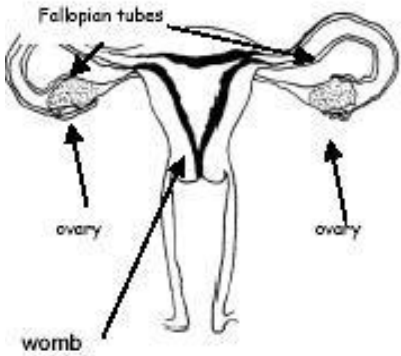


<p>CONSENT FORM FOR</p> <p>LAPAROSCOPIC OOPHORECTOMY ± SALPINGECTOMY</p>	<p>Med Rec. No: <<Patient Demographics:Record Number>></p> <p>Surname: <<Patient Demographics:Surname>></p> <p>Forename: <<Patient Demographics:First Name>></p> <p>DOB: <<Patient Demographics:DOB>></p>
<p>This means removing an ovary, with or without its Fallopian tube using a special operating telescope (laparoscope) inserted through the abdominal wall. There are no large wounds afterwards.</p>	
<p>Under a general anaesthetic, the surgeon makes a small cut below the umbilicus (“belly button”) to insert the telescope into the abdomen. Carbon dioxide gas is used to make a space inside the abdominal cavity so the organs can be seen clearly. Additional cuts are then made so that other instruments can be used for operation. The surgeon checks the contents of the pelvis and frees any small adhesions.</p> <p>The tube and ovary and their ligaments and blood supply are separated from the womb and their coverings using various techniques. When they are free, the tube and ovary are removed through the laparoscope. The operation site is checked to make sure there is no bleeding. As much gas as possible is removed. The wounds are then closed with stitches and/or steristrips.</p>	

RISKS

These are the more common risks. There may be other unusual risks that have not listed here. Please ask **Dr Rana** if you have any general or specific concerns.

I understand there are risks associated with any **anaesthetic**, and I can discuss these with the Anaesthetist. I may have side effects from any of the drugs used. The more common side effects include light-headedness, nausea, skin rash and constipation.

I understand that **Laparoscopic Oophorectomy +/- Salpingectomy** has the following general risks and limitations:

- Afterwards I may feel nauseated, feel some shoulder tip pain and/or abdominal pain and bloating
- Carbon dioxide may enter a blood vessel and become life threatening (1/65,000)
- Laparotomy. In some instances an abdominal incision may be required.
- Wound. Pain, bruising and redness is common.
- There is a 1/300 risk of a hematoma requiring drainage. Longer term risks include Hernia formation (less than 1/1000 risk), and Keloid scar formation.
- Haemorrhage. The risk of significant bleeding is less than 5%. The risk of requiring a transfusion, or further surgery to deal with bleeding, is less than 1%.
- Infection. This may occur in various sites, including the chest, pelvis, wounds and bladder. In most cases infection can be treated with antibiotics, but on occasions may require further surgery.
- Damage to other organs. These include bowel/rectum (risk less than 2%), bladder (risk less than 2%), or the ureter (tube from kidney to bladder) (risk less than 1%). If this happens the usual procedure is to carry out immediate repair. This may include bowel surgery, colostomy, bladder or ureteric repair. On occasions this damage may not be immediately recognised, and so there may be a delay in diagnosis, and subsequent repair.
- Bladder, bowel and sexual function. There may be short-term and long-term changes in function. Urinary catheterisation may be required.
- Venous thromboembolism. Blood clots can develop in the veins of the legs or pelvis, which may cause pain and swelling. If these become loose, they may travel to the lungs (Pulmonary embolus), making me short of breath. Occasionally this may be fatal. Patients are frequently given elasticated stockings to protect against clot formation, and some patients are given anticoagulant injections.
- Fluid may develop in the pelvis or the top of the vagina, and may require antibiotics or further surgery.
- Electric diathermy can short-circuit, used to control bleeding and cause a skin burn.
- A fistula is the rare (less than one in 5000) complication involving the development of an abnormal opening between two adjoining structures, and symptoms depend on the structures involved. Repair usually involves complex surgery.
- Scar tissue can cause adhesions between loops of bowel, and there is a small risk of subsequent bowel blockages, which may require further treatment or surgery.

- I may have a heart attack due to strain on my heart.
- Very rarely severe complications could result in death.

I understand that **oophorectomy with/without salpingectomy** has the following **specific risks & limitations**:

If both tubes and ovaries are removed, (**bilateral salpingo-oophorectomy**):

- I will not be able to become pregnant in future unless some eggs have been preserved for me separately.
- I will have an immediate menopause if I am pre-menopausal. This will include symptoms such as hot flushes and night sweats.

I understand some of the above **risks are more likely** if I smoke, am overweight, diabetic, have high blood pressure or have had previous heart disease.

INDIVIDUAL RISKS:			
I understand the following are possible significant risks and complications specific to my individual circumstances , that I have considered in deciding to have this operation:			
DECLARATION BY PATIENT:			
<ul style="list-style-type: none"> • I acknowledge that Dr Rana has informed me about the procedure, alternative treatments and answered my specific queries and concerns about this matter. • I acknowledge that I have discussed with Dr Rana any significant risks and complications specific to my individual circumstances that I have considered in deciding to have this operation. • I agree to any other additional procedures considered necessary in the judgement of my gynaecologist during this operation. • I consent to a blood transfusion, if needed. • I agree to the disposal by the hospital authorities of any tissues or parts that may be removed during the operation. I understand that some tissues or samples may be kept as part of my hospital records. • I have received a copy of this form to take home with me. • If any staff member is exposed to my blood (needle stick injury) then I consent to a sample of my blood being collected for testing for infectious diseases, such as hepatitis B, C and HIV. I understand that the blood sample will not be tested until I have been informed and I have given my consent. 			
Signature of Patient		Date	
<i>If the patient is unable to give consent, a proxy form must be completed and attached.</i>			
DECLARATION BY DOCTOR:			
<ul style="list-style-type: none"> • I declare that I have explained the nature of the patient's condition, the procedure to be performed, and discussed the risks that particularly concern the patient. • I have given the patient an opportunity to ask questions and I have answered these. 			
Doctor's Signature		Date	
Doctor's Name <i>(please print)</i>	Dr Ritu Rana		
INTERPRETER'S DECLARATION:			
I confirm I have accurately interpreted the contents of this form and the related conversations between the patient and the doctor.			
Interpreter's Signature		Date	
Interpreter's Name <i>(please print)</i>			