

LAPAROSCOPIC CHOLECYSTECTOMY

The surgery to remove the gallbladder with a laparoscope is called laparoscopic cholecystectomy. Performing this procedure with a laparoscope, rather than through the traditional 5-8 inch incision, reduces the recovery and hospital time. If the patient has infection, inflammation, adhesions, or bleeding, it may be necessary to change to the traditional form of open abdominal surgery—increasing recovery and hospital time.

Patient's
Initials

- _____ The details of the procedure including the anticipated benefits and material risks have been explained to me in terms I understand.
- _____ Alternative methods and therapies, their benefits, material risks and disadvantages have been explained to me.
- _____ I understand and accept that the most likely material risks and complications of laparoscopic cholecystectomy have been discussed with me and may include but are not limited to:
- *adhesion formation*
 - *bleeding or blood clot*
 - *bowel obstruction*
 - *hernia formation at a trocar site*
 - *infection*
 - *injury to intestines or major blood vessels*
 - *injury to the bile duct (tube)*
 - *pain*
 - *scarring*
- _____ I understand and accept that there are complications, including the remote risk of death or serious disability, that exist with any surgical procedure.
- _____ I understand and accept the risks of blood transfusion(s) that may be necessary.
- _____ I understand that tissue cannot heal without scarring and that how one scars is dependent on individual genetic characteristics. The physician will do his/her best to minimize scarring but cannot control its ultimate appearance.
- _____ I am aware that smoking during the pre- and postoperative periods could increase chances of complications.
- _____ I have informed the doctor of all my known allergies.
- _____ I have informed the doctor of all medications I am currently taking, including prescriptions, over-the-counter remedies, herbal therapies and supplements, aspirin, and any other recreational drug or alcohol use.
- _____ I have been advised whether I should avoid taking any or all of these medications on the days surrounding the procedure.
- _____ I understand that if my doctor becomes concerned during the course of the procedure, he/she may find it necessary to create an open chole (description of what an open chole is) in order to correct the problem.
- _____ I am aware and accept that no guarantees about the results of the procedure have been made.
- _____ I have been advised of the probable consequences of declining recommended or alternative therapies.
- _____ I have been informed of what to expect postoperatively, including but not limited to: estimated recovery time, anticipated activity level, and the possibility of additional procedures.
- _____ I understand that any tissue/specimen removed during the surgery may be sent to pathology for evaluation.
- _____ The doctor has answered all of my questions regarding this procedure.

I certify that I have read and understand this treatment agreement and that all blanks were filled in prior to my signature.

Continued

I authorize and direct _____, M.D., with associates or assistants of his or her choice, to perform a laparoscopic cholecystectomy on _____ at _____.
(patient name) (name of facility)

I further authorize the physician(s) and assistants to do any other procedure that in their judgment may be necessary or advisable should unforeseen circumstances arise during the procedure.

Patient or Legal Representative Signature/Date/Time

Relationship to Patient

Print Patient or Legal Representative Name

Witness Signature/Date/Time

I certify that I have explained the nature, purpose, anticipated benefits, material risks, complications, and alternatives to the proposed procedure to the patient or the patient's legal representative. I have answered all questions fully, and I believe that the patient/legal representative (circle one) fully understands what I have explained.

Physician Signature/Date/Time

initial copy given to patient

initial original placed in chart

SAMPLE