

Information Protocol for Diagnostic 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.

Reasons for the procedure: Investigation of unclear genital tract diseases (e.g. unclear lower abdominal pain), investigation and treatment of pathological changes to the genital tract (e.g. ovarian cysts), investigation of involuntary childlessness. The investigation of the abdomen using laparoscopy is a reliable diagnostic procedure. In addition to the direct investigation of the abdominal anatomy, it also allows tissue samples to be taken for tissue analysis and smears to be taken to determine a potential infectious agent.

Surgical method: With laparoscopy, access to the abdomen is provided via one or more small punctures in the abdominal wall. One of these is usually in the navel, while the others are generally just above the pubic hair line. First, a needle is generally used to fill the abdominal cavity with carbon dioxide. If the abdomen does not inflate, the incision in the navel must be extended or the abdomen even opened in the usual manner (for example if there are adhesions). In order to be able to move the uterus into different positions, a probe is usually inserted through the vagina, which allows the uterus to be moved in different directions. General anaesthesia is usually required for laparoscopy.

Risks and complications: The potential complications of laparoscopy include bleeding, intestinal, stomach or bladder injuries, and burns to the skin or abdominal organs (in the case of operations with electricity). **In rare cases**, this can make it necessary to open the abdominal cavity. Inflammation, wound complications, thrombosis and embolism can never be fully ruled out, despite medical progress. Procedures involving the ovaries, fallopian tubes and uterus can, in rare cases, also lead to these organs being injured or bleeding, which can make it necessary to remove them.

After a laparoscopic operation, slight vaginal spotting can occur, as well as pain in the lower abdomen and shoulder area. Muscle cramps are also possible. Normally, these symptoms disappear after 24-48 hours. Ovarian activity (e.g. hormone production) remains unchanged. After the procedure, it is possible to shower, but baths and sexual intercourse must be avoided for at least one week. You can return to work a few days after the operation. If you experience fever and abdominal pain a few days after the procedure, please do not hesitate to consult your doctor. 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.

Special notes: Occasionally, it is necessary to drain secretions (for example in the case of ectopic pregnancy). In addition, in some cases it is necessary to open the abdominal cavity (e.g. pronounced adhesions, severe bleeding, etc.). These cases demonstrate why you should consent to the surgeon carrying out the necessary procedure under the same anaesthesia before the surgery.

Cost: The operation is a standard benefit covered by health insurance. If you have supplementary insurance: is cost recovery clarified?

Your questions:

Explanatory consultation

Interpreter: _____

Proposed operation:

Outline of the operation (surgical method, incision, what will be removed, reconstructed etc. side designation left/right)

Doctor's notes on explanatory consultation (waiver of explanation stating reason, individual risk factors: age, heart disease, obesity, etc.).

Alternative treatment possibilities:

Date:

Time:

Duration of explanatory consultation:

Treatment Order

Dr _____ carried out an explanatory consultation with me. I have understood the explanation and could ask any questions I had. I have been given a copy of the consultation protocol. I consent to the planned procedure, including any discussed changes and extensions that may be found necessary during the operation.

Place, date

Patient:

The text on the front page has been discussed with the patient, any questions answered, and a copy of this information protocol has been given to the patient.

Date, time

Doctor:
