

Patient agreement to investigation or treatment

Diagnostic Laparoscopy (May include additional procedures)

Authors: Gynaecology department

Brief description:

- This is a procedure performed to examine the pelvic organs (uterus, tubes and ovaries) using a small telescope (laparoscope). It is often done to look for conditions that might cause pain or infertility and will help the doctors plan your treatment. However, this procedure will not, on its own, alter your pain or your ability to conceive.
- Additional procedures: In some cases, the following procedures may be performed at the same time as the laparoscopy if the doctor feels they are appropriate in your case:
 - Dye test: A blue dye is passed into the uterus through the neck of the womb (cervix) and the spillage of dye through the tubes is checked by looking at them through the laparoscope. This indicates that the fallopian tubes are open and not blocked.
- Here, we explain some of the aims, benefits, risks and alternatives to this procedure (operation). We want you to be informed about your choices to help you to be fully involved in making any decisions.
- Please ask about anything you do not fully understand or wish to have explained in more detail.
- If you would like this information in another format or language or would like help completing the form, please ask a member of our staff.

Please bring this form with you to hospital

- You will be asked to read this form carefully, and you and your doctor (or other appropriate healthcare professional) will sign it to document your consent.
- All our consent forms are available on the Addenbrooke’s website:
<http://www.addenbrookes.org.uk/consent>
- Guidance for health professionals can be found on the Addenbrooke’s intranet site
<http://nww.addenbrookes.nhs.uk/consent>
- Remember, you can change your mind about having the procedure at any time even after you have signed the form.

For staff use:

Does the patient have any special requirements? (For example: requires an interpreter or other additional communication method)

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About Diagnostic Laparoscopy

The aim is to use key-hole surgery (using a laparoscope/small telescope) to examine the outside of the uterus (womb), ovaries and fallopian tubes.

Before your procedure

- You will be seen at the pre-admission outpatient's clinic by the pre-admission sisters and usually you will see one of the consultants or senior trainees. If admitted as an emergency, you will not go through the pre-admission process.
- At this clinic, we shall ask you for details of your medical history and carry out any necessary clinical examinations and investigations. This is a good opportunity for you to ask us any questions about the procedure, but please feel free to discuss any concerns you might have at any time.
- You will be asked if you are taking any tablets or other types of medication - these might be ones prescribed by a doctor or bought over the counter in a pharmacy. It helps us if you bring details with you of anything you are taking (for example: bring the packaging with you).
- This procedure involves the use of general anaesthesia. See below for further details about the types of anaesthesia we shall use. In addition, we will use local anaesthetic to reduce your post-operative discomfort.
- Most people who have this type of procedure will not need to stay in hospital and will be able to go home the same day. You will be admitted on the day of surgery. Sometimes we can predict whether you will need to stay for longer than usual - your doctor will discuss this with you before you decide to have the procedure.

During the procedure (operation/treatment) itself

- Before your procedure, you will be given the necessary anaesthetic - see below for details of this.
- There will be two or three incisions (cuts) made that you can see. The first is for the telescope and is inside the navel (belly button). This is approximately 1 cm long. One or two further cuts will be made in the lower half of your abdomen (tummy), which are approximately 5 mm long.
- Small dissolvable stitches are usually used to close the small skin wounds at the end of the operation; these don't need to be removed.

After the procedure (operation/treatment)

- If you have had a general anaesthetic you will wake up in the recovery room after your operation. You might have an oxygen mask on your face to help you breathe. You might also wake up feeling sleepy.
- After this procedure, most people will have a small, plastic tube in one of the veins of their arm. This might be attached to a bag of fluid (called a drip), which feeds your body with fluid until you are well enough to eat and drink by yourself.
- While you are in the recovery room, a nurse will check your pulse and blood pressure regularly they will also check the wound sites and monitor any vaginal bleeding you may have. When you are well enough to be moved, you will be taken to a ward.

- Sometimes, people feel sick after an operation, especially after a general anaesthetic, and might vomit. If you feel sick, please tell a nurse and you will be offered medicine to make you more comfortable.
- **Eating and drinking:** Usually following surgery you will be able to drink fluids when you are ready. If you feel hungry, you can usually have something light to eat soon after the operation.
- **Getting around and about:** After this procedure, we will try to get you mobile (up and about) as soon as we can to help prevent complications from lying in bed.
- **When you can leave hospital:** The actual time that you stay in hospital will depend on how quickly you recover from your operation and the type of operation you have had. Often it will be possible for you to return home on the day of surgery but on occasions you may need to stay longer. If you have problems with the recovery from the operation or require further treatment you might need to stay in for longer.
- **When you can resume normal activities including work:** You can usually resume normal activities including beginning gentle work within 48 hours after your operation. Often you will want to wait a little longer before resuming more vigorous activity. You may drive 48 hours after the procedure if you feel comfortable.
- **Check-ups and results:** You will be given information about the results of your surgery after the operation. Follow up management will be discussed with you depending on the examination findings. The follow-up is tailored to your requirements, and a clinic appointment will be sent if appropriate.

Intended benefits of the procedure

We aim to find the cause of pain and / or infertility and to plan treatment of your symptoms.

Who will perform my procedure?

- This procedure will be performed by a consultant gynaecologist or a junior doctor training in this field and working under supervision.

Alternative procedures that are available

- The alternative to this surgery is to decide not to have surgery and the implications of deciding not to have surgery will be discussed with you.

Serious or frequently occurring risks

If you have a pre-existing medical condition, are obese, have significant pathology or have had previous surgery the quoted risks for serious or frequent complications will be increased. The risk of serious complications at laparoscopy also increases if an additional therapeutic procedure is performed. You are advised that laparoscopy may not identify an obvious cause for presenting complaint.

The table below is designed to help you understand the risks associated with this type of surgery (based on the RCOG Clinical Governance Advice, Presenting Information on Risk)

Term	Equivalent numerical ratio	Colloquial equivalent
Very common	1/1 to 1/10	A person in family
Common	1/10 to 1/100	A person in street
Uncommon	1/100 to 1/1000	A person in village
Rare	1/1000 to 1/10 000	A person in small town
Very rare	Less than 1/10 000	A person in large town

Serious risks include:

- the overall risk of serious complications from diagnostic laparoscopy, approximately two women in every 1 000 (uncommon)
- damage to bowel, bladder, uterus or major blood vessels which would require immediate repair by laparoscopy or laparotomy (making an open incision in the tummy) (< 1%, uncommon). Up to 15% of bowel injuries may not be diagnosed at the time of laparoscopy
- failure to gain entry to abdominal cavity and to complete intended procedure
- hernia at site of entry
- death; three to eight women in every 100 000 undergoing laparoscopy die as a result of complications (very rare).

Frequent risks include:

- wound bruising
- shoulder-tip pain
- wound gaping
- wound infection

Any extra procedures which may become necessary during the procedure:

- Laparotomy (opening up of the tummy)
- Repair of damage to bowel, bladder, uterus or blood vessels
- Blood transfusion.

Information and support

You might be given some additional patient information before or after the procedure, for example leaflets that explain what to do after the procedure and what problems to look out for. If you have any questions or anxieties, please feel free to ask a member of staff.

In addition we would recommend your following the link below to access the Royal College of Obstetricians and Gynaecologists post operative advice on laparoscopy:
<http://www.rcog.org.uk/recovering-well>

- Pre Admissions Sisters
Monday to Friday 07:00 to 14:30 hours
Telephone 01223 586847 (internal ext 6847)
E-mail: preadmission.nurses@addenbrookes.nhs.uk

The Pre Admission Sisters will be available in the office between 07:00 to 09:00 hours. Otherwise please leave a message on the machine and your call will be returned.

For post operative advice and concerns please contact the staff on:

- Daphne Ward
01223 217636
08:00 – 20:00 Monday to Friday
08:30 – 14:30 Saturdays and Sundays
Closed Bank holidays
- Inpatient Gynaecology Ward
01223 348544
At all other times

Your anaesthesia

General anaesthesia

During general anaesthesia you are put into a state of unconsciousness and you will be unaware of anything during the time of your operation. Your anaesthetist achieves this by giving you a combination of drugs.

Before your operation

Before your operation your anaesthetist will visit you in the ward, although occasionally this will happen in a pre-anaesthetic assessment clinic. If you are a day case patient it may not be until just before your operation. The anaesthetist who looks after you on the day of your operation is the one who is responsible for making the final decisions about your anaesthetic. He or she will need to understand about your general health, any medication that you are taking and any past health problems that you have had. Your anaesthetist will want to know whether or not you are a smoker, whether you have had any abnormal reactions to any of the drugs or if you have any allergies. They will also want to know about your teeth, whether you wear dentures, have caps or a plate. Your anaesthetist needs to know all these things so that he or she can assess how to look after you in this vital period. Your anaesthetist may examine your heart and lungs and may also prescribe medication that you will be given shortly before your operation, the pre-medication or 'pre-med'.

