



LAPAROSCOPY INFORMATION & CONSENT

We recommend that you read this handout carefully to prepare yourself or family members for the proposed procedure. A proper understanding of the procedure, its preparation, and post-procedure expectations and care can improve your safety and outcome. We strongly encourage you to contact your Care Center prior to your procedure if you still have any questions or concerns.

Definition

Laparoscopic: examination of, or surgery on, abdominal structures by means of an illuminated (lighted) tubular instrument passed through a small incision in the wall of the abdomen; “telescopic” surgery

Laparoscopy is a surgical procedure that was popularized by tubal sterilization. Over the past several decades, laparoscopy has become increasingly popular for more complex gynecological surgeries as well. Cystectomy (removal of an ovarian cyst), oophorectomy (surgery to remove an ovary), hysterectomy (removal of the uterus), and management of ectopic pregnancy are often performed laparoscopically.

As opposed to a laparotomy (open surgery through a large incision), laparoscopy involves performing surgery through small holes in the abdomen. Through these holes, a camera and other instruments are placed and the surgeons visualize the procedure on a television screen. With advances in camera optics (quality of the picture), laparoscopic instruments, and laparoscopic technique, many traditional operations can be performed entirely in this fashion.

Preparation

As with all procedures where general anesthesia is administered, you will be asked not to eat or drink anything after a certain time on the evening prior to your surgery. You may brush your teeth in the morning but should not swallow the water. If you are on medications that must be taken, you will discuss this with your provider and/or the anesthesiologist at your pre-operative visit and instructions will be given to you. You are obligated to inform us if anything has changed (medication or otherwise) since your previous visit. The procedure may not be performed if you are currently taking or have recently taken any medication that may interfere with your ability to clot blood (blood thinners, aspirin, anti-inflammatory medicines, etc.). The most common of these medications is aspirin and all related pain relievers or anti-inflammatory compounds (whether prescription or over-the-counter).

Like any traditional open abdominal procedure, it helps the surgeon if your small intestines and colon are empty. You should avoid foods that cause constipation (e.g., rice, bananas, red meat) for a few days prior to your procedure. Eat lots of fruits and vegetables.

Procedure

Laparoscopic procedures are performed under general anesthesia (complete sleep). The procedure differs from open surgery in that there will be anywhere from two to five small (less than one inch) incisions carefully placed on your abdomen instead of one larger incision.

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After the camera is placed in the initial incision (usually near the belly button or naval), the abdominal cavity is inflated with gas (carbon dioxide) to lift the abdominal wall away from the intra-abdominal or pelvic organs. This elevation provides the necessary space to perform and properly visualize the operation. The pressure of the gas in the abdominal or pelvic cavity is monitored to prevent high pressures. Small instruments are placed (under camera supervision) through other small, carefully positioned incisions into the abdominal or pelvic cavity. The camera projects the picture onto a television screen. After the surgery is complete, the instruments are removed and each hole is sutured or glued closed.

Post Procedure

After the procedure, you will be in the recovery room until you are ready to be discharged.

There will be small dressings, bandages, or just glue over each incision site.

Expectations of Outcome

The purpose of laparoscopy is to help minimize post-operative pain, hospital stay, and overall recovery. In most instances, this is accomplished. In many, but not all surgeries, actual operative time is also reduced. However, operative time may be the same or even greater when compared with an open operation.

In any laparoscopic surgery, your surgeon will have told you that there is a chance of "conversion" to an open procedure. This means that a laparoscopic procedure must be changed to an open operation. This may occur if there are findings (scarring, unexpected anatomy) that prevent the surgeon from completing the procedure effectively via laparoscopy.

Conversion is a decision made by the surgeon that is in the patient's best interest and is not considered a complication. It simply means your surgery will be completed in the open fashion.

Possible Complications

All surgical procedures, regardless of complexity or time, can be associated with unforeseen problems. They may be immediate or delayed in presentation. While these and possibly others will be discussed, we would like you to have a list so that you may ask questions if you are still concerned. Aside from anesthesia complications, it is important that every patient be made aware of all possible outcomes, which may include, but are not limited to:

- *Wound Infection* – the incision sites can become infected. While typically resolved with antibiotics and local wound care, part or all of the incision may open and require revision.
- *Deep Vein Thrombosis (DVT)/Pulmonary Embolus (PE)*: In any operation (especially longer operations), you can develop a clot in the vein of the leg (DVT). Typically, this presents 2-7 days (or longer) after the procedure as pain, swelling, and tenderness to touch in the lower leg (calf). Your ankle and foot can also become swollen. Although less likely, this blood clot can move through the veins and block off part of the lung (PE). This would present as shortness of breath and possibly chest pain. We may sometimes ask the medical doctors to be involved with the management of either of these problems.
- *Blood Loss/Transfusion*: Significant blood loss is rare with laparoscopic procedures. Uncommonly, small or large blood vessels can be injured during placement of the instruments into the abdominal cavity or during the dissection. Minor to moderate bleeding can usually be

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controlled through the laparoscope. Instances of severe bleeding may require conversion to an open procedure. If severe bleeding occurs, transfusion could be necessary.

