 020 8967 5566

This procedure will involve:

☐ general and/or regional anaesthesia ☐ local anaesthesia ☐ sedation

Signed:
Name (PRINT):
Date
Job title

Important notes: (tick if applicable)

☐ See also advance directive / living will (eg Jehovah's Witness form)
☐ Special requirement (eg language, communication)

Consent: Caesarean section November 2010 1

Statement of patient

Please read this form carefully. If your treatment has been planned in advance, you should already have your own copy of this consent form which describes the benefits and risks of the proposed treatment. If not, you will be offered a copy now. If you have any further questions, do ask – we are here to help you. You have the right to change your mind at any time, including after you have signed this form.

I agree to the procedure or course of treatment described on this form.

I understand that you cannot give me a guarantee that a particular person will perform the procedure. The person will, however, have appropriate experience.

I understand that I will have the opportunity to discuss the details of anaesthesia with an anaesthetist before the procedure, unless the urgency of my situation prevents this. (This only applies to patients having general or regional anaesthesia.)

I understand that any procedure in addition to those described on this form will only be carried out if it is necessary to save my life or to prevent serious harm to my health.

I have been told about additional procedures which may become necessary during my treatment. I have listed below any procedures **which I do not wish to be carried out** without further discussion.

Patient's signature: Date
Name (PRINT):

Statement of interpreter (where appropriate)

I have interpreted the information above to the patient to the best of my ability and in a way in which I believe s/he can understand.

Interpreter signature Date
Name (PRINT)

A witness should sign below if the patient is unable to sign but has indicated his or her consent. Young people/children may also like a parent to sign here.

Parent / guardian signature Date
Name (PRINT)

Confirmation of prior consent (on day of procedure)

On behalf of the team treating the patient, I have confirmed with the patient that:

☐ S/he has no other questions, accepted a copy of this consent form and wishes the procedure to go ahead

☐ S/he has withdrawn consent and the procedure is now cancelled

Patient's signature Date
Clinician's signature Name

References

- Consent Advice No 7: Caesarean Section. RCOG October 2009
- NICE Clinical Guideline: Caesarean Section. April 2004

Consent: Caesarean section November 2010 2

Figure 1. Standardised consent form for lower segment caesarean section

In spite of the publication of the above guidelines well over a year ago, our case supports the belief that most obstetricians omit discussion and/or documentation of ovarian cystectomy at LSCS, and indeed other risks or additional procedures that may be relevant as showed in figure 1. This may be because the clinician is unaware of the recommendations, not familiar with the potential risks or findings at surgery, or that there is simply insufficient time to document comprehensively.

Our directorate has adopted the use of standardised consent forms for common procedures. These forms are available on our intranet which can be edited allowing clinicians to amend the risks and additional procedures as appropriate in each individual case. We believe the verified printed consent form offers legible and comprehensive documentation of the counselling process, as well as prompting clinicians to discuss key issues such as those recommended by the RCOG Consent Advice. We advocate the use of such standardised consent forms in improving the care of patients and supporting clinicians to deliver optimal services.

Competing Interests
None declared

Author Details
INGRID PAREDES, BSc, Medical student, American University of the Caribbean School of Medicine, Florida, USA
MARLON PASTRANA, BSc, Medical student, American University of the Caribbean School of Medicine, Florida, USA
ALASDAIR GORDON, FRCS(Ed), MRCOG, Consultant obstetrician & gynaecologist, Department of Obstetrics and Gynaecology, Ealing Hospital, London, United Kingdom
TOH LICK TAN, MRCOG, Consultant obstetrician & gynaecologist, Department of Obstetrics and Gynaecology, Ealing Hospital, London, United Kingdom
CORRESSPONDENCE: Mr TOH LICK TAN, Department of Obstetrics and Gynaecology,Ealing Hospital NHS Trust, Uxbridge Road, Southall UB1 3HW, United Kingdom
Email: tohlick.tan@nhs.net

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5. RoyalCollegeof Obstetricians and Gynaecologists. Caesarean Section. Consent Advice No 7. October 2009
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