Pre-medication is the name given to medication (drugs) given to you some hours before your operation. These drugs may be given as tablets, injections or liquids (to children). They relax you and may send you to sleep. They are not always given.

Do not worry if you do not have a pre-med, your anaesthetist has to take many factors into account in making this decision and will take account of your views on the topic if possible. Do not be worried about your anaesthetic. When your anaesthetist visits you before your operation, this is the time to ask all the questions that you may have, so that you can forget your fears and worries.

Before your operation you will usually be changed into a gown and wheeled to the operating suite into an anaesthetic room. This is an ante-room outside the theatre. The anaesthetist, his or her assistant and nurses are likely to be present. An intravenous line (drip) may be inserted. Monitoring devices may be attached to you, such as a blood pressure cuff or a pulse oximeter. A pulse oximeter is usually a little red light in a small box, which is taped to your finger. It shows how much oxygen you have in your blood and is one of the vital monitors that an anaesthetist uses during your operation to ensure that you remain in the best of health. You may be given some oxygen to breathe. It is common practice nowadays to allow a parent into the anaesthetic room with children: as the child goes unconscious, the parent will usually be asked to leave.

During your operation

While you are unconscious and unaware your anaesthetist remains with you at all times. He or she monitors your condition and administers the right amount of anaesthetic drugs to maintain you in the correct level of unconsciousness for the period of the surgery. Your anaesthetist is constantly aware of your condition and trained to respond. Your anaesthetist will be monitoring such factors as heart rate, blood pressure, heart rhythm, body temperature and breathing. He or she will also constantly watch your need for fluid or blood replacement. If you have any other medical conditions, your anaesthetist will know of these from your pre-operative assessment and be able to treat them during surgery.

After your operation

After your operation your anaesthetist continues to monitor your condition carefully. You will probably be transferred to a recovery ward where specially trained nurses, under the direction of anaesthetists, will look after you. Your anaesthetist and the recovery nurses will ensure that all the anaesthetic effects are reversed and that you are closely monitored as you return to full consciousness. You may be given some oxygen to breathe in the recovery area, and may find that intravenous drips have been inserted whilst you are unconscious in theatre and that these will be replacing fluids that you might require. You will be given medication for any pain that you might feel, and systems, such as Patient Controlled Analgesia (PCA) may be set up to continue pain control on the ward.

You are likely to feel drowsy and sleepy at this stage. Some patients feel sick; others may have a sore throat related to the insertion of the breathing tube during surgery. During this time it is important that you relax as much as you can, breathe deeply, do not be afraid to cough, and do not hesitate to ask the nursing staff for any pain relief, and about any queries you may have. You are likely to have hazy memories of this time and some patients experience vivid dreams. Once you are fully awake you will be returned to the ward.

What are the risks of general anaesthesia?

In modern anaesthesia, serious problems are uncommon. Risks cannot be removed completely, but modern equipment, training and drugs have made it a much safer procedure in recent years. The risk to you as an individual will depend on; whether you have any other illness, personal factors (such as smoking or being overweight) or surgery which is complicated, long or done in an emergency. Please discuss any pre-existing medical condition with your anaesthetist.

- **Very common and common side effects (1 in 10 or 1 in 100 people)**
Feeling sick and vomiting after surgery, sore throat, dizziness, blurred vision, headache, itching, aches, pains and backache, pain during injection of drugs, bruising and soreness, confusion or memory loss.
- **Uncommon side effects and complications (1 in 1000 people)**
Chest infection, bladder problems, muscle pains, slow breathing (depressed respiration), damage to teeth, lips or tongue, an existing medical condition getting worse, awareness (becoming conscious during your operation).
- **Rare or very rare complications (1 in 10,000 or 1 in 100,000)**
Damage to the eyes, serious allergy to drugs, nerve damage, death, equipment failure.

Local anaesthesia

In local anaesthesia the local anaesthetic drug is injected into the skin and tissues at the site of the operation. The area of numbness will be restricted and some sensation of pressure may be present, but there should be no pain. Usually a local anaesthetic will be given by the doctor doing the operation.



We are currently working towards a smoke free site. Smoking is only permitted in the designated smoking areas.

