Removal of Ectopic Pregnancy by Laparoscopy/ Laparotomy

Facility:

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 treatment
The doctor has explained that you have the following condition: (Doctor to document - include site and/or side where relevant to the procedure)

This condition requires the following procedure. (Doctor to document - include site and/or side where relevant to the procedure)

The following will be performed:
An ectopic pregnancy is where the pregnancy takes place outside the uterus, usually in the fallopian tube. This may need to be removed by either a laparoscope (key hole) approach or through a large incision known as laparotomy.

C. Risks of a removal of ectopic pregnancy by laparoscopy/ laparotomy
There are risks and complications with this procedure. They include but are not limited to the following:

- **General risks:**
  - Bleeding could occur and may require a return to the operating room. Bleeding is more common if you have been taking blood thinning drugs such as Warfarin, Aspirin, Clopidogrel (Plavix or Iscover) or Dipyridamole (Persantin or Asasantin).
  - Small areas of the lung can collapse, increasing the risk of chest infection. This may need antibiotics and physiotherapy.
  - Heart attack or stroke could occur due to the strain on the heart.
  - Blood clot in the leg (DVT) causing pain and swelling. In rare cases part of the clot may break off and go to the lungs.
  - Death as a result of this procedure is possible.

- **Specific risks:**
  - Internal bleeding in the abdomen. This may need blood transfusion or further surgery.
  - Damage to bladder, bowel or ureter (drainage tube from kidney to bladder). A larger cut to repair the damage may be necessary. In case of bowel injury, it may be necessary for a temporary colostomy to allow the injured bowel to heal. This colostomy is usually closed by surgery a few weeks later.
  - Damage to the womb due to the instruments used to move the womb. A perforation (small hole) can happen in 1 in 100 women and will usually heal without further problem. Very rarely, the uterus is removed if bleeding is life-threatening.
  - Rarely gas, used to inflate the abdomen, can cause heart and breathing problems in 1 in 60,000 women. Death is a very rare risk.
  - Removal of only the pregnancy and not the tube may result in some placenta (afterbirth) being left behind and continue to grow. This is treated with further surgery or medication.
  - A minor wound infection or womb infection, which is treated with antibiotics. More serious infections such as pus collections inside the abdomen are treated in hospital with antibiotics and sometimes further surgery.
  - Adhesions (bands of scar tissue) may cause blockage of the bowel and/or difficulty getting pregnant. This can be a short term or a long-term complication and may need further surgery.
  - Abnormal wound healing. The wound can be thickened and red and may be painful.
  - Hernia may form where the cuts were made and cause pain and swelling.
  - Very low possibility of a fistula (a connecting passage between one area and another) developing.

D. Significant risks and procedure options
(Doctor to document in space provided. Continue in Medical Record if necessary.)

E. Risks of not having this procedure
(Doctor to document in space provided. Continue in Medical Record if necessary.)

F.Anaesthetic
This procedure may require an anaesthetic. (Doctor to document type of anaesthetic discussed)
I acknowledge that the doctor has explained:

- my medical condition and the proposed procedure, including additional treatment if the doctor finds something unexpected. I understand the risks, including the risks that are specific to me.
- the anaesthetic required for this procedure. I understand the risks, including the risks that are specific to me.
- other relevant procedure/treatment options and their associated risks.
- my prognosis and the risks of not having the procedure.
- that no guarantee has been made that the procedure will improve my condition even though it has been carried out with due professional care.
- the procedure may include a blood transfusion.
- tissues and blood may be removed and could be used for diagnosis or management of my condition, stored and disposed of sensitively by the hospital.
- if immediate life-threatening events happen during the procedure, they will be treated based on my discussions with the doctor or my Acute Resuscitation Plan.
- a doctor other than the Consultant may conduct the procedure. I understand this could be a doctor undergoing further training.

I have been given the following Patient Information Sheet/s:

- [ ] About Your Anaesthetic
- [ ] Removal of Ectopic Pregnancy by Laparoscopy/Laparotomy
- [ ] Blood & Blood Products Transfusion

- I was able to ask questions and raise concerns with the doctor about my condition, the proposed procedure and its risks, and my treatment options. My questions and concerns have been discussed and answered to my satisfaction.
- I understand I have the right to change my mind at any time, including after I have signed this form but, preferably following a discussion with my doctor.
- I understand that image/s or video footage may be recorded as part of and during my procedure and that these image/s or video/s will assist the doctor to provide appropriate treatment.

On the basis of the above statements, I request to have the procedure

Name of Patient: ___________________________________________
Signature: ________________________________________________
Date: ____________________________________________________

Patients who lack capacity to provide consent
Consent must be obtained from a substitute decision maker/s in the order below.

Does the patient have an Advance Health Directive (AHD)?

- [ ] Yes ► Location of the original or certified copy of the AHD:

- [ ] No ► Name of Substitute Decision Maker/s: ___________________________________________
Signature: ______________________________________________
Relationship to patient: ___________________________________
Date: ____________________ PH No: ___________________

Source of decision making authority (tick one):

- [ ] Tribunal-appointed Guardian
- [ ] Attorney/s for health matters under Enduring Power of Attorney or AHD
- [ ] Statutory Health Attorney
- [ ] If none of these, the Adult Guardian has provided consent. Ph 1300 QLD OAG (753 624)

H. Doctor/delegate Statement
I have explained to the patient all the above points under the Patient Consent section (G) and I am of the opinion that the patient/substitute decision-maker has understood the information.

Name of Doctor/delegate: _______________________________________
Designation: __________________________________________________
Signature: _____________________________________________________
Date: __________________________________________________________________

I. Interpreter’s statement
I have given a sight translation in

__________________________

(state the patient’s language here) of the consent form and assisted in the provision of any verbal and written information given to the patient/parent or guardian/substitute decision-maker by the doctor.

Name of Interpreter: ____________________________________________
Signature: _____________________________________________________
Date: ___________________________________________________________________
1. **What do I need to know about this procedure?**

An ectopic pregnancy is where the pregnancy takes place outside the uterus, usually in the fallopian tube. This may need to be removed by either a laparoscope (key hole) approach or through a large incision known as laparotomy.

Under general anaesthetic, several small cuts are made in the abdomen. To allow clear vision, the belly is filled with gas that is let out at the end of the surgery.

The uterus is moved using instruments put into the vagina at the start of the operation and removed at the end of the operation. An ectopic (tubal) pregnancy is sometimes removed through a hole made in the side of the tube (salpingotomy), this does not involve removing any of the tube.

Other times, the tube where the pregnancy is, has to be removed (partial or total salpingectomy). The inside of the womb is sometimes checked and the lining of the womb scraped. If the pregnancy cannot be removed, you may need open surgery, which will need a longer cut across or down the abdomen.

2. **My anaesthetic**

This procedure will require an anaesthetic. See About Your Anaesthetic information sheet for information about the anaesthetic and the risks involved. If you have any concerns, discuss these with your doctor.

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

3. **What are the risks of this specific procedure?**

There are risks and complications with this procedure. They include but are not limited to the following.

**General risks:**

- Bleeding could occur and may require a return to the operating room. Bleeding is more common if you have been taking blood thinning drugs such as Warfarin, Asprin, Clopidogrel (Plavix or Iscover) or Dipyridamole (Persantin or Asasantin).
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**Notes to talk to my doctor about:**

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