

Patient identifier/label

Patient Copy

Name of proposed procedure (Include brief explanation if medical term not clear)	ANAESTHETIC
<u>DIAGNOSTIC LAPAROSCOPY</u> THIS INVOLVES THE INSERTION OF A TELESCOPE INTO THE ABDOMINAL CAVITY FOR DIAGNOSTIC PURPOSES AND MAY INVOLVE A BIOPSY IF ABNORMALITY IS FOUND	<input type="checkbox"/> - GENERAL/REGIONAL <input type="checkbox"/> - LOCAL <input type="checkbox"/> - SEDATION

Statement of health professional (To be filled in by health professional with appropriate knowledge of proposed procedure, as specified in consent policy) I have explained the procedure to the patient. In particular, I have explained:

The intended benefits

TO DIAGNOSE YOUR PROBLEM

Serious or frequently occurring risks including any extra procedures, which may become necessary during the procedure. I have also discussed what the procedure is likely to involve, the benefits and risks of any available alternative treatments (including no treatment) and any particular concerns of this patient. Please tick the box once explained to patient

COMMON

TEMPORARY SHOULDER TIP PAIN

TEMPORARY ABDOMINAL BLOATING

OCCASIONAL

INFECTION, PAIN OR HERNIA OF INCISION REQUIRING FURTHER TREATMENT

RARE

BLEEDING REQUIRING CONVERSION TO OPEN SURGERY OR TRANSFUSIONS

VERY RARELY

RECOGNISED (AND UNRECOGNISED) INJURY TO ORGANS/BLOOD VESSELS REQUIRING CONVERSION TO OPEN SURGERY (OR DEFERRED OPEN SURGERY)

INVOLVEMENT OR INJURY TO NEARBY LOCAL STRUCTURES –BLOOD VESSELS, SPLEEN, LIVER, LUNG, PANCREAS AND BOWEL REQUIRING MORE EXTENSIVE SURGERY

ALTERNATIVE THERAPY: OBSERVATION, RADIOLOGICAL INVESTIGATIONS AND THE CONVENTIONAL OPEN SURGICAL APPROACH.

A blood transfusion may be necessary during procedure and patient agrees **YES** or **NO** (Ring)

Signature of Health Professional	Job Title
Printed Name	Date

The following leaflet/tape has been provided

Contact details (if patient wishes to discuss options later) _____

Statement of interpreter (where appropriate) I have interpreted the information above to the patient to the best of my ability and in a way in which I believe s/he can understand.

Signature of interpreter:

Print name:

Date: