



## LAPAROTOMY

U.R. No	(Please place patient label here)		
Surname			
Given Names			
D.O.B.		Sex	M      F
GP			

### A. INTERPRETER/ CULTURAL NEEDS

An Interpreter Service is required      yes  no   
 If yes, is a qualified Interpreter present      yes  no   
 A Cultural Support Person is required      yes  no   
 If yes, is a Cultural Support Person present      yes  no

### B. CONDITION AND PROCEDURE

The doctor has explained that I have the following condition: *(Doctor to document in patient's own words)*

.....

.....

.....

The following procedure will be performed:

Exploration of the abdomen through a cut and possible repair or removal of injured organs or tissues.

### C. ANAESTHETIC

See "About your anaesthetic" information sheet for information about the anaesthetic and the risks involved. If you have any concerns, talk these over with your anaesthetist.

If you have not been given an information sheet, please ask for one.

### D. GENERAL RISKS OF A PROCEDURE

They include:

- (a) Small areas of the lungs may collapse, increasing the risk of chest infection. This may need antibiotics and physiotherapy.
- (b) Clots in the legs (deep vein thrombosis or DVT) with pain and swelling. Rarely part of this clot may break off and go to the lungs which can be fatal.
- (c) A heart attack because of strain on the heart or a stroke.
- (d) Death is possible due to the procedure.

### E. RISKS OF THIS PROCEDURE

There are some risks/ complications, which include:

- (a) Damage of the bowel may occur which may cause leakage of bowel fluid. This may need further surgery.

- (b) Deep bleeding in the abdominal cavity could occur and this may need fluid replacement or further surgery.
- (c) Infections such as pus collections can occur in the abdominal cavity. This may need surgical drainage.
- (d) The bowel movement may be paralysed or blocked after surgery and this may cause building up of fluid in the bowel with bloating of the abdomen and vomiting. Further treatment may be necessary for this.
- (e) After severe trauma with blood loss, multi-organ failure can occur. This may need further intensive treatment.
- (f) A weakness can occur in the wound with complete or incomplete, bursting of the wound in the short term, or a hernia in the long term. This may need further treatment.
- (g) In some people healing of the wound may be abnormal and the wound can be thickened and red and may be painful.
- (h) Adhesions (bands of scar tissue) may form and cause bowel obstruction. This can be a short term or a long term complication and may need further surgery.
- (i) Increased risk in obese people of wound infection, chest infection, heart and lung complications and thrombosis.
- (j) Increased risk in smokers of wound and chest infections, heart and lung complications and thrombosis.

### F. SIGNIFICANT RISKS AND RELEVANT TREATMENT OPTIONS

The doctor has explained any significant risks and problems specific to me, and the likely outcomes if complications occur.

The doctor has also explained relevant treatment options as well as the risks of not having the procedure.

*(Doctor to document in Medical Record if necessary. Cross out if not applicable.)*

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	Surname		
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**G. PATIENT CONSENT**

**I acknowledge that:**

The doctor has explained my medical condition and the proposed procedure. I understand the risks of the procedure, including the risks that are specific to me, and the likely outcomes.

The doctor has explained other relevant treatment options and their associated risks. The doctor has explained my prognosis and the risks of not having the procedure.

**I have been given a Patient Information Sheet on Anaesthesia** (Version 2: 11/2002).

**I have been given a Patient Information Sheet** (Version 3: 06/2004) about the procedure and its risks.

I was able to ask questions and raise concerns with the doctor about my condition, the procedure and its risks, and my treatment options. My questions and concerns have been discussed and answered to my satisfaction.

I understand that the procedure may include a blood transfusion.

I understand that a doctor other than the Consultant Surgeon may conduct the procedure. I understand this could be a doctor undergoing further training.

I understand that if organs or tissues are removed during the surgery, that these may be retained for tests for a period of time and then disposed of sensitively by the hospital.

The doctor has explained to me that if immediate life-threatening events happen during the procedure, they will be treated accordingly.

I understand that photographs or video footage may be taken during my operation. These may then be used for teaching health professionals. (You will not be identified in any photo or video).

I understand that no guarantee has been made that the procedure will improve the condition, and that the procedure may make my condition worse.

On the basis of the above statements,  
**I REQUEST TO HAVE THE PROCEDURE.**

**Name of Patient/  
Substitute decision maker  
and relationship** .....

**Signature** .....

**Date** .....  
**Substitute Decision Maker** Under the Powers of Attorney Act 1998 and/ or the Guardianship and Administration Act 2000. If the patient is an adult and unable to give consent, an authorised decision- maker must give consent on the patient's behalf.

**H. INTERPRETER'S STATEMENT**

I have given a translation in .....  
(state the patient's language here) of the consent form and any verbal and written information given to the patient/ parent or guardian/ substitute decision maker by the doctor.

**Name of Interpreter** .....

**Signature** .....

**Date** .....

**I. DOCTOR'S STATEMENT**

- I have explained
- the patient's condition
  - need for treatment
  - the procedure and the risks
  - relevant treatment options and their risks
  - likely consequences if those risks occur
  - the significant risks and problems specific to this patient.

I have given the patient/ substitute decision-maker an opportunity to

- ask questions about any of the above matters
- raise any other concerns

which I have answered as fully as possible.

I am of the opinion that the patient/ substitute decision-maker understood the above information.

**Name of Doctor** .....

**Designation** .....

**Signature** .....

**Date** .....

**LAPAROTOMY****PROCEDURE**

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**ANAESTHETIC**

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**GENERAL RISKS OF A PROCEDURE**

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**RISKS OF THIS PROCEDURE**

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