For advice and support in quitting, contact your GP or the free NHS stop smoking helpline on 0800 169 0 169

Help with this leaflet:



If you would like this information in another language, large print or audio format, please ask the department to contact Patient Information: 01223 216032 or patient.information@addenbrookes.nhs.uk



Document history

Authors	Gynaecology Department
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Version number/Ref	3.1/CF252

Consent form 1

Patient agreement to investigation or treatment

For staff use only:
Surname:
First names:
Date of birth:
Hospital no:
Male/Female:
(Use hospital identification label)

Responsible health professional/job title

Special requirements
(For example, other language/other communication method)

Name of proposed procedure or course of treatment

Diagnostic Laparoscopy
Laparoscopy and dye test

Statement of health professional

(To be filled in by a health professional with an **appropriate knowledge of the proposed procedure**, as specified in the Hospital's consent policy)

I have explained the procedure to the patient. In particular, I have explained:

- The intended benefits of the procedure: As outlined in the attached document
- Any serious or frequently occurring risks from the procedures including those specific to the patient: As outlined in the attached document
- Any extra procedures that might become necessary during the procedure

Blood transfusion Other procedure (please specify)

I have discussed what the treatment / procedure is likely to involve, the benefits and risks of any available alternative treatments (including no treatment) and any particular concerns of this patient.

- The following information leaflet has been provided: Diagnostic Laparoscopy
Version/Date/Ref: 3.1/October 2011/CF252.....

This procedure will involve:

General and/or regional anaesthesia Local anaesthesia Sedation

Health professional's signature: Date:

Name (PRINT): Job title:

Contact details (if patient wishes to discuss details later)

I have offered the patient information about the procedure but s/he has declined information.

Statement of the interpreter (if appropriate)

I have interpreted the information to the best of my ability, and in a way in which I believe s/he can understand:

Interpreter's signature..... Date:

Name (PRINT):

Important notes: (tick if applicable)

- The patient has withdrawn consent (ask patient to sign/date here)
- See also advance directive/living will

Copy accepted by patient: yes / no (please circle)

<p>For staff use only: Surname: First names: Date of birth: Hospital no: Male/Female: (Use hospital identification label)</p>
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Statement of patient

Please read this form carefully. If your treatment has been planned in advance, you should already have your own copy, which describes the benefits and risks of the proposed treatment.

If not, you will be offered a copy now. Do ask if you have any further questions. The staff at Addenbrooke's are here to help you. **You have the right to change your mind at any time before the procedure is undertaken, including after you have signed this form.**

Training doctors and other health professionals is essential to the continuation of the Health Service and improving the quality of care. Your treatment may provide an important opportunity for such training, where necessary under the careful supervision of a senior doctor. You may, however, decline to be involved in the formal training of medical and other students without this adversely affecting your care and treatment.

Please read the following:

I understand that I will have the opportunity to discuss the details of anaesthesia with an anaesthetist before the procedure, unless the urgency of my situation prevents this. (This only applies to patients having general or regional anaesthesia.)

I understand that you cannot give me a guarantee that a particular person will perform the procedure. The person undertaking the procedure will, however, have appropriate experience.

I understand that any procedure in addition to those described on this form will only be carried out if it is necessary to save my life or to prevent serious harm to my health.

I have been told about additional procedures which may become necessary during my treatment. I have listed below any procedures that **I do not wish, without further discussion, to be carried out.**

I understand that any tissue (including blood) removed as part of the procedure or treatment will be anonymised and may be used for teaching or quality control, and stored or disposed of in a manner regulated by appropriate, ethical, legal and professional standards.

I understand that all research will be approved by a research ethics committee and undertaken in accordance with appropriate ethical, legal and professional standards.

I understand that the research may be conducted within a hospital, university, not for profit organisation or a company laboratory.

Please tick boxes to indicate you either agree/disagree to the three points below. Yes No

I agree that tissue (including blood) not needed for my own diagnosis or treatment can be used for **research which may include genetic research.** If you wish to withdraw your consent for the use of your tissue (including blood) for research, please contact the Patient Advice and Liaison Service at Addenbrooke's Hospital.

I agree to the use of photography for the purpose of diagnosis and treatment.

I agree to anonymised photographs being used for medical teaching.

I confirm that the risks, benefits and alternatives of this procedure have been discussed with me and I have read and understood the above and agree to the procedure (or course of treatment) on this form.

Patient's signature: **Date:**

Name (PRINT):

If the patient is unable to sign but has indicated his/her consent, a witness should sign below. Young people may also like a parent to sign here (see guidance notes).

Witness' signature: **Date:**

Name (PRINT):

Confirmation of consent (to be completed by a health professional when the patient is admitted for the procedure, if the patient has signed the form in advance)

On behalf of the team treating the patient, I have confirmed with the patient that s/he has no further questions and wishes the procedure to go ahead.

Signature Date:

Name (PRINT): Job Title:

