

Risks of Laparoscopy South Florida Women's Care

The Procedure I will be undergoing is _____

It is very important to us that you understand the risks associated with surgery. Even though it is uncommon to get a complication from surgery, it is possible. "Informed consent" means that you understand the risks, benefits and alternatives of surgery and we have answered all your questions and discussed all concerns. Signing this form means that we have "informed consent." You will also sign another form at the hospital.

1. **Damage to uterus, bowel, bladder, urinary organs blood vessels:** We enter your abdomen very gently. Even still, complications can occur from this procedure or from attempting to remove scarring. Any damage that occurs would be repaired. It is rarely possible to not know of damage until a few days after the abdominal pain after surgery.
2. **Damage to nerves, skin:** We are very careful to position your legs very gently before surgery. Rarely, the nerves in you legs can "go to sleep" during surgery and can have temporary nerve damage.
3. **Need for a large incision:** If we encounter bleeding or scar tissue, it may be necessary to make a larger incision (usually a "bikini" incision) in order to operate appropriately. This would mean a longer hospital stay.
4. **Infection:** You are given an antibiotic during surgery to decrease any risk of infection. Rarely, infection can occur after surgery and need medicine, and surgery, to correct.
5. **Need for further surgery:** If there is unexpected disease tissue or damage, further surgery may be necessary. If your surgery is performed for endometriosis, this surgery does not "cure" the endometriosis and pelvic pain and ovarian cysts can recur.
6. **Bleeding:** It is possible to have bleeding during or following the procedure requiring medicines and rarely surgery (even a hysterectomy) to correct. A **blood transfusion** may be needed as well: risks include HIV (1/2 million), Hepatitis C (1/200,000).

I understand the risks above and any additional risks my doctor has described to me. I understand the benefits and alternatives to the procedure. I understand that other procedures could be done to repair any damaged tissue to remove any diseased tissue. I sign below indicating my informed consent to the procedure.

Printed Name

Date of Birth

Patient's Signature

Date

Physicians Signature

Date

Witness

Date