



CONSENT FORM FOR LAPAROSCOPIC SPLENECTOMY

Med Rec. No.....

Surname:.....

Forename:

DOB:.....

AFFIX LABEL HERE

PROPOSED TREATMENT

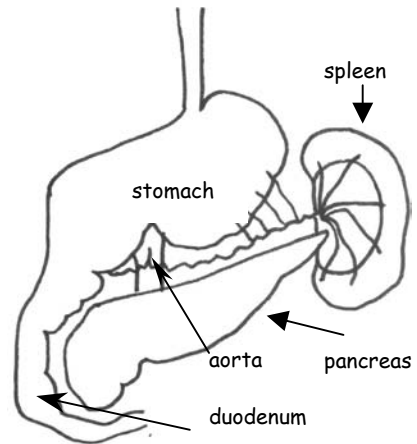
The doctor has explained that I, (*name of patient*), have the following condition:.....and that a **laparoscopic splenectomy** is proposed:

This means removing the spleen using a telescopic instrument and operating instruments.

Under a general anaesthetic, a tube is placed through the nose into the stomach. 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 camera, inserted through a small cut near the umbilicus ("belly button"). Other instruments are inserted through separate small cuts in the abdomen.

The ligaments holding the spleen in place are cut, and the main blood vessels are stapled closed and cut. The spleen is usually placed in a bag and then broken into fragments inside the bag, so it can be removed through one of the small cuts in the abdomen.

A tube drain may be left at the operation site to remove secretions. As much gas as possible is removed and the wounds are 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 that **laparoscopic surgery** has the following **general risks and limitations**:

- It may be necessary to convert to an open operation because of technical difficulties or for reasons of safety.
- After the procedure 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). Part of this clot can break loose and travel to the lungs (pulmonary embolism), causing shortness of breath and occasionally this may even be fatal.
- 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 that a **laparoscopic splenectomy** has the following **specific risks and limitations**:

- I may bleed heavily during the operation. If this occurs, the operation will have to be converted to an open operation and I may require a blood transfusion.
- I may develop small areas of collapse in my lungs (atelectasis), making me more likely to develop a chest infection after the operation. I may need physiotherapy and/or antibiotics
- If the operation site becomes infected, I may develop an abscess below my diaphragm (subphrenic). This may have to be drained using a needle under X-ray control, or may require another operation.
- Rarely, I may develop a very serious infection due to bacteria that are normally cleared by the spleen (eg. pneumococci). Even with treatment, this may progress to shock, coma and death. I will receive a vaccine before the operation, if it is a planned procedure, to help protect me from this, but this risk will remain with me for life.
- I may develop inflammation of the lining of the abdomen (peritonitis), which may be sterile or infected.

RISKS CONTINUED OVERLEAF →

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RISKS CONTINUED:

- I will have more platelets (small blood components) circulating than previously that may make blood clots in blood vessels more likely. This may include a clot in the legs (deep vein thrombosis or DVT – see above).
- I may develop inflammation of the pancreas (pancreatitis) from local injury. This may connect with the skin wound through a fistula.
- Some conditions requiring splenectomy may recur if all splenic tissue is not completely removed.

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 any staff member is exposed to my blood (needlestick injury) then I consent to a sample of my blood being collected for testing for infectious diseases, such as Hepatitis B, C and HIV. I understand that the blood sample will not be tested until I have been informed and I have given my consent.

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 of the patient's condition, the need for treatment, the operation to be performed, and 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 Signature _____ **Date** _____

Interpreter's name
(please print) _____