



DIAGNOSTIC LAPAROSCOPY WITH POSSIBLE OPERATIVE LAPAROSCOPY

Authorization for surgical treatment addendum

Complications and consequences have been discussed. I understand that the risks include, but are not limited to, the following:

- Pain (immediately afterwards, delayed, long term)
 - Excessive bleeding, possibly requiring blood transfusion (and its risks of infection or transfusion reaction)
 - Surgical infection
 - Damage to abdominal/pelvic organs such as bladder, ureters, bowel, blood vessels, nerves possibly requiring further surgery or therapy at the time of the operation or at a later date
 - Failure of procedure to achieve desired results
 - Wound breakdown and bleeding
 - Formation of internal scar tissue (adhesions) causing pain or difficulties with future surgeries
 - Abnormal skin healing
 - Risk of anesthesia
 - Need for laparotomy
 - Other _____
-
-
-

I acknowledge that I have read and fully understand the above complications and risks, and that all of my questions have been answered to my satisfaction.

Signature

Date

Witness

Date

Bel Air
520 Upper Chesapeake Drive, Suite 301 • Bel Air, MD 21014 • Phone: 443.643.4300 • Fax: 443.643.4303

Havre de Grace
308 North Union Ave • Havre de Grace, MD 21078 • Phone: 410.939.3121 • Fax: 410.939.9411