



**CONSENT FORM
FOR
LAPAROSCOPIC PRE-
PERITONEAL INGUINAL HERNIA
REPAIR**

Med Rec. No.....

Surname:.....

Forename:

DOB:.....

AFFIX LABEL HERE

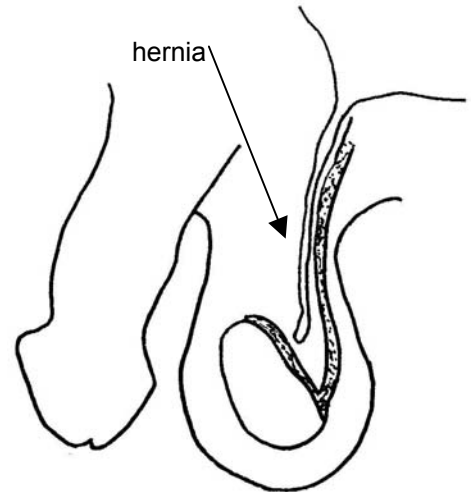
PROPOSED TREATMENT

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

This means repairing a groin hernia using an operating telescope system, without entering the abdominal cavity

Under a general anaesthetic, the surgeon makes a small cut below the umbilicus and inserts a finger beneath the muscle layers on the side of the hernia. A space is created using a balloon, which allows the surgeon to see the operation site. Carbon dioxide gas is used to inflate the space and other fine instruments are inserted through additional small incisions.

The hernia sac is identified and dissected free. A mesh graft is placed over the muscle wall defect and may be tacked into place. As much gas as possible is removed 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 **laparoscopic pre-peritoneal 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.
- 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.
- The inguinal hernia may recur, particularly if there has been infection during healing or an early strain to the wound.

RISKS CONTINUED OVERLEAF

[HOSPITAL]

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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 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 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

(please print)

.....

Date

.....

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)

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