

Surgical Consent for Exploratory Laparotomy

Diagnosis:

Name of Procedure/Treatment:

- An exploratory laparotomy is a surgery where the surgeon will look inside your abdomen at the organs and other body structures.

Nature and purpose of proposed treatment:

- An incision is made on the abdomen and the abdominal cavity is opened. The abdominal contents are checked for perforations (holes in organs), bleeding or hemorrhage (severe bleeding), obstructions (areas where the intestines are blocked), and intractable (unrelievable) pain sites. After thoroughly examining the abdominal contents and repairing any problems possible, the surgeon will close the incision with stitches and/or staples. A dressing will then be applied.

Risks common to all surgical procedures:

- Injury to a blood vessel or excessive bleeding. This may require a blood transfusion.
- Infection, which may require the use of antibiotics. In rare cases, another surgical procedure may be necessary to remove the infection.
- Complications with anesthesia. This may include nausea, vomiting, or in rare cases, death.
- Tobacco use, excessive alcohol use and obesity can increase the risk of any surgical procedure or general anesthetic. Any of these factors may substantially affect healing and can result in an increase of major complications including pneumonia, wound infection, blood clots in the legs and lungs, or death.

Risks and possible complications of the proposed treatment:

- Bleeding with hematoma formation. A hematoma is a swollen area in which blood has pooled. It may result in an area resembling a large bruise.
- An infection, which may require you to take antibiotics, or in rare cases, require another surgical procedure.
- Abscesses, which are collections of pus in the abdomen, these may require further surgery
- Hernias, which are weak areas in the abdominal wall that organs may protrude (stick out) from. These may require further surgery
- Scars after surgery at the incision site.
- Pain after surgery that may require you to take pain medication
- Organ injury, which may require further surgery

Risks or complications of the proposed treatment that is specific and unique to the patient:

Alternative Treatments:

- Observation
- X-rays
- Medications

Prognosis if the proposed treatment is NOT accepted:

- If you choose not to have surgery you may experience continued pain and/or complications. It will be difficult to establish treatment plans because of uncertain diagnosis

CONSENT

Consent: I hereby authorize and direct the designated authorized physician/group, together with associates and assistants of his choice, to administer or perform the medical treatment or surgical procedure described in this Consent Form, including any additional procedures or services as they may deem necessary or reasonable, including the administration of any general or regional anesthetic agent, x-ray or other radiological services, laboratory services, and the disposal of any tissue removed during a diagnostic or surgical procedure, and I hereby consent thereto.

I have read and understand all information set forth in this document and all applicable blanks were filled in prior to my signing. This authorization for and consent to medical treatment or surgical procedure is and shall remain valid until revoked by me in writing.

I acknowledge that I have had the opportunity to ask any questions about the contemplated medical procedure or surgical procedure described in this consent form, including risks or alternatives, and acknowledge that my questions have been answered to my satisfaction.

Signature of Patient _____ Date/Time _____

Signature of Patient Representative Date/Time

Signature of Witness _____ Date/Time _____

Print Representative's Name

Relationship to Patient