



Background

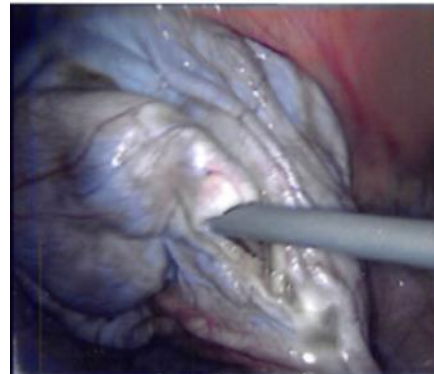
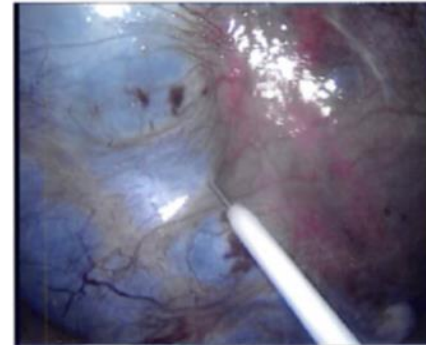
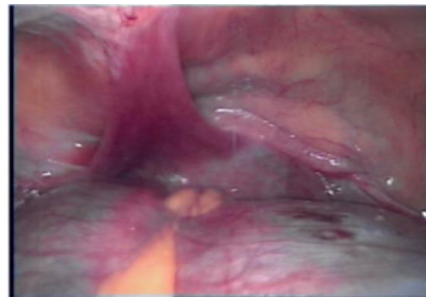
If ovarian pathology is found unexpectedly at the time of surgery, it is not always easy to decide what to do. The standard consent form contains the clause 'I understand that any procedure, in addition to the investigation or treatment described on this form, will only be carried out if it is necessary and in my best interests and can be justified for medical reasons'. This is the so-called 'doctrine of necessity'. (TOG 2001) It is unlikely that removal of the ovaries could ever be justified under this clause except, perhaps, in the case of malignancy. The fact that the patient signed the consent form should not be relied on.

Case History

- 35yr old
- P2 previous 2 c-sections
- H/o laparoscopic left ovarian cyst aspiration
- Attended surgical abdomen 1 week earlier Underwent laparoscopy for appendicitis
- Incidental finding of left 13cm ovarian cyst and normal appendix.

- Gynae on call summoned proposed tumor markers and MDT
- Ca125 12 and MDT result (low RMI) advised local hospital operation.
- Attended Gynae emergency with LIF pain and torsion suspected
- consented for laparoscopy and proceed

Intra Op Findings



- Simple left ovarian cyst 15cm filling the abdomen was found.
- Torted 3 times around its pedicle.
- 500ml of straw coloured fluid was suctioned out
- Cyst wall was stripped and sent for histology.
- Uneventful post op recovery and discharged on day2.

Conclusions

The law requires the consent to be valid and the three principles of patient capacity, free will and informed be followed. There is no excuse for accidental ovarian removal but at the same time there is no clear cut management of an incidental finding of ovarian pathology. 1 in 10 women can develop adnexal mass in their life time. 3% of Gynae emergencies are attributed to ovarian torsion which can mimic appendicitis (Schaberg 2008). However there limited data on the incidental finding of ovarian cyst during surgery for other causes. Although things may be clearer when the finding is during c-section, where patient is under regional anaesthetic, but not so with other operations and that too under general anaesthetics.

References

- Argent V, Woodward Z. Consent and The Ovary. The Obstetrician and Gynaecologist. Oct 2001 vol3. No.4
- Schaberg F. et al. 2008. Current Problems in Surgery. Volume 45.pg 388-439. Mosby, inc.
- Yu C, Wang J, Lu W, Xie X, Cheng X, Li X. Analysis of adnexal mass managed during cesarean section. Adv Clin Exp Med. 2019 Apr;28(4):447-452. en1.At.