

If you do not have private health insurance or choose to be admitted as a public patient, Dr Varol will not be performing the surgery. It will be done by her Registrar or Fellow who are doctors training to be specialists in gynaecology.

Laparoscopy is a surgical procedure, which allows the surgeon to see and operate on the organs inside the pelvis* and abdomen (the belly). It is performed under general anaesthetic.

A small cut is made in the belly button through which the laparoscope (telescope) is inserted with a video camera attached. Further instruments are inserted through more incisions (5-10 mm) usually placed in the lower abdomen. Carbon dioxide gas is used to distend the abdomen. This is inserted through a needle via the belly button, but this may not be possible in all cases. A larger incision through the belly button may be required or a needle may be placed just below or between the lower ribs.

At the time of the laparoscopy an instrument (uterine elevator) is inserted via the vagina into the uterus. This allows manipulation of the uterus, which is required for the laparoscopy.

A video and/or photographs may be taken during the surgery and used to show you what was seen and done.

*pelvis = basin-shaped cavity at the lower end of the body formed by the right and left hip bones etc. and including the genital region.

COMPLICATIONS

Complications from the laparoscopic surgery are not common. Usually a hospital stay of less than 24 hours is all that is necessary, although some patients may experience sufficient nausea, drowsiness or pain to require an overnight stay.

The following can complicate any operation :

BLEEDING

The risk of severe bleeding from major blood vessels is 3 per 10,000 laparoscopies. This requires immediate open surgery and blood transfusion.

INFECTION

Infection may involve the bladder, kidneys or the wound (particularly the belly button). Pneumonia (infection of the lungs) may occur following any operation and is more likely to occur after a long hospital stay and in smokers.

Signature:.....

BOWEL INJURY

The risk of bowel damage is 3-6/1,000 laparoscopies. If recognized at the time of surgery, the bowel is repaired either at the laparoscopy or by an open procedure. Hospitalization will be prolonged in such cases. There is a small risk of reoperation because of infection of the pelvis or failure of the bowel to heal.

If the damage is not recognized at the time of surgery, reoperation will be necessary some days later when it may be possible to simply repair the bowel. A segment of the bowel may need to be removed and/or a temporary colostomy (opening of the bowel on the abdomen) made to allow healing. This is rare.

Surgery for endometriosis involving the bowel or severe adhesions* carries an incidence of bowel involvement. Therefore bowel surgery may be necessary.

*adhesion = tissue formed when normally separate tissues of the body grow together usually as a result of previous surgery or infection.

BLADDER AND URETERIC INJURY

The risk of bladder damage is rare unless hysterectomy is performed (1%). The bladder is usually repaired at the time of the operation, but hospitalization will be prolonged. If the hole in the bladder is not detected, urine may leak from the bladder into the vagina and a further operation will be required at a later date.

The risk of damaging the ureter (tube connecting bladder to kidney) is rare, unless hysterectomy or extensive endometriosis surgery is performed. Your surgeon may place plastic tubes into the ureters via the bladder to more easily outline them for the operation. When injury to the ureter occurs and is recognized, the ureter is repaired at the time of operation, but hospitalization will be prolonged. If the damage is not detected, leakage of the urine into the vagina or abdomen or back pressure on the kidney may result. This will require further surgery at a later date.

OTHER PROBLEMS

Less common complications include skin burns from electrical instruments, blood clots in the pelvis and lungs, and allergic reactions to drugs.

DEATH

Laparoscopy is 16 times safer than driving a car and 2-3 times safer than having a baby. The alternative procedure to laparoscopic surgery is major open surgery. However, this alternative method also carries similar risks with longer, more painful recovery. Although your doctor cannot and does not guarantee the success of this surgery, it is recommended in your best interest.

Signature:.....

CONSENT

I understand that during the course of the operation or the treatment, unforeseen circumstances may be revealed that require an extension of the original procedure or different procedures to those specifically discussed.

The operation may be terminated at any stage if no progress is being made. If complications occur or previous permission has been sought from the patient, an open procedure may proceed. Thereby I hereby authorize the surgeon, her associates and assistants to perform other such surgical procedures and, if necessary, abdominal surgery to remove any tissue or organs that may be necessary or medically desirable as determined by the surgeon's professional judgement.

My signature below constitutes my acknowledgment that:

I have read or have had read to me the contents of this form.

I understand and agree to the above.

The proposed operation has been satisfactorily explained to me, including the possible risks and alternatives.

I have all the information I desire and have ample opportunity to ask questions on specific points. These have been answered in a satisfactory manner. I do not want any further information.

The hospital and your doctor have an educational role in the training of medical and paramedical personnel. Therefore I consent to such trainees observing and assisting.

I hereby give my authorization and consent.

Signature:

Print name:

Date: / /

Witness:

Print name:

Date: / /

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