

CONSENT FORM FOR A LAPAROSCOPY

A laparoscopy is an outpatient surgical procedure that is performed to diagnose and treat conditions of the pelvic organs such as infertility, pelvic pain, pelvic masses and other disorders.

PROCEDURE

During the evening before the procedure it is important that you do not eat or drink anything after midnight. When you arrive at the surgical suite, an anesthesiologist will place an intravenous line. You will then be taken to the operating room and general anesthesia will be administered. At the start of the procedure a pelvic examination is performed and an instrument is inserted into the uterine cavity that allows manipulation of the uterus during the procedure. Next, a small incision (1-2 cm) is made just below the navel through which a small telescopic instrument, called a laparoscope, is inserted into the abdominal cavity. Usually, one to three additional incisions are made in the lower abdomen through which other instruments can be inserted. After all the instruments are in place, a systematic inspection of the pelvis is performed including an examination of the uterus, fallopian tubes, ovaries and all other surrounding organs. If either pelvic adhesions or endometriosis is identified, a decision may be made to treat these conditions at the time of the surgery with the laser, electrocautery or scissors. If a cyst or a mass is identified in the region of the ovary or the fallopian tube, a decision may be made to remove it. At the end of the procedure, a non-toxic colored dye may be injected into the uterine cavity to determine if the fallopian tubes are open. Depending on the findings, the procedure may take between 1-3 hours to complete.

POST-OPERATIVE CARE

After the procedure has been completed, you will spend a few hours in the recovery room and then be discharged home. Since you may be drowsy following the procedure, it is important that someone is available to transport you home and stay with you. It is not uncommon to have some vaginal spotting and mild lower abdominal cramping following the procedure. You will be prescribed a medication to provide pain relief following the procedure. You should plan on resting the following day after the surgery. There are no restrictions on showering or bathing. You should refrain from intercourse for one week following the procedure. If at any time during the post-operative course, you develop any fever, chills, severe abdominal pain, heavy vaginal bleeding, or any other symptoms; you should call your physician immediately. . If you should have any difficulty in contacting your physician you should proceed to the emergency department of your nearest hospital.

COMPLICATIONS

Serious complications following a laparoscopy are rare. Because sharp instruments are used to insert the instruments, there is the potential to injure vital organs, some of which include the intestines, bladder, ureters, uterus, major blood vessels and other pelvic organs. Injury could necessitate a hospitalization and the performance of additional surgery. If a significant complication occurs you would be transported by ambulance to a nearby hospital for further treatment. Additional surgery could include a life-saving hysterectomy and/or resection of damaged intestine with a colostomy. Death is a very rare complication following this procedure.

ACKNOWLEDGEMENT OF INFORMED CONSENT

I acknowledge that I have read and understand this written material. I understand the purpose, risks and benefits of this procedure. I am aware that there may be other risks and complications not discussed that may occur. I also understand that during the course of the procedure, unforeseen conditions may be revealed requiring the performance of additional procedures. I also understand that technical problems with the instrumentation may prevent the completion of the procedure. I acknowledge that no guarantees or promises have been made to me concerning the results of this procedure or any treatment that may be required as a result of this procedure. This procedure has been explained to me in language that I understand. **I have been given the opportunity to ask questions which have been answered to my satisfaction.** I have also considered other options and alternatives. **I consent to the performance of the procedure described above.**

Signature of Patient

Signature of Physician

Printed Name

Date