

Information Protocol on Surgery through Laparoscopy (Laparoscopy)

Name:

First name:

Date of birth:

This page should provide you with information, not worry you. It is only part of the information you will receive. The planned intervention will be discussed with you in person. Please ask about anything that is unclear or seems important, and don't hesitate to say if you would prefer not to know too much about the forthcoming procedure.

The examinations carried out so far indicate that you have a gynecological disease of the abdomen.

Suspected diagnosis:

Operation method: In laparoscopic abdominal cavity surgery, access is via laparoscopy through several small punctures in the abdominal wall. One of these is usually in the navel, and the others usually just above the pubic bone. If adhesions in the abdominal cavity are suspected, the puncture is occasionally made below the left costal arch. Sometimes the skin incision in the navel area must be lengthened or the abdomen even opened in the usual way. First, a needle is usually used to fill the abdominal cavity with carbon dioxide. For the operation, a probe is usually inserted from the vagina to allow movement of the uterus in different directions. The surgery requires general anesthesia.

Risks and complications: Laparoscopic abdominal surgery is subject to the same principles as abdominal surgery. However, the possibilities of laparoscopy, especially in case of bleeding or intestinal or urinary tract injury, are limited. It may therefore become necessary to switch to conventional surgery through an abdominal incision for technical reasons. Depending on the findings during the operation, certain non-vital organs may have to be removed. However, the principle for any surgical procedure is that the scope of intervention is limited to what is absolutely necessary. During laparoscopy, complications such as bleeding, or injury to the intestine, stomach or bladder and ureter may occur. When operating with electricity, even with the correct application of electrosurgical devices and electrodes, burns of various organs may rarely occur. Despite advances in medicine, infection, wound healing disorders, thromboses and emboli cannot be completely ruled out. Despite proper patient positioning and correct equipment connection, pressure-related and other damage to nerves and soft tissues can occur as very rare complications. Only rarely do these leave permanent symptoms (e.g. numbness, painful sensations) or scars.

After the operation through laparoscopy, slight vaginal spotting and abdominal and shoulder discomfort may occur. Muscle soreness is also possible. Usually, these symptoms disappear within 24-48 hours. After surgery, showering is possible, but full baths and sexual intercourse should be avoided for at least one week. You will be able to work again a few days after the operation. If you experience fever and/or abdominal pain after the procedure, it is important that you consult your doctor.

Additional notes: Occasionally (e.g., in ectopic pregnancy), draining of secretion may be necessary. In addition, opening of the abdominal cavity is necessary in certain cases (e.g., pronounced adhesions, heavy bleeding, etc.). You should also give your consent preoperatively for these two possibilities, so that the surgeon can carry out any necessary procedure under the same anesthesia. Because a bladder catheter for emptying the bladder must be inserted for the surgery, bladder irritation or infection may occasionally occur after surgery, which can usually be treated easily. Flatulence and mild abdominal cramps are signs of a temporary malfunction after abdominal surgery and are not complications.

Cost: The operation is a mandatory service of the health insurance company. If you have additional insurance: Has cost coverage been verified?

Your questions

Explanatory consultation

Interpreter:

Proposed operation:

Operation outline: (Operation method, skin incision, what is removed, reconstructed, etc., side indication, left, right)

Notes of the doctor for the information interview (waiver of explanation with indication of the reason, individual risk-increasing circumstances: Age, heart disease, obesity, etc.).

Alternative treatment possibilities:

Date, Time:

Duration of explanatory consultation:

Treatment order:

Dr. _____ has had an informative talk with me. I understood the explanations and was able to ask any questions I had. I received a copy of the interview protocol. I agree with the proposed procedure, as well as with the changes and extensions discussed that may be required during the operation.

Place, date:

Patient:

The text on the front page was discussed with the patient, the questions answered and a copy of this explanation protocol was given to the patient.

Date, time:

Doctor:
