

## Informed Consent for Generic Laparoscopy Gynaecological Procedures

Name:	Age (in years):	Gender: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Other
UHID No./Registration No.:		
Interpreter Service: <input type="checkbox"/> Yes <input type="checkbox"/> No	Consultant's Name:	

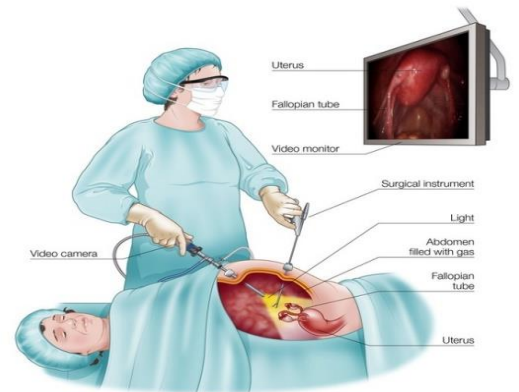
**Medical Condition**  
 The doctor has explained that I/my child/my .....have the following medical condition:  
 .....  
 and I/my child/my.....have been explained and advised to undergo the following treatment/procedure:  
 .....  
 I authorise Dr. .... and his/her associates to perform the above treatment/ procedure.  
 The doctor should document the site and/or side where relevant to the procedure:.....

**Introduction**

During laparoscopy (also known as keyhole surgery), you will be given general anaesthesia. During the procedure, several small incisions (cuts) will be made in the abdomen. To allow clear vision, the belly will be filled with gas (carbon dioxide) that is let out at the end of the surgery.

The doctor will insert a fine telescope (laparoscope) through a small incision into your abdomen. The camera attached to the laparoscope will relay the images of your internal organs inside your abdomen and pelvis to a video screen. This will help the doctor to diagnose and treat the problem. The doctor will also insert instruments to examine and perform procedures inside the abdomen.

Sometimes, bands of scar tissue grow around the bowel or other organs. If so, the doctor may need to release these. Depending on the intra-operative findings, in case of any difficulty or complication encountered during the surgery, the laparoscopic procedure may be converted to open abdominal procedure or any other procedure (For example: Hysteroscopy, hysteroscopic cannulation or ovarian drilling).



**Consent for Blood Transfusion**

Please see Blood Transfusion Consent Form. This will give you information about the type of the blood products, benefits and risks of blood transfusion. If you have any concern(s), please discuss with your doctor.

**Consent for Anaesthesia**

Please see Anaesthesia Consent Form. This will give you information about the type of the anaesthesia, its benefits and general risks. If you have any concern(s), please discuss with your anaesthetist(s).

**Benefits (To be documented by doctor)**

- To confirm the diagnosis.
- Others, if any specify:

**Alternatives (To be documented by doctor)**

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### Risks And Complications (To be documented by doctor)

Procedure Specific Risks		Patient Specific Risks (To be documented by doctor)
<ul style="list-style-type: none"> <li>• Small areas of the lungs may collapse, increasing the risk of chest infection.</li> <li>• Clots in the legs with pain and swelling. Rarely part of this clot may break off and go to the lungs which can be fatal.</li> <li>• A heart attack because of the strain on the heart or a stroke.</li> <li>• Deep bleeding inside the abdomen, which may need fluid replacement, blood transfusion or further surgery.</li> <li>• Damage to other organs, such as bladder or bowel, which may need further surgery.</li> <li>• Rarely the gas, which is passed into the abdomen during the procedure, can cause heart and chest complications.</li> <li>• Infections such as pus collection in the abdominal cavity.</li> <li>• Adhesions (bands of scar tissue) may form and cause bowel obstruction.</li> </ul>	<ul style="list-style-type: none"> <li>• In some people, healing of the wound may be abnormal and the wound can be thickened and red and the scar may be painful.</li> <li>• A weakness in the wound with the development of a hernia (rupture). This may need further surgery.</li> <li>• In obese people, there is an increased risk of wound infection, chest infection, heart and lung complications and thrombosis.</li> <li>• In smokers, there is an increased risk of wound and chest infections, heart and lung complications and thrombosis.</li> <li>• Very low possibility of a fistula developing.</li> <li>• Possibility that the symptom(s)/pain you have been experiencing and the reason for this operation, may not resolve or worsen as a complication of the procedure.</li> <li>• Difficulty in finding the cause of pain/other symptoms if you are having an exploratory operation.</li> <li>• Others, if any specify:</li> </ul>	<ol style="list-style-type: none"> <li>1)</li> <li>2)</li> <li>3)</li> <li>4)</li> <li>5)</li> </ol>

### Specific Notes Related to Procedure (Strike out if not applicable)

### Precise Action Points Understood by the Patient/Substitute Decision Maker (To be documented by patient/substitute decision maker in his/her language)

### Patient's Authorisation

- The doctor has explained my medical condition and proposed treatment/procedure. I have been explained and have understood the risks known to be attached with the planned treatment /procedure including the risks that are specific to me, and their likely outcomes.
- The doctor has explained other relevant/alternate treatment options and their associated risks. The doctor has also explained the risks of not having the procedure. I have been given the choice to take a second opinion.
- I was able to ask questions and raise concerns with the doctor about the procedure and its risks, and my treatment options. My queries and concerns have been discussed and answered to my full satisfaction.
- I understand that the treatment/procedure may include blood/blood product transfusion (for which a separate consent shall be obtained).
- The doctor has explained the requirement for anaesthesia for this procedure and I understand the risks associated with anaesthesia, including the risks specific to me (for which a separate consent shall be taken).
- I understand that if organs or tissues are removed during the surgery that these may be retained for tests and shall be disposed of sensitively by the hospital as per the regulatory provisions.
- The doctor has explained and it has been agreed to me that if immediate life-threatening events occur during the treatment/procedure, they will be treated according to the prevalent medical norms.
- It has been explained to me, that during the course of or subsequent to the operation/procedure, unforeseen conditions may be revealed or encountered which may necessitate urgent surgical or other procedures in addition to or different from those contemplated. In such exigency, I further request and authorise the above named physician / surgeon or his designee to perform such additional surgical or other procedures as he or they consider necessary or desirable in my interest. I understand and agree that in such condition there will be no requirement of any additional consent from me or my family members/attendants.

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- I declare that no guarantee of whatsoever nature has been given by anyone as to the results that may be obtained.
- I understand that I have the right to refuse treatment or withdraw consent at any time. I agree that any such refusal/withdrawal shall be in writing and acknowledged by the hospital. And I shall be solely responsible for the outcome of such refusal.

- I consent to if any photographing or televising of the operation(s) or procedure(s) to be performed, including appropriate portions of my body, for medical, scientific or educational purposes. However suitable precautions shall be taken by the hospital that my identity is not revealed anywhere.  **Yes**     **No**
- For purposes of advancing medical education, I consent to the admittance of observers to the operating room.  **Yes**     **No**

Patient Name:		Signature:		Date and Time:
Substitute Decision Maker Name:	Relationship:	Reason (patient is unable to give consent because):	Signature:	Date and Time:
Witness Name:	Relationship:		Signature:	Date and Time:
Interpreter Name:	Translation given in:		Signature:	Date and Time:

### Declaration by the Doctor

I have explained to the patient / authorised representatives the medical condition, need for the procedure, its alternatives and benefits/risks, likely consequences if those risks occur and the significant risks and problems specific to this patient including the risks of not undergoing the procedure. I have given the patient/ authorised representatives an opportunity to ask questions about any of the above matters and raise any other concerns. I have answered all their queries to the best of my knowledge.

Name and Signature of the Doctor with Reg No:	Date and Time:
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