

Obstetrics & Gynecology Science

Ha Kyun Chang, et al. Consent forms for gynecologic cancer surgery

Supplementary Table 1. The points raised at the public hearing and the decisions of the committee

| Points raised | Response of the committee |
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| Whether to explain neoadjuvant chemotherapy and interval debulking surgery to ovarian cancer patients | The choice of primary debulking surgery or neoadjuvant chemotherapy would have already been made when consent was obtained. Moreover, this refers to the overall treatment of ovarian cancer rather than the surgery per se. The committee decided that an explanation was not necessary. When diagnostic laparoscopic surgery (for biopsy) is required, a different consent form should be used |
| Whether to include explanations on incomplete surgery or open and closure after initiation of surgery | Item "Extent of the surgery" was revised to include: "However, if it is too urgent to explain during the surgery, we will explain the reasons for the changes and the outcome of the surgery to you or your guardian immediately after the operation." |
| Whether to include explanations on sentinel lymph nodes for patients with endometrial cancer | Item "Extent of the surgery" was revised to include: "Only lymph nodes identified by sentinel node (the lymph nodes where cancer cells reach first) tests may be selectively resected." |
| Whether to include an explanation on pain caused by surgical clips | Only a few reports on laparoscopic cholecystectomy describe this issue; no report on gynecological surgery mentions it. Also, any causal relationship between pain and surgical clipping is unclear. The committee decided that an explanation was not necessary |