Laparotomy

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 in patient’s own words)

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

The following will be performed:
Surgical examination of the inside of the abdomen and the internal organs for any abnormality. This is done through a 15-30cm cut into the abdomen, depending on the size of the abdomen.

C. Risks of this 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).
- Small areas of the lung can collapse, increasing the risk of chest infection. This may need antibiotics and physiotherapy.
- Increased risk in obese people of wound infection, chest infection, heart and lung complications, and thrombosis.
- 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:
- Deep bleeding in the abdomen. This may need fluid replacement, blood transfusion or further surgery. This may mean a longer stay in hospital and longer recovery time.
- Damage to other organs, such as bladder or bowel, which may need further surgery. This may mean a longer stay in hospital and longer recovery time.

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)
Laparotomy

G. Patient consent

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
- 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,
1. What do I need to know about this procedure?
A laparotomy is a surgical examination of the inside of the abdomen and the internal organs for any abnormality. This is done through a 15-30cm cut into the abdomen, depending on the size of 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, 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.
- Increased risk in obese people of wound infection, chest infection, heart and lung complications, and thrombosis.
- 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:
- Deep bleeding in the abdomen. This may need fluid replacement, blood transfusion or further surgery. This may mean a longer stay in hospital and longer recovery time.
- Damage to other organs, such as bladder or bowel, which may need further surgery. This may mean a longer stay in hospital and longer recovery time.
- Infections such as pus in the abdomen. This may need surgical drainage and antibiotics.
- Bowel blockage after the operation. This may be temporary or in the longer term. Treatment may be a drip to give fluids into the vein and no food or fluids by mouth. If it doesn’t get better, bowel surgery may be necessary which may include a colostomy. This can be temporary or permanent.
- Adhesions (bands of scar tissue) which can cause bowel obstruction. This can be a short term or long term complication and may need further surgery.
- The wound may not heal normally. The scar can be thickened and red and may be painful. This is permanent and can be disfiguring.
- Poor wound healing. The wound may burst open which may require long term wound care with dressings and antibiotics, or a hernia i.e. rupture can form in the long term. This may need repair by further surgery.
- Increased risk in smokers of wound and chest infections, heart and lung complications and thrombosis.
- Very low possibility of a fistula (a connecting passage between one area and another) developing.
- There is a possibility that the symptoms/pain you have been experiencing and the reason for this operation, may not resolve or worsen as a complication of the procedure.
- The cause of pain/other symptoms sometimes cannot be found, if you are having an exploratory operation.

Notes to talk to my doctor about:

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