



CARE

CENTRE FOR ADVANCED
REPRODUCTIVE ENDOSURGERY

Specialists in Endoscopic & Robotic Surgery

Endometriosis
Uterine Fibroid
Urinary Incontinence
Pelvic Organ Prolapse
Tubo-ovarian Pathology

17/05/22

Dr Rosanne Russell
1 Kissing Point Road
Turramurra 2074

Fax: 02 9449 3466
Email:

Dear Rosanne

A/Professor Alan Lam Director MBBS (Hons) FRANZCOG
Dr Jessica Lowe Consultant MBBS (Hons) FRANZCOG MPH TM
Sr Margaret Buckley Nurse Educator
Sr Julie Hiser Practice Nurse

OPERATION REPORT

Miss Georgette Archer
7 Strickland Ave
LINDFIELD NSW 2070
DOB: 09/04/99

Procedure: Laparoscopic excision of severe endometriosis including bowel shaving, Insertion of Mirena IUD

Date: 17/05/22

Surgeon: A/Prof Alan Lam

Assistant: Dr Charlotte Rook

Anaesthetist: Dr Stephen Ford

Hospital: Mater Hospital

FINDINGS

- Vulva, vagina, cervix: Normal
- Bimanual examination: Anteverted
- Uterus sounded to 7 cm, normal descent
- Laparoscopic examination: Revealed stage IV endometriosis
- Uterus: Filmy endometriosis and adhesions over the fundus, posterior uterus and round ligaments
- Ovaries: Normal bilaterally
- Tubes: Right tube normal. Left tube densely adherent to the left ovary, endometrioma, round ligament and left pelvic sidewall (buried). Post procedure, tubes patent bilaterally on Chromotubation
- UV fold: Filmy adhesions containing brown liquid throughout the anterior compartment
- POD and rectum: Obliterated. Large bloc of disease obliterating the POD, centred over the LUSL, extending to the USL's, pararectal spaces and broad ligaments bilaterally, obliterating the left pelvic side wall. This same disease bloc involved the rectum and sigmoid along a length from the torus uterinus to the pelvic brim where it was adherent
- Appendix, liver, gallbladder: Normal
- Estimated blood loss- 50 ml
- Operative duration- 120 mins

TECHNIQUE

- GA, lithotomy, prep and drape; IDC and Spackman inserted
- Bimanual examination: Findings as above
- Routine direct cut-down entry at umbilicus (10 mm)
- Laparoscopic findings as above

All Correspondence AMA House Level 4 Suite 408 69 Christie Street St Leonards NSW 2065
Also Consulting St George Private Hospital 1 South Street Kogarah NSW 2217
Strathfield Private Hospital Suite 5 3-5 Everton Road Strathfield NSW 2135
Tel (02) 9966 9121 Fax (02) 9966 9126 Email care@sydneycare.com.au Website www.sydneycare.com.au

A/Prof Alan Lam
Provider number 043079DW
Dr Jessica Lowe
Provider number 2966609W

- 3 x 5 mm lateral ports inserted under direct vision (two in the LLQ, one in the RLQ)
- Bipolar diathermy and Harmonic scalpel used throughout
- Adhesiolysis performed
- Ureters identified and protected throughout
- Suspected endometriotic lesions excised, as documented above, including left uterolysis and bowel shaving
- Chromotubation performed: Findings as above
- Haemostasis achieved
- Rectus sheath closed at umbilicus with 1 Vicryl
- Interrupted 3-0 Vicryl Rapide to all port sites
- There were no intra-operative complications

POST-OP ORDERS

- Light diet, mobilize
- Calf compressors and TEDs until fully mobile
- IDC to be removed at 6 am tomorrow
- Aim home tomorrow
- Light ward diet as tolerated
- Regular and as required Analgesia charted
- Routine Thromboprophylaxis
- Phone follow-up in 1-2/52 with our Clinic Nurse
- Gynaecologist follow-up in 4-6/52

Thank you for referring the patient to me.

Kind regards,

Alan Lam.
Associate Professor, University of Sydney.

We welcome you and your patients to our new website at <https://www.sydneycare.com.au/> where useful information about us and the services are available.



