

Surgical Consent

Consent Details

Your doctor has recommended surgery as an option for you in hopes of relieving certain symptoms and/or problems about which you have complained. This is an introduction to what you can expect from this surgery.

Procedure

Diagnostic Laparoscopic, Surgical Treatment of Endometriosis

Indication

Pelvic Pain

Laparoscopy

Laparoscopy involves performing surgery through a few very small holes in the abdomen. Through these holes, a camera and other instruments are placed, and the surgeon visualizes the procedure on a television screen. With advances in camera optics (quality of the picture), laparoscopic instruments, and laparoscopic techniques, many traditional operations can be performed entirely or partially in this fashion.

Endometriosis is often a painful disorder in which tissue that lines the inside of the uterus, the endometrium, grows outside the uterus. It most commonly involves your ovaries, bowel, or the tissue lining our pelvis. Rarely endometriosis may spread beyond the pelvic region.

Dr. Hawkins treats endometriosis surgically by excising the actual endometriosis implants.

Post procedure

After the procedure, you will be in the recovery room until you are ready to be discharged home. You may shower the day after surgery, but no swimming, or tub baths. We ask that

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you refrain from any strenuous activity, heavy lifting, intercourse, or straining (usually for 6 weeks) until Dr. Hawkins tells you that you may resume. Every patient has some degree of swelling and bruising, and it is not possible to predict in whom this might be minimal or significant.

We strongly encourage you to take at least two weeks off from work following a laparoscopic procedure. In the first 48 hours, it is to your advantage to often rest in a lying down position. Periodic walking is encouraged. Some patients have almost no discomfort while others are somewhat uncomfortable for a few days to weeks. Severe pain is unlikely but possible. You will be provided with a prescription for pain medication to alleviate most of your discomfort. Take the medication as prescribed and as needed.

Risks

All surgical procedures, regardless of complexity or time, can be associated with unforeseen problems. They may be immediate or even quite delayed in presentation. While we have discussed these and possibly others and your consultation, we would like you to have a list so that you may ask questions if you still have concerns. Aside from anesthesia complications, COVID-19 associated complications (during COVID-19 pandemic) and unlikely death, it is important that every patient be aware of all possible outcomes, which may include but are not limited to:

Damage to adjacent organs: There is a risk during this surgery of recognized and unrecognized damage to bowel, bladder, nerves, vessels, uterus, fallopian tubes, ovaries, and the kidney tubes (ureters). Often the injury is minor and can be treated with relative ease. In other instances, when the injury is extensive, or the repair is complicated, more extensive surgery may be necessary and occasionally other surgical specialists are called to assist.

Pelvic infection or abscess: Signs of infection that you should watch for are: significant tenderness, or pain in the vagina and pelvic for more than two days, fever, chills, nausea, vomiting, weakness, and feeling ill. You must contact us immediately or go to the nearest emergency room if you have any of these symptoms.

Wound infection: The incision site can become infected. While infections typically resolved with antibiotics and local wound care, occasionally part or of all of the incision may open

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and require revision. Cleaning the incision with soap and water daily (do not rub), keeping it dry and avoiding baths and swimming helps reduce the risk of infection.

Hernia: Although some of the incisions are sutured closed, it is possible to develop a small hernia (tissue protrusion) in the wound. Avoiding heavy lifting for 8 weeks after surgery can reduce this risk.

Convert to Open Surgery: If the surgery is not able to be completed laparoscopically due to extreme difficulty, adhesive disease, injury to adjacent organs or heavy bleeding, it may be necessary to convert to an open incision (8-10cm) to complete the procedure. This is extremely rare.

Bleeding/hematoma: When a small blood vessel continues to ooze or bleed after the procedure is over, the area of collecting blood is referred to as a hematoma. The body normally reabsorbs this collection over a short period of time, and surgical drainage is rarely necessary.

Chronic pain: As with any procedure, a patient can develop chronic pain in the area that has undergone surgery. Typically, the pain disappears overtime, although some feeling of numbness may persist. If persists, further evaluation may be necessary.

Lower Extremity Weakness/ Numbness: This, too, is a rare event that may arise due to your positioning on the operating table. It is possible with the procedures in which you are in the lithotomy (legs up in the air) for a long time. The problem is usually self-limited, with a return to baseline expected.

Urinary Tract Infection or sepsis: Although we may give you antibiotics prior to and after the operation, it is possible for you to get an infection. The most common type is a simple bladder infection that presents with symptoms of burning urination, urinary frequency, and a strong urge to urinate. This usually resolves with a few days of antibiotics. If the infection enters your bloodstream, you may feel very 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 with long term steroids, or in patients with disorders of the immune system.



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Deep Vein Thrombosis (DVT)/Pulmonary Embolism (PE): In any operation, especially long operations, you may develop a clot in the vein of your leg (DVT). Typically, this presents 2 to 7 days (or longer) after the procedure as pain, swelling, and tenderness to touch in the lower leg (calf). Your ankle and foot may become swollen. If you notice these signs, you should go directly to the emergency room and call our office. Although less likely, this blood clot can move through the veins and block part of the lung (PE). This would present as shortness of breath and possibly chest pain.

You are consenting to the surgery mentioned above considering these risks. All questions were answered to your satisfaction. You are also consenting to the use of videotaping or pictures for educational purposes only.

Patient Signature

Date

Witness Signature

Date



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Patient Name

(PRINT)

Witness Name

(PRINT)