- *Organ Injury*: During initial placement of the instruments or during any part of the dissection, any organ in the abdomen or pelvis (liver, spleen, colon, intestine, bladder, stomach, ureter, uterus, tubes, ovaries, etc.) can be inadvertently injured. Often, the problem can be treated through the laparoscope. In other instances, conversion to an open operation may be necessary. Treatment depends on the particular organ injured and the severity of the injury.
- *Subcutaneous Emphysema*: In rare instances, the carbon dioxide gas (CO₂) can escape into the subcutaneous (below the skin) tissue plane. In the post-operative period, this would present with minor to severe swelling and bruising (depending on the amount of gas in the tissue). The gas eventually gets reabsorbed by the body, and the swelling and bruising resolve with time.
- *Tension Pneumoperitoneum*: The pressure of CO₂ gas in the peritoneum (intra-abdominal space) is carefully monitored, and there are short intermittent fluctuations of no consequence. Sometimes, the pressure can remain high for a prolonged period. In this instance, the elevated pressure can push upward on the chest cavity and cause problems with proper ventilation (breathing). This may result in blood pressure fluctuation and problems with the heart. In rare instances, high intra-abdominal pressures can result in a tension pneumothorax (collapse of the lung due to high surrounding pressures). See pneumothorax below.
- *Gas Embolism*: This unusual problem results from a significant amount of CO₂ gas getting into the blood vessels. The result can be changes in heart rhythm and blood pressure. While cardiac arrest (complete stop of the heart) is possible, it is highly unusual.
- *Pneumothorax (Collapse of the Lung)*: This can occur if one of the instruments is inadvertently placed in the thoracic (chest) cavity or if dissection opens a small hole in the pleura (chest cavity lining). A chest tube (lung cavity drain) would be placed that will be removed in a few days. There are rarely long-term complications as a result. If this is not recognized however, CO₂ gas can force its way into the cavity outside of the heart and lung blood vessels (pneumomediastinum) or even directly around the heart (pneumopericardium). These very rare complications can be life threatening and require immediate attention in an intensive care setting.
- *Urinary Tract Infection or Urosepsis (Bloodstream Infection)*: An infection of the urinary tract may be a simple bladder infection that presents with symptoms of burning urination, urinary frequency, and a strong urge to urinate. This will usually resolve with a few days of antibiotics. If the infection enters the bloodstream, you may feel ill. This type of infection can present with both urinary symptoms and any combination of the following: fevers, shaking chills, weakness or dizziness, nausea, and vomiting. You may require a short hospitalization for intravenous antibiotics, fluids, and observation. This problem is more common in diabetics, patients on long term steroids, or in patients with disorders of the immune system.
- *Ileus or Bowel Obstruction*: Because we operate near the intestines, they can go into prolonged spasm (ileus), or they may become blocked (obstruction). Treatment ranges from observation to open surgery.
- *Hernia*: Not all small incisions are sutured closed in the deep layers. It is possible to develop a small hernia (tissue protrusion) in the wound. Treatment can be observation (if it is only a cosmetic issue) or a surgery to repair the weak area of supportive tissue.
- *Lymphocele*: A lymphocele is a collection of lymphatic fluid (tissue fluid that drains through the lymph nodes) that can rarely accumulate in patients that undergo removal of lymph nodes. Despite careful attention, it is possible for some of the fluid to persistently leak from tiny lymphatic channels. These collections can form in the abdomen or pelvis and may compress

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nerves (causing weakness in the leg) or blood vessels (increasing the risk of a deep vein thrombosis). Typically, the first sign of a pelvic lymphocele is ankle and foot swelling on the side of the lymphocele. Treatment ranges from observation (most often a self-limiting process) to a minimally invasive drainage procedure. The need for an open procedure is uncommon.

- *Chronic Pain:* As with any procedure, a patient can develop chronic pain in an area that has undergone treatment. The pain typically disappears over time, though some feeling of numbness or pain may persist. If persistent, further evaluation may be necessary.

If you have symptoms suggesting any of the above after your discharge from the hospital, you must contact us immediately or go to the nearest emergency room.

Laparoscopic technology and instrumentation have evolved tremendously over the past decade. Bear in mind that complications particular to laparoscopy (subcutaneous emphysema, tension pneumoperitoneum and pneumothorax, pneumomediastinum, pneumopericardium, and gas embolism) while possible, are highly unusual.

Patient Name

____/____/_____
Date

Patient/Health Care Agent/Guardian/Relative Signature

Physician Signature

Witness Signature

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