LAPAROTOMY
PROCEDURE EDUCATION LITERATURE AND CONSENT FORM

We recommend that you read this handout carefully in order to prepare yourself or family members for the proposed procedure. In doing so, you will benefit both the outcome and safety of the procedure. *If you still have any questions or concerns, we strongly encourage you to contact our office prior to your procedure so that we may clarify any pertