

This form should only be used if the patient has capacity to give consent. If support is required with consent (interpreter, witness, carer, guardian, parent, or any other relevant support) please ensure they are present. If the patient does not legally have capacity, please use an appropriate alternative consent form from your hospital or hub. This form will be the result of a shared decision conversation between a clinician and patient. "You / your / me / my" hereby refers to the patient.

Please note it is common NHS practice for your consent to be taken by a clinician other than the operating or listing surgeon. This clinician will be suitably trained and competent to take consent. They will be referred to as the "responsible healthcare professional" in this form.

You will be provided with additional patient information about your procedure by your hospital or hub site. These will be provided in a language and format that suits you.

You may have questions before starting, during or after your procedure. Contact details are provided for any further queries, concerns or if you would like to discuss your treatment further. The risks quoted in this consent form for surgery assume that you have no additional factors which would increase your risk. The clinician discussing the consent with you will explain if you have health conditions or factors that may increase your risk.

## Your details (Print or sticker)

**First name:**

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**Last name:**

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**Date of birth:**

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**NHS or Hospital number:**

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**Responsible Health Professional:**

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**My requirements:** e.g, transport, interpreter, assistance

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## Details of Diagnostic laparoscopy

### Diagnostic laparoscopy Procedure:

This procedure involves keyhole surgery to view the organs in your tummy (abdomen) and pelvis. The benefit of this procedure is to identify the cause of symptoms. The operation uses a small telescope inserted into the belly button and 2 to 3 more small cuts through which surgical instruments are inserted into the tummy. Treatments can also be undertaken if abnormalities are found or undertaken at a later date after discussions with you.

### Extra procedures: (Tick as appropriate)

- Dye hydrotubation** – dye passed through the fallopian tubes to see if they are blocked or open).
- Biopsies from peritoneum/pelvic organs**
- Other(s)** \_\_\_\_\_

### Indication for, and purpose of surgery / benefits: (Tick as appropriate)

- Pelvic pain** – to diagnose and/or treat pelvic pain thought to be related to problems affecting the uterus and/or ovaries or hormones produced by the ovaries.
- Subfertility** – to diagnose and/or treat potential causes of subfertility or to improve outcomes from IVF (in vitro fertilisation).
- Other(s)** \_\_\_\_\_

### Alternatives considered: (Tick as appropriate)

- Conservative management** Conservative management is a term used when a condition is managed without surgery or other invasive procedures or treatments. You may choose not to have surgery and live with these symptoms which may stay the same or get worse. If symptoms worsen you might choose to have surgery later in life if appropriate. Changes such as weight-loss, reducing strenuous activity, physiotherapy, and anti-inflammatory medications may help to reduce symptoms.
- Medical management** Medical management is a term used when a condition is managed with medications, such as pain killers or hormonal treatment.
- Intrauterine system insertion** This involves placing a small T-shaped plastic device inside the womb (uterus), which releases a contraceptive hormone called progesterone. This hormone, which is released into the uterus and pelvis, can be useful for treating heavy periods and pelvic pain.
- Other(s)** \_\_\_\_\_

## Possible early or short-term risks

### Uncommon

Unlikely to happen  
(fewer than 1 in 20)



**Excessive bleeding** Some bleeding is expected during most procedures. However, if there is very heavy bleeding, this may require a change from the planned procedure, such as switching to open surgery and/or additional treatment, such as repairing or closing up major blood vessels, using blood-clotting agents, or a blood transfusion.

**Unable to access the abdominal cavity** Sometimes, during keyhole surgery, it can be difficult to gain access to the abdominal cavity. If this occurs then your clinical team may decide to abandon the procedure or to complete the operation with an open approach. An open approach involves making a larger cut on the skin and will leave a larger scar.

### Rare

Probably won't happen  
(fewer than 1 in 100)



**Perioperative risks (risks around the time of your operation)** With any operation, there is an increased risk of several perioperative complications. These include allergies and risks of having an anaesthetic, which will be discussed with you by an anaesthetist. Other complications include a chest infection, problems with the heart (including a heart attack), stroke, memory problems or worsened kidney function. Any existing medical problems could also get worse. You might need to stay in hospital for longer, or need additional treatment. In some cases, you will need admission to intensive care, and the complications may be life-threatening.

**Damage to surrounding structures** Other nearby organs and structures are at risk of being injured during surgery. For this operation, there is a risk of injury to the bladder, the ureters (the tubes that carry urine from the kidneys to the bladder), the bowel and major blood vessels in the area. A significant injury would usually be repaired immediately and need a larger cut in the tummy (open surgery). Repair of a damaged organ usually just requires some additional stitches, but other measures may be needed, depending upon the type of injury:

- A bowel injury may require a stoma – this is when a hole is made on the front on your tummy (abdomen) to divert faeces or urine into a bag outside the body. The hole is normally closed after a few weeks or months, but a second operation is needed to do this.
- If your bladder is injured, you would usually have a catheter inserted for 7–14 days after surgery.
- If your ureters are damaged, you may need a tube (stent) put inside the ureter, which would be left in place for several weeks. Alternatively, a new opening would be made in the bladder to reattach the ureter. Uncommonly, a stoma might be created.

There is a risk of damage to another structure not being noticed at the time of surgery. This would lead to symptoms in the days following surgery, and possibly further surgery.

**Death** There is a risk of dying either as a direct result of the procedure or treatment, or from complications in the following days or weeks. The risk depends on many factors, including your age and any underlying medical problems you may have.

## Possible late or long-term risks

### Expected

Will probably happen



**Abdominal and shoulder tip discomfort** Discomfort is a feeling of being uncomfortable, often because of pain, irritation or stiffness. It is normal to have some discomfort for a few days or weeks after a procedure or operation. Pain relief options will be discussed with you.

Discomfort after keyhole surgery can occur in the tummy (abdomen) or at the tip of the shoulder. Shoulder tip pain can be caused by the gas used to inflate the abdomen during keyhole surgery.

### Common

Might happen  
(more than 1 in 20)



**Wound infection** A wound infection is an infection of the skin or underlying tissues. It occurs where a cut has been made, often causing redness or swelling. It may require treatment with antibiotics. Occasionally, infected fluid (pus) may need to be drained, or you might need further surgery. The risk of developing a wound infection is higher in some patients, including those who are obese, smokers, and patients with diabetes.

**Urinary infection** A urinary tract infection (UTI) is an infection of the urine. It often leads to discomfort when passing urine and can make you feel like you need to pass urine more often. UTIs are usually treated easily with antibiotics, but can sometimes lead to more serious infections, including blood infections (sepsis).

Continued...

## Possible late or long-term risks continued

### Uncommon

Unlikely to happen  
(fewer than 1 in 20)

**Urinary retention** Urinary retention is the medical term for being unable to pass urine to empty your bladder. If this happens, you will usually have a temporary catheter fitted into your bladder to allow the urine to drain out.

**Continuing symptoms** Despite the procedure, the symptoms may continue. Sometimes this means you might need further tests, or other treatments might be recommended. Occasionally symptoms that seemed to get better after the procedure can come back months or years later.

**Hernia from a keyhole cut (port site)** A hernia is when a part of the bowel pushes through the muscles in the tummy (abdomen), often causing a lump. A port-site hernia is a hernia at the site of previous keyhole surgery. Bowel can get trapped in a hernia, so more surgery may be needed to repair the hernia.

### Rare

Probably won't happen  
(fewer than 1 in 100)

### Blood clots (deep vein thrombosis or pulmonary embolus) (1 in 300 chance)

Blood clots can form in the veins of the legs (deep vein thrombosis), causing pain and redness in the leg. These are more likely to occur after an operation, when people move around less. These clots can occasionally travel from the legs to the lung (pulmonary embolus) and can cause problems with breathing. Clots in the leg or lung require treatment such as with blood-thinning medications. Your risk of developing clots is reduced by getting moving as soon as you can after an operation. You may be advised to wear compression stockings or calf compression pumps and have blood-thinning injections following surgery.

## Patient specific risks

### Patient Specific Risks

## Patient specific concerns

If you have any **specific concerns or personal risks** to you from your treatment, you can record them here. Please use this space to **record any concerns around allergies / reactions** and also any life saving **procedures that you do not wish to be carried out** without further discussion.

Any extra procedures which may become necessary during the procedure:

Blood transfusion:

Other procedures (please specify): \_\_\_\_\_

Patient name: \_\_\_\_\_

NHS or Hospital number: \_\_\_\_\_

## Statement of healthcare professional

(to be filled in by health professional with appropriate knowledge of proposed procedure)

- I am suitably trained and competent and have sufficient knowledge to consent this patient in line with the requirements of my regulatory body.
- I have discussed what the treatment is likely to involve, the benefits and risks of this procedure.
- I have discussed the benefits and risks of any available alternative procedures or treatments including no treatment.
- I have considered any additional patient-specific factors and discussed these with the patient alongside their particular concerns.
- I can confirm that the patient has the capacity to give consent.

Patient information leaflet provided:  Yes /  No – Details: \_\_\_\_\_

Copy of consent form accepted by patient:  Yes /  No

Name: \_\_\_\_\_

Job title: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

## Statement of patient

**Please read this form carefully. If you have any further questions, do ask – we are here to help you. You have the right to change your mind at any time, including after you have signed this form.**

**You must consent to the following section to proceed with your surgery:**

- I confirm that I have read and understood pages 1 to 5 of the consent form.
- I understand the diagnosis and agree with the course of treatment described on this form.
- I have had the opportunity to discuss treatment alternatives, including no treatment.
- I have had the purpose, aims and possible risks of treatment explained to me.
- I understand that the operating person, who will have appropriate expertise to carry out the procedure, may not have been involved in my pre-operative assessment or care to date.
- I understand my anaesthetic options will be or have been discussed with an

anaesthetist where we will jointly decide which option is best for me. I understand that the type of anaesthesia may need to be altered if there are any complications during the procedure.

- I have been told about additional procedures which are necessary prior to treatment or may become necessary during my treatment. This may include permanent skin marks, photographs, and / or tissue samples to help with treatment planning and identification.
- 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 spoken to my health care professional about any lifesaving procedures I do not wish to happen.
- I understand that relevant and appropriate patient specific data for this procedure will be collected and may be used in the context of providing clinical care, and/or audit purposes in compliance with Data Protection Act (2018).

**Additional Consent: This section will not stop you from receiving surgery but will help with future learning and training. Please tick if you consent:**

- I understand that there may be health care professionals that are training during my procedures such as medical students, and trainee nurses. I consent that they may participate in examinations relevant to my procedure, supervised by a fully qualified professional.

- I understand that information collected during my procedure including images, may be used for education and research (which may be published in medical journals). All information will be anonymised and used in a way that I cannot be identified.
- I agree that my health records may be used by authorised members of staff, who are not directly involved in my clinical care, for research approved by a research ethics committee and in compliance with the Data Protection Act (2018).

Tick if relevant:  I confirm that there is no risk that I could be pregnant.

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

## Statement of interpreter witness

(where appropriate)

- I have interpreted the information contained in this form to the best of my ability and in a way in which I believe they can understand.
- or
- I confirm that the patient is unable to sign but has indicated their consent.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Patient name:

NHS or Hospital number:

## Anaesthesia

Anaesthetic is used to allow surgery to take place painlessly. It may include medicines which put you to sleep or those which only numb the area you are having operated on while you remain awake. This can be done in a variety of ways and your anaesthetist will advise you on your options and talk to you about the risks, complications, and benefits of types of anaesthetic. If there are particular anaesthetic risks/concerns for any particular patient these should be separately documented in the patient's records.

Anaesthetic options and risks will be discussed with you on the day of surgery with an anaesthetist. This is a shared decision-making process, and you will jointly decide and agree which anaesthetic option is best for you. Please remember that if there are any complications during surgery, your anaesthetist may need to alter the type of anaesthesia and will explain this to you before the procedure.

For further information about the types of anaesthetic you may receive, and potential risks please see information below.

### Types



### Risks



<https://www.rcoa.ac.uk/documents/anaesthesia-explained/types-anaesthesia>

<https://www.rcoa.ac.uk/patient-information/patient-information-resources>

If you do not wish to access the additional patient information via link or QR code, please speak to your clinician and they will provide you with a hard copy. These will be provided in a language and format that suits you.

## To be filled out by Anaesthetist (On day of surgery)

Name of Anaesthetists on the day:

Date:

I confirm I have discussed the different anaesthetic options with the patient, including risks and benefits and we have jointly decided what the preferred anaesthetic is.

Please note the preferred method of Anaesthesia as discussed between the patient and anaesthetist below:

Signature:

## To be filled out by your responsible healthcare professional (On day of surgery)

Reconfirmation of consent / Withdrawal of consent (where appropriate)

Reconfirmation of consent:

Withdrawal of consent:

See advance decision to refuse treatment:

Name:

Date:

Signature:

The responsibility for informed consent is between the patient and the consenting clinician and the NHS trust. NHS England, Getting It Right First Time (GIRFT) and associated organisations are supplying this resource which should be used/amended by the clinician as they see fit according to their clinical judgement. NHS England, GIRFT and associated organisations do not accept any liability for the consent collected using this resource or the subsequent treatment including surgical and additional procedures.