



**CONSENT FORM
FOR
LAPAROSCOPIC
ADRENALECTOMY**

Med Rec. No.....

Surname:.....

Forename:

DOB:.....

AFFIX LABEL HERE

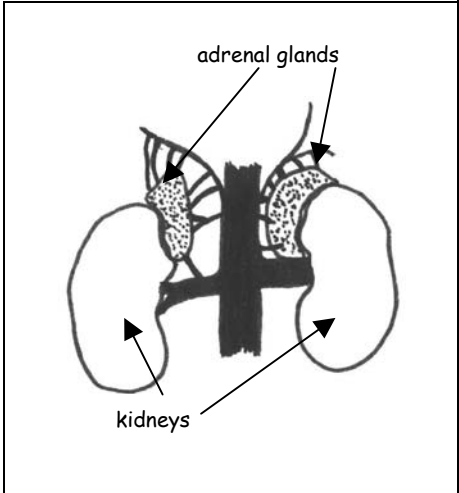
PROPOSED TREATMENT

The doctor has explained that I, (*name of patient*), have the following condition:..... and that a **laparoscopic adrenalectomy** on the (*side*) is proposed:

This means removing one or both adrenal glands using a telescope and instruments. This method avoids a large abdominal wound.

Under a general anaesthetic, the abdomen is inflated with carbon dioxide gas to create a space for the surgeon to work. The surgeon sees what he/she is doing using a small telescopic instrument, inserted through a small cut near the umbilicus ("belly button"). Other instruments are inserted through separate small cuts in the abdomen.

The adrenal glands lie next to the kidneys, so the overlying large bowel is freed from its attachments and moved away from the kidney, with any small bowel nearby. On the left side, the pancreas is moved away from the kidney. The tissue over the kidney is opened and the major body vein (the vena cava) is dissected clear. The adrenal is cleared of nearby tissues and its blood supply clipped and cut. When the adrenal is free, it is removed in a bag through one of the small cuts in the abdominal wall. Any bleeding points are sealed, as much gas as possible is removed and the wounds closed.



RISKS

These are the commoner risks. There may be other unusual risks that have not been listed here. Please ask your general surgeon if you have any general or specific concerns.

I understand there are risks associated with any **anaesthetic** (see separate *Anaesthetic Consent Form*).

I may have side effects from any of the drugs used. The commoner side effects include light-headedness, nausea, skin rash and constipation.

I understand **laparoscopic surgery** has the following **general risks and limitations**:

- After the operation I may feel nauseated, feel some shoulder-tip pain and/or abdominal bloating or pain.
- My wounds may become infected causing redness, increased pain and discharge. I may need antibiotics.
- Damage to some of my other organs may occur due to the technique itself. If this happens, I will need open surgery to correct the damage. Very rarely, if this damage is not recognised at the time of surgery, later surgery will be necessary.
- I may develop a blood clot in my legs (deep vein thrombosis) with pain and swelling. Sometimes, part of this clot can break off and travel to the lungs (pulmonary embolism), causing shortness of breath and occasionally even death.
- I may have a heart attack due to strain on my heart.
- Rarely, severe complications may result in death during or after the operation

I understand a **laparoscopic adrenalectomy** has the following **specific risks and limitations**:

- During the operation, the surgeon may decide it would be safer to convert to an open operation.
- Nearby structures may be damaged, including the vena cava. If I bleed heavily, I may require a blood transfusion.
- If the operation is being done to remove a phaeochromocytoma, I may have rapid changes in blood pressure until the blood supply from the adrenal has been cut.
- If both glands have been removed, I will need hormone replacements for the rest of my life. My doctors will advise me of any special precautions I will need for extra hormone during periods of infection or stress.

RISKS CONTINUED OVERLEAF→

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RISKS CONTINUED

I understand some of the above risks are more likely if I smoke, am overweight, diabetic, have high blood pressure or have had previous heart disease.

INDIVIDUAL RISKS

I understand the following are possible significant **risks and complications specific to my individual circumstances**, that I have considered in deciding to have this operation:

.....
.....

DECLARATION BY PATIENT

- I acknowledge the general surgeon has informed me about the procedure, alternative treatments and answered my specific queries and concerns about this matter.
- I acknowledge that I have discussed with the general surgeon any significant risks and complications **specific to my individual circumstances** that I have considered in deciding to have this operation.
- I agree to **any other additional procedures** considered necessary in the judgement of my general surgeon during this operation.
- I consent to a **blood transfusion**, if needed (*patient to circle and initial choice*) **YES** **NO**
- I agree to the disposal by the hospital authorities of any tissues that may be removed during the procedure. I understand that some tissues or samples may be kept as part of my hospital records.
- I understand that a doctor other than the specialist general surgeon may perform the procedure.
- I have received a copy of this form to take home with me.
- If a needlestick/sharps injury occurs to staff during any operation I give my permission for blood to be taken and tested for HIV and other blood borne disorders. I understand I will be advised and counselled as soon as practicable after the operation if this has been necessary.

Signature of patient _____ **Date** _____

If the patient is an adult and unable to give consent, a proxy form must be completed and attached

DECLARATION BY DOCTOR

- I declare that I have explained the nature and consequences of the operation to be performed, and discussed the risks that particularly concern the patient.
- I have given the patient an opportunity to ask questions and I have answered these.

Doctor's signature _____ **Date** _____

Doctor's Name
(please print) _____

INTERPRETER'S DECLARATION - I confirm I have accurately interpreted the contents of this form and the related conversations between the patient and the doctor

Interpreter's name
(please print) _____ **Date** _____

Interpreter's signature _____