

## EXPLORATORY LAPAROTOMY CONSENT FORM

Your physician has determined that you may have a disease or abnormality inside your abdomen, which may be life threatening, preventing pregnancy or causing medical problems if not treated. An exploratory laparotomy is an operation in which the doctor makes a surgical “cut” in the belly. Sometimes this operation is done to make sure that no disease or abnormality exists. If the physician finds that a disease is found, or if the physician doesn’t feel that corrective surgery should be done immediately, then he will close up the surgical cut. If major corrective surgery is done the risk will be greater than if no corrective surgery is done. It is possible that you will be worse after the operation. Your physician can make no guarantee as to the result that might be obtained from this operation.

Complications from exploratory surgery of the abdomen without any corrective surgery are infrequent, but they do occur. As with any surgical procedure, complications from bleeding and infection can occur. These complications can result in prolonged illness, the need for blood transfusions, poor healing wounds, scarring, and the need for further operations.

Other uncommon complications of this operation include: Damage to the intestines; blocked bowels; hernia or “rupture” developing at the site of the surgical cut; heart attacks or stroke; blood clots in the lungs; and pneumonia.

Some complications of exploratory surgery of the abdomen may require further surgery; some can cause permanent deformity and rarely, some can even be fatal. Furthermore, there may be alternative therapeutic or diagnostic methods available to you in addition to exploratory surgery. The purpose of this form is to insure that your decision to have surgery is made with full knowledge of the risks for this kind of operation.

I CERTIFY: I have read or had read to me the contents of this form; I understand the risks, complications and alternatives involved in this operation. I have had the opportunity to ask any questions which I had, and all my questions have been answered. I understand the procedure(s) and the potential risks and complications associated with the procedure(s) and that alternative procedure(s) may be available. I sign this consent freely and voluntarily and by my signature below, consent to the procedure(s) discussed herein.

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_ SIGNED: \_\_\_\_\_

Patient Signature

I have consulted with and explained the contents of this consent form to the person above.

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_ SIGNED: \_\_\_\_\_

Physician Signature