**DOUGLASS
HANLY MOIR**
PATHOLOGY

Quality is in our DNA

Gynaecological Pathologists (02) 9855 6200 Toll free 1800 222 365
General enquiries (all hours) (02) 9855 5222 Results (02) 9855 5100

GynaePath, a trading name of Douglass Hanly Moir Pathology Pty Limited ABN 80 003 332 858,
a subsidiary of Sonic Healthcare Limited ABN 24 004 196 909 APA 906

GYNAEPATH

Specialist Gynaecological Pathologists

Adj Prof. Annabelle FARNSWORTH Dr Jennifer ROBERTS
Dr Clare BIRO Adj Prof. Richard JAWORSKI
Dr Sophie CORBETT-BURNS Dr Yasmin MATTHEWS
Dr Suzanne DANIELETTA Dr Helen OGLE
Dr Patricia GUZMAN Dr Justine PICKETT
Dr Suzanne HYNE Dr King TAN

Prof Alan Lam

AMA HOUSE
SUITE 408 LEVEL 4
69 CHRISTIE STREET
ST LEONARDS NSW 2065

Copies : OT - Mater Priv Hosp

L5158

MSM/---/MSM/---/---

Ph: 0299007577

Patient

Georgette Rose ARCHER

Lab ID : 880740387

Your Ref : 117791

7 Strickland Ave
LINDFIELD 2070
DOB : 09/04/1999 (23 Yrs)
Sex : Female
Ph : 0424242801

Requested : 17/05/2022
Collected : 17/05/2022
Received : 17/05/2022 21:05
Printed : 20/05/2022 08:36

4. LEFT UTEROSACRAL
- ENDOMETRIOSIS
5. LEFT PARARECTAL
- ENDOMETRIOSIS
6. ADHESIONS
- ENDOMETRIOSIS
7. UTEROSACRAL JUNCTION
- ENDOMETRIOSIS

Reported by Dr Clare Biro (0298555420)

Surgery Use

☐
Normal

☐
No Action

☐
Contact
Patient

☐
See
Patient

☐
See File

☐
Continue
Treatment

Signed

Date

Accredited for compliance
with NATA Standards
and ISO 15188
NATA Accreditation No. 2178

Tests Completed: HistoG. FINAL REPORT

Clinical Notes:

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GYNAEPATH HISTOPATHOLOGY REPORT : 137542-22MP

CLINICAL NOTES:

Endometriosis/dysmenorrhoea.

MACROSCOPIC:

1. 'Right broad ligament'. The specimen consists of a piece of tissue measuring 10x5x3mm. Embedded whole. (1 block)
 2. 'Right pelvic side wall'. The specimen consists of a piece of tissue measuring 7x5x3mm. Embedded whole. (1 block)
 3. 'Left broad ligament'. The specimen consists of a piece of tissue measuring 5x5x2mm. Embedded whole. (1 block)
 4. 'Left uterosacral'. The specimen consists of multiple pieces of tissue measuring 15x12x3mm in aggregate. All embedded. (1 block)
 5. 'Left pararectal'. The specimen consists of multiple pieces of tissue measuring 25x22x5mm in aggregate. All embedded. (1 block)
 6. 'Adhesions'. The specimen consists of a piece of tissue measuring 7x3x2mm. Embedded whole. (1 block)
 7. 'Uterosacral junction'. The specimen consists of a piece of tissue measuring 8x5x3mm. Embedded whole. (1 block).
- MXZ L3-13 6-124

MICROSCOPIC:

1. The sections of peritoneum show adhesions and endometriosis. There is no atypia.
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DIAGNOSIS:

1. RIGHT BROAD LIGAMENT
- ENDOMETRIOSIS
2. RIGHT PELVIC SIDE WALL
- ENDOMETRIOSIS
3. LEFT BROAD LIGAMENT
- ENDOMETRIOSIS

Surgery
Use

☐ Normal

☐ No Action☐ Contact Patient

See
Patient

See File

☐ Continue Treatment

Signed

Date _____

Tests Completed: HistoG. FINAL REPORT

Clinical Notes: