

Patient Informed Consent for Diagnostic and Operative Laparoscopy

Purpose

Laparoscopy is an extremely valuable method of conducting gynecologic surgery. It may be performed to establish a diagnosis, such as determining the cause of infertility or pelvic pain. It is often used as therapy, such as removing fibroids, a uterus, ovaries, adhesions (scar tissue) or destroying endometriosis.

Procedure

The operation is usually performed with the patient asleep (general anesthesia). Following appropriate anesthesia, an instrument is placed into the cervix. This instrument called a manipulator enables the surgeon to position the uterus and aid the pelvic assessment during laparoscopy. A catheter is placed in the urinary bladder to drain it. The abdomen is inflated with a gas (usually carbon dioxide) to better see and examine the abdominal and pelvic organs. An incision is made near the belly button, through which a telescope (laparoscope) is inserted. One to three additional incisions are then placed at other points on the abdomen. These incisions leave scars one-quarter to one-half inch in length. Through these incisions the surgeon places operating instruments and performs indicated procedures. A photograph of the pelvic structures is often taken to document the findings. This also helps you to understand what was found and done.

After the operation has been completed, the gas is allowed to escape from the abdomen, all instruments removed, and the abdominal incisions are closed with sutures. Often medications are placed in the abdomen for pain relief and to prevent adhesion (scar tissue) formation.

Follow-up

You may experience pain in your shoulder, chest, and upper abdominal areas caused by the gas. You may also experience tenderness at the incision sites. These discomforts usually diminish markedly after 2 days. There may be some bruising at the incision sites. This disappears in approximately 2 weeks. You may go home the day of surgery but you must be transported by a responsible adult. You will receive written instructions and prescriptions upon discharge.

Complications

While the most common outcome is to complete the procedure as planned, all surgical procedures are associated with some risk that may be in one or more of the following categories:

1. Bleeding
2. Infection
3. Accidental organ injury
4. Anesthesia problems
5. Conversion to an open procedure

A more detailed listing of complications is available upon request.

Detailed listing requested and obtained declined.

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Follow-up

You should call the office the first postoperative day to advise us of any problems you are having, and to make your return appointment for 2 weeks. You should remain out of work as advised, and should report any unusual signs or symptoms such as unusual vaginal discharge, fever, or increasing pain.

Finally

We operate with an advanced operative team. The equipment is modern. We are constantly reviewing our techniques and instrumentation to maximize patient safety. You are encouraged to ask all questions to clear up doubts that you may have. Feel free to log on to the website <lapscope.com> for additional information on laparoscopic procedures but **be forewarned since many of the images are graphic.**

I have read pages 1 and 2 of the Patient Informed Consent and understand what I have read. Dr. _____ and staff have given me ample opportunity to ask questions on specific points. I would like the follow restrictions to apply:

1. _____
2. _____
3. _____
4. _____
5. _____

No restrictions

Signature Date

Witness Date

Please initial both pages of the consent form, sign the last page, have it witnessed (may be husband), and return the entire form to the office.