

## Operation record form for cervical cancer

### General information

Patient ID

Name

Operation date

Operator

Assistant

### FIGO staging

Ia1  Ia2  Ib1  Ib2  IIa1  IIa2  IIb  IIIa  IIIb  IVa  IVb

### Preoperative histologic diagnosis

CIN 1 (mild dysplasia)  CIN 2 (moderate dysplasia)  CIN 3 (severe dysplasia & CIS)  
 Squamous cell carcinoma  Adenocarcinoma  Adenosquamous cell carcinoma  
 Neuroendocrine carcinoma  Others (\_\_\_\_\_)

### Disease status

Primary disease  After neoadjuvant chemotherapy  
 After chemoradiation  Recurrent disease  
 Others (\_\_\_\_\_)

### Preoperative tumor marker

SCC-Ag (\_\_\_\_\_)  CA-125 (\_\_\_\_\_)  CEA (\_\_\_\_\_)

### Anesthesia

General  Spinal  Epidural  Local  Others

### Patient's position

Supine  Lithotomy  Others

### Approach

#### Laparotomy

Lower midline incision  Extended lower midline incision  
 Pfannenstiel's incision  Maylard incision  Others (\_\_\_\_\_)

#### Minimally invasive surgery

Laparoscopic  Port numbers (\_\_\_\_\_)  
 Robotic  Port numbers (\_\_\_\_\_)

#### Conversion

No  
 Yes from (\_\_\_\_\_) to (\_\_\_\_\_)  
Reason  Bleeding  Adhesion  Organ injury  
 Other organ invasion  Others (\_\_\_\_\_)

### Operation type: Hysterectomy (KGOG classification)

Conization  LLETZ (LEEP)  Cold knife conization  
 Trachelectomy (cervicectomy)  
 Type A(T) Minimum resection of paracervix (simple trachelectomy; simple cervicectomy)  
 Type B(T) Transection of the paracervix at the ureter (radical trachelectomy; radical cervicectomy)

**Hysterectomy**

- Type A Minimum resection of paracervix (extrafascial hysterectomy)
- Type B Transection of the paracervix at the ureter (modified radical hysterectomy)
  - Right  Left
- Type C1 Transection of paracervix at the junction with the internal iliac vascular system with nerve preservation (nerve-sparing radical hysterectomy)
  - Right  Left
- Type C2 Transection of paracervix at the junction with the internal iliac vascular system without nerve preservation (conventional radical hysterectomy)
  - Right  Left
- Type D1 Resection of the entire paracervix along with the internal iliac vessels
  - Bladder  Rectum  Inferior gluteal vessel
  - Internal pudendal vessel  Obturator vessel
  - Others (\_\_\_\_\_)
- Type D2 Resection of the entire paracervix, with the internal iliac vessels and adjacent fascial or muscular structure  
(specify site:\_\_\_\_\_)
- Aborted (specify the reason:\_\_\_\_\_)
- Others (\_\_\_\_\_)

**Operation type: Lymphadenectomy (KGOG classification)**

- None
- Pelvic LN/Level 1**  Rt LNS  Rt LND  Lt LNS  Lt LND
- Common iliac LN/Level 2**  Rt LNS  Rt LND  Lt LNS  Lt LND
- Para-aortic LN (infra-IMA)/Level 3**  LNS  LND
- Para-aortic LN (infra-renal)/Level 4**  LNS  LND
- Debulking (specify site:\_\_\_\_\_)
- Others (\_\_\_\_\_)

**Combined procedures**

- Oophorectomy**  Right  Left  Bilateral
- Salpingectomy**  Right  Left  Bilateral
- Ovarian cystectomy**  Right  Left  Bilateral
- Ovarian transposition**  Right  Left  Bilateral
- Other operation 1 (surgeon:\_\_\_\_\_) (procedure:\_\_\_\_\_)
- Other operation 2 (surgeon:\_\_\_\_\_) (procedure:\_\_\_\_\_)

**Intraoperative findings**

- Frozen biopsy**  No  Yes (specify, if yes:\_\_\_\_\_)
- Ascites**  No  Yes (\_\_\_\_\_mL)
- Adhesion**  No  Yes (specify, if yes:\_\_\_\_\_)

**Suspicious invasion to adjacent organ**

- No  Yes  Vagina (\_\_\_\_\_)
- Paracervix (\_\_\_\_\_)
- Vesicouterine ligament (\_\_\_\_\_)
- Uterosacral ligament (\_\_\_\_\_)

**Lymph node enlargement**

No  Yes

(specify, if yes: \_\_\_\_\_)

**Nerve preservation procedure**

identify nerve, if yes

No  Yes

Superior hypogastric plexus

Right hypogastric nerve  Left hypogastric nerve

Right pelvic plexus  Left pelvic plexus

Right bladder branch  Left bladder branch

**Specimen examination during surgery**

Size of primary tumor (\_\_\_\_\_cm of largest diameter)

Right paracervix width (\_\_\_\_\_cm) length (\_\_\_\_\_cm)

Left paracervix width (\_\_\_\_\_cm) length (\_\_\_\_\_cm)

Vaginal length (\_\_\_\_\_cm)

**Anti-adhesive used**

No  Yes (\_\_\_\_\_)

**Intraoperative injury**

Ureter (specify, if yes: \_\_\_\_\_)

Vessel (specify, if yes: \_\_\_\_\_)

Nerve (specify, if yes: \_\_\_\_\_)

Others (specify, if yes: \_\_\_\_\_)

**Estimated blood loss**

(\_\_\_\_\_mL)

**Transfusion**

No  Yes

(p-RBC\_\_\_\_\_pint, Plt conc\_\_\_\_\_pint, FFP\_\_\_\_\_pint, WB\_\_\_\_\_pint)

**Drain**

No  Yes

Location  LLQ  RLQ  LUQ  RUQ  Others (\_\_\_\_\_)

**Gauze count**

Checked  Not checked

**Wound closure**

Peritoneum  No  Yes

Fascia  No  Yes

Subcutaneous  No  Yes

Skin  No  Yes

**Remarks**

Large empty rectangular box for handwritten remarks.