

OPERATIVE LAPAROSCOPY INFORMED CONSENT FORM

OPERATIVE LAPAROSCOPY **(POSSIBLE USE OF CO₂ LASER)**

Purpose:

Laparoscopy is a technique for examining the abdominal and pelvic contents with a fiberscope that has a camera attached and displays the operative field on a TV screen.

Laparoscopy, new instrumentation and the laser have revolutionized many aspects of gynecologic surgery. Operative laparoscopy, especially applies to such problems as diagnosing pelvic pain, infertility, removing ectopic pregnancies, removing ovarian cysts, clearing away adhesions (scar tissues), treating endometriosis and repairing tubes and ovaries to enhance fertility.

Procedure:

The abdomen is first inflated with carbon dioxide gas and then the instrument is inserted through a small incision below the umbilicus. The procedure is performed under a general anesthetic, which means you are asleep.

The procedure is generally done as an outpatient procedure. The actual procedure usually involves three or four small incisions in the abdomen, one just below the umbilicus and the others just above the pubic bone area or lower abdomen. These are small incisions, usually an inch or less in length.

In many cases, the laser will be used as part of the instrumentation at laparoscopy. The laser is an intensely hot light beam focused on a very tiny spot. The laser allows the surgeon to remove adhesions, destroy areas of endometriosis, drain ovarian cysts, or remove ectopic pregnancies. The characteristics of the laser allow very tiny areas to be treated without damaging surrounding tissue. There is neither more pain nor less pain if the laser is used during laparoscopic surgery.

Complications:

Complications can arise in any surgical procedure and some can be very serious. These however, are very infrequent, generally in the 1% range or less.

RISKS OF LAPAROSCOY (POSSIBLE USE OF CO₂ LASER)

Possible complications of laparoscopy include:

1. Injury to the bowel, bladder, ureters (tubes coming from the kidneys to the bladder), blood vessels in the abdominal wall and pelvis
2. Injury to uterus, tubes, and/or ovaries
3. Infection
4. Bleeding with the possibility of a blood transfusion and the attendant risks of hepatitis / AIDS
5. Death is extremely rare
6. If a serious injury should occur, it is possible that a laparotomy (opening the abdomen) would be necessary to repair the injury or stop the bleeding

ANESTHESIA RISKS

In addition, there are risks associated with anesthesia such as:

1. Allergic reactions
2. Heart rate irregularity
3. Blood pressure changes
4. Pneumonia
5. Body may lose ability to control body temperature (malignant hyperthermia)
6. Cardiac arrest
7. Risk of death very rare

These complications are not all-inclusive but represent those most commonly associated with laparoscopy and general anesthesia. Fortunately, these are quite rare.

COMMON SIDE EFFECTS

All patients have some degree of pain postoperatively, but this can generally be taken care of with the pain medication prescribed. You may experience bloating, should pain, constipation, bladder frequency, but these generally should resolve over 24-36 hours or so after surgery. Certainly if there are any questions or concerns, you should call the clinic.

AFTERCARE

When you awake from your surgery, you may be somewhat groggy and dizzy. This should improve shortly. You will have some pain at the incision site. The incision is closed with stitches that will dissolve so they do not have to be removed. You may remove the Band-Aid the following day. Thereafter, just keep the area clean with soap and water and keep the area dry.

You should report any developing redness, increasing tenderness, drainage or fever. In addition, if you experience any severe abdominal pain, dizziness, fainting or heavy vaginal bleeding, you should report it to the clinic right away.

Do not be surprised if you have shoulder or chest pain in the first 24-36 hours after surgery. This is usually related to the carbon dioxide gas used to inflate the abdominal cavity at the time of the surgery. As this gas reabsorbs into your system, this pain should subside. Again, if there are any questions or concerns, please call our clinic immediately.

I have read the above information on operative laparoscopy and its possible complications and I understand the material. I also understand that no guarantees as to the results of the results of the surgery can be made.

Signature

Date

Printed Name

Witness Signature

Date

Printed Name