



**CONSENT FORM
FOR
LAPAROSCOPIC INGUINAL
HERNIA REPAIR**

Med Rec. No.....

Surname:.....

Forename:

DOB:.....

AFFIX LABEL HERE

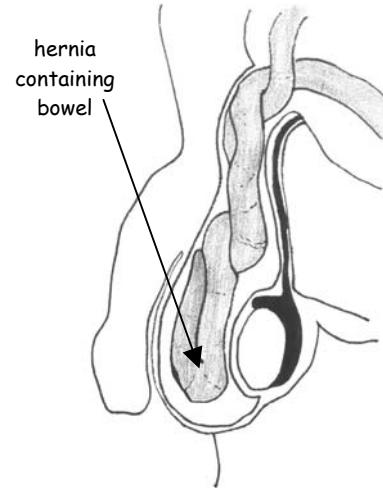
PROPOSED TREATMENT

The doctor has explained that I, (*name of patient*), have an **inguinal hernia** on theside and that a **laparoscopic repair** is proposed:

This means repairing a groin hernia using an operating telescope system.

Under a general anaesthetic, the surgeon makes a small cut below the umbilicus to insert the telescope into the abdomen. Carbon dioxide gas is used to inflate the abdominal cavity so the organs can be seen clearly. Other fine instruments used in the operation are inserted through additional small incisions in the abdominal wall.

The hernia sac is identified and dissected free. A mesh graft placed over the muscle wall defect and may be tacked into place. As much gas as possible is removed from the abdomen and the incisions are closed with stitches or steristrips.



RISKS

These are the commoner risks. There may be other unusual risks that have not been listed here. Please ask your 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 a **laparoscopy** 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 my bowel, bladder and blood vessels may occur due to the technique itself. If this happens, I may 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. The risk of damage to other tissues and organs is greater using this technique than it would be with an open operation.
- Very rarely, severe complications may result in death during or after the operation

I understand **laparoscopic inguinal hernia repair** has the following **specific risks and limitations**:

- I may get swelling around the area of the hernia due to a fluid collection. This will usually resolve spontaneously, but if persistent, may be drained using a needle and syringe.
- I may notice some air in the scrotum after the operation, which will reabsorb in a few hours without any treatment.
- I may notice some temporary pain around the operation site or my leg, which in most cases will resolve in a few days. Very occasionally the pain may continue, possibly indefinitely.
- I may bleed during the operation due to damage to nearby blood vessels. Rarely, I may need a blood transfusion.
- Rarely, it may not be possible to complete the operation laparoscopically and the surgeon may have to convert to an open operation.
- Uncommonly, the blood vessels in the spermatic cord clot as a result of the unavoidable handling during the operation. If this happens, I may develop inflammation of the testicle (ischaemic orchitis). This means my testicle on that side may swell and become painful, and although the symptoms settle in due course, the testicle may shrink and fail to produce sperm in future.

RISKS CONTINUED OVERLEAF →

[HOSPITAL]

**CONSENT FORM
FOR
LAPAROSCOPIC INGUINAL HERNIA
REPAIR**

Med Rec. No.....
Surname:.....
Forename:
DOB:.....

AFFIX LABEL HERE

RISKS CONTINUED:

- The inguinal hernia may recur.
- At any time after the operation, I may develop bowel obstruction due to bands of scar tissue forming between bowel loops. This may settle spontaneously or may require an operation.

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 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 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 surgeon during this laparoscopic inguinal hernia repair 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 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 _____

Doctor's name _____ **Date** _____
(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 signature _____ **Date** _____

Interpreter's name _____
(please print)