

**PREOPERATIVE INFORMATION SHEET FOR DIAGNOSTIC LAPAROSCOPY**

**Clinical diagnosis:** endometriosis / ectopic pregnancy / \_\_\_\_\_

**Indication for surgery:** chronic pelvic pain / suspected ectopic pregnancy / \_\_\_\_\_

**Nature of operation**

- general anaesthesia
- pneumoperitoneum created by insufflation of carbon dioxide
- incisions made
- telescope and instruments passed into abdomen
- pelvic organs inspected
- incisions closed
- all tissue removed will be sent to the Department of Pathology or disposed of as appropriate unless otherwise specified
- photographic and/or video images may be recorded during the operation for education/research purpose. Please inform our staff if you have any objection.

**Benefits of the procedure:** helps to identify pelvic diseases like endometriosis, pelvic inflammatory disease, adhesions, ovarian cysts, ectopic pregnancy

**Other consequences** after the procedure:

- this is only a diagnostic procedure and has no therapeutic value
- symptoms experienced before the surgery should persist after the operation
- the cause of pain/symptom(s) sometimes may not be found

**Risks and complications** may include, but are not limited to the following:

- Women who are obese, who have significant pathology, who have had previous surgery or who have pre-existing medical conditions must understand that the quoted risks for serious or frequent complications will be increased. The risk of serious complications at laparoscopy also increases if an additional therapeutic procedure is performed.
- Anaesthetic complications
- Serious
  - the overall risk of serious complications from diagnostic laparoscopy, is approximately 2 in every 1000 (uncommon)
  - failure to gain entry into abdominal cavity and to complete the intended procedure, requiring laparotomy
  - damage to bowel, bladder, uterus or major blood vessels which would require immediate repair and/or urinary/fecal diversion by laparoscopy or laparotomy (uncommon)
  - uterine perforation if instrument inserted to facilitate operation
  - up to 15 in every 100 bowel injuries might not be diagnosed at the time of laparoscopy
  - hernia at site of entry
  - death; 3 to 8 women in every 100 000 undergoing laparoscopy die as a result of complications (very rare)
- Frequent risks
  - wound bruising
  - shoulder-tip pain
  - wound gaping/infection

**Risks of not having the procedure:** pathology in the pelvic cavity being missed or not identified and appropriate treatment cannot be given

**Possible alternatives**

- Pelvic ultrasonogram

- others \_\_\_\_\_

**Other associated procedures** (which may become necessary during the procedure):

- if either pelvic adhesions or endometriosis is identified, a decision may be made to treat these conditions at the time of surgery with electrocautery or scissors
- if a cyst or a mass is identified in the region of the ovary or the fallopian tube, a decision may be made to remove it at the time of surgery
- laparotomy
- repair of damage to bowel, bladder, uterus or blood vessels
- blood transfusion

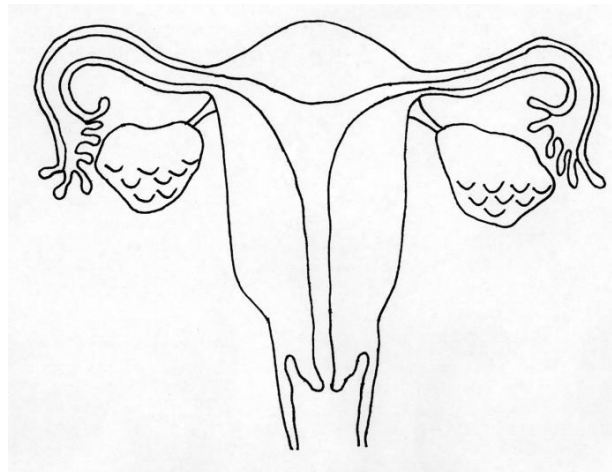
**Special follow-up issue** – nil


**Statement of patient:** procedure(s) which should not be carried out without further discussion

*I acknowledge that the above information concerning my operation/procedure have been explained to me and discussed with me by the medical staff and I fully understand them. I have been given the opportunities to ask questions pertinent to my condition and management and satisfactory answers have been provided by medical staff.*

Signature \_\_\_\_\_

Date \_\_\_\_\_



 <small>瑪麗醫院</small> <small>QUEEN MARY HOSPITAL</small>	<b>Department of Obstetrics and Gynaecology</b>  <b><u>Subject</u></b> <b>Diagnostic laparoscopy</b>	Document No.	OGGG-0510-02-03-E (I)_version 1
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		Page	Page 2 of 2