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INFORMED CONSENT TO LAPAROSCOPY

To: _____
(Name of patient)

From: _____
(Name of physician)

Please Initial below

_____ 1. I have received the patient education information sheets on laparoscopy. This “informed consent form” further outlines the surgery I am considering. I have read the form carefully and asked any questions before the decision whether or not to give consent to laparoscopy.

In addition to the laparoscopy, the following procedures will be performed:

_____ 2. All operations involve risks of unsuccessful results, complications, injury, and rarely death, sometimes for reasons that we are unable to anticipate or foresee. Therefore, no guarantee can be made as to the results of the operation.

_____ 3. You have the right to be informed of the discomforts and risk that may accompany or follow the laparoscopy, including the type and possible effects of any anesthetic to be used. You have the right to be informed whether your physician has any medical research or economic interests related to the performance of the proposed operation(s) or procedure(s). You also have the right to be informed of the expected benefits of the procedure, the available alternative methods of treatment, and their risks and benefits of treatment.

_____ 4. You have the right to consult a second physician before having the laparoscopy.

_____ 5. The following information concerning the proposed laparoscopy has been provided to me, *verbally and in writing*, by my physician.

- a. A description of the type or types of surgery and other procedures involved in the proposed laparoscopy, and description of any known available and appropriate alternatives to the laparoscopy itself.
- b. A description of the discomforts and risks that may accompany or follow the procedure, including an explanation of the type and possible effects of any anesthetic to be used.

Risks of Laparoscopy:

Frequent: Nausea and dizziness from the anesthesia, shoulder pain for 1-2 days, a sore throat, abdominal cramping for 1-2 days, vaginal bleeding.

Authorization for and Consent for Laparoscopy

Infrequent: Infections of the incision, pelvis, bladder or kidney, bleeding, inability to see pelvic structures because of adhesions, need to complete the procedure by abdominal incision, future pregnancy (if a tubal ligation is done), scar tissue formation, infertility, hospitalization for treatment or evaluation.

Rare: Injury to bladder, uterus or bowel requiring repair by laparotomy or colostomy (bowel surgery), hernia at an incision site, blood vessel injury with need for transfusion, thromboembolism (blood clot), nerve damage, anesthetic complication.

c. A description of the benefits of advantages that may be expected as a result of the laparoscopy.

_____ 6. Upon authorization and consent, the laparoscopy described above will be performed on you, together with any different or further procedures, which, in the opinion of your physician, may be indicated due to any emergency. The laparoscopy will be performed by Drs. Yee, Shu, Chun, and Chu. A physician from our group will be assisting your primary surgeon.

_____ 7. You are making a decision whether or not to consent to a laparoscopy. Your signature on this informed consent form indicates that: (a) you have read and understood the information provided in this form, (b) you have been verbally informed about this procedure, (c) you have had a chance to ask questions, (d) you have received all of the information you want concerning the procedure, and (e) you authorize and consent to the performance of the laparoscopy and (f) you have been informed that you have the right to a second opinion.

Date: _____

Time: _____ AM / PM

Signature _____
(Patient / parent / conservator / guardian)

If signed by other than patient, indicate relationship: _____

Witness: _____

.....
I have reviewed the above information with the patient.

Physician Signature _____

Date: _____

If your surgery scheduler has not called you with a date and time of surgery within one week, please give the office a call and leave Eleanor a message at (415) 563-9000. Irene Lin or Cynthia Hom, our practice Advice Nurses will be available to answer your questions at (415) 753-2929, during regular office hours and assist you in preparing and recovering from your procedure. Drs. Yee, Shu, Chun, and Chu share on-call services 24 hours a day on a rotating basis to be available for any concerns and to care for any medical needs. We expect your medical condition to improve each day. If your recovery does not get better as the hours pass or there are any set backs; your doctors want to be informed since we expect you to feel better and better with time.