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LAPARATOMY

PROCEDURE EDUCATION AND CONSENT FORM

Definition

A laparotomy is the traditional open surgery through an incision in the abdominal wall to provide access to the abdominal cavity.

Preparation

As with all procedures in which general anaesthesia is administered, you will be asked not to eat or drink anything after a certain time, usually midnight, on the evening prior to your surgery. You may brush your teeth in the morning but should not swallow the water. If you are on medications that must be taken, you will have discussed this with us and or the anaesthetist and instructions will have been given to you. The procedure will not be performed if you are currently taking, or have recently been taken any medication that may interfere with your ability to clot your blood ('blood thinners, aspirin, anti-inflammatory medicines, etc. The most common of these medications are aspirin and all related pain relievers or anti-inflammatory compounds (whether prescription or over-the-counter). **Please tell us if you took any of these within the past 10 days.** If your new medication is not on the list, alert us immediately so that we may ensure optimal procedure safety. We will have reviewed all of your current medications with you during the pre-operative/pre-procedure consultation. You are obliged to inform us if anything has changed (medication or otherwise) since your previous visit.

Procedure

Laparotomy usually takes approximately one to two hours to complete, depending on your anatomy, prior abdominal or pelvic surgeries, and the procedures being performed. You will be lying flat on the operating table with your legs and arms extended. Laparatomies are performed under general anaesthesia. This makes you unconscious and controls your pain during surgery.

Post Procedure

You will be in recovery room for a short time before being sent to your hospital bed in the ward. Most patients usually stay two or three nights in the hospital. There may be

some discomfort around the incision site, within the vagina and on the lower abdomen depending on the procedure(s) performed. Most patients have some sense of urgency to urinate. There will be a small dressing over the abdominal incision site which is to remain dry until your follow up visit unless otherwise instructed. Sometimes a urinary catheter is left in the urethra and removed the afternoon or morning after surgery, when you are better able to walk to the toilet.

There may be a small staining on the abdominal dressing. If the dressing becomes blood soaked or you see active blood oozing, please contact us immediately. You may shower the day after surgery, but no bathing or swimming (unless otherwise instructed). We ask that you refrain from any strenuous activity or heavy lifting until your follow up office visit. Every patient has some degree of swelling and bruising, and it is not possible to predict in whom this might be minimal or significant.

We strongly encourage you to take four weeks off work from work following abdominal surgery with longer time off if your occupation requires strenuous activity or heavy lifting. Periodic walking is encouraged. Some patients have almost no discomfort while others are somewhat uncomfortable for a few days to weeks. Severe pain is unlikely but possible. You will be provided with a prescription for pain medication to alleviate most of the discomfort. Take this medication as prescribed and as needed. An antibiotic prescription may also be given and should be taken until completion. If any side effects occur, contact our office immediately
N.B* Sexual activity of any sort is absolutely prohibited (usually 6-8 weeks) until we tell you that you may resume.

Possible complication of the Procedure

They maybe immediate or even quite delayed in presentation. Aside from anaesthesia complications, it is important that every patient be made aware of all possible outcomes, which may include

- Urinary Tract Infection: Although we may give you antibiotics prior to and after the operation, it is possible for you to get an infection. The most common is a simple bladder infection (after catheter is removed) that presents with symptoms of burning urination, urinary frequency and a strong urge to urinate. This will usually resolve with a few days of antibiotics. If the infection enters the bloodstream, one may present with both urinary symptoms and any combination of the following: fevers, chills, dizziness, nausea and vomiting. You may require a short hospitalization for intravenous antibiotics, fluids and observation.
- Wound Infection: The incision sites can become infected. While it typically resolves with antibiotics and local wound care, occasionally, part or all of the incision may open and require revision and or catheter replacement.
- Blood Loss: The vaginal region is quite vascular. Usually blood loss in this procedure is minimal to moderate. In some cases blood loss can be significant enough to necessitate transfusion.

- **Injury to the Urinary Tract:** The uterus sits between the ureters on either side and behind the urinary bladder. All the structures are subject to injury, both with complicated and seemingly routine hysterectomy. These injuries can be immediately recognized or become evident in the days and weeks following surgery.
- **Organ Injury:** During any part of the surgical procedure, any organ in the abdomen or pelvis (liver, spleen, colon, intestines, bladder, stomach, ureters etc.) can be inadvertently injured. Often the injury is minor and can be treated with relative ease. In other instances, when the injury is major the repair is complicated, more extensive surgery may be necessary.
- **Death:** When hysterectomy is performed for reasons other than cancer or pregnancy complication, the risk of death is 6 to 11 per 10 000 hysterectomies. When hysterectomy is performed for complications of pregnancy, the rate is 29 to 38 per 10 000 and from 70 to 200 per 10 000 when hysterectomy is performed for cancer.
- **Painful Intercourse and Vaginal Shortening:** After hysterectomy, the shape of the vaginal vault can change. In certain cases, the depth of the vagina may be lessened and the angle changed. While usually not a problem, some women may complain of pain or difficulty with intercourse. Sometimes it is temporary, but it can also be permanent.
- **Cervical Bleeding:** After a subtotal hysterectomy, it is possible to have bleeding from the cervix. This can be due to the monthly hormone (menstrual) cycle or from other, more concerning causes. You will need to continue to have regular, periodic Pap smears to help detect any abnormalities of the cervix.
- **Deep Vein Thrombosis:** In any operation (especially longer operations), you can develop a clot and block off part of the lung. This would present as shortness of breath and possibly chest pain. We may sometimes see the physicians involved with the management of either of these problems.
- **Bleeding/ Haematoma:** When a small blood vessel continues to ooze or bleed after the procedure is over, the area of collected blood is referred to as a haematoma. The body normally reabsorbs this collection over a short period of time and surgical drainage is rarely necessary.
- **Lower Extremity Weakness/ Numbness:** This, too, is a rare event that may arise due to your position on the operating table. It is possible in procedures in which you are in the lithotomy (legs up in the air) for a long period.
- **Chronic Pain:** As with any procedure a patient can develop chronic pain in an area that has undergone surgery. Typically, the pain disappears over time, although some feeling of numbness may persist. If persistent, further evaluation may be necessary.
- **Risk of anaesthesia:** There are risks to the anaesthesia such as allergic reaction, seizures or death.

CONSENT FOR SURGERY

I understand that during the course of the operation unforeseen conditions might arise or be revealed that could require an extension of the operation or performance of other operations, procedures or treatment that are or might become necessary in the exercise of their professional judgment.

I acknowledge that..... has explained the proposed operation to me and has answered any questions that I have to my satisfaction.

I, the undersigned.....
(Patient's full name)

.....
.....
(Nature of operation)

I hereby consent to the above operation. In addition, I accept all of the risks inherent to that operation and request that can be performed.

I have had the opportunity to ask questions and all of my questions have been answered to my satisfaction. I consent to the above procedures as deemed necessary or appropriate by my physician or credentialed provider.

.....
Patient Signature Patient Name (Printed) ID Number

.....
Doctor's Signature Doctor's Name (Printed)

.....
Witness Witness Name (Printed)

.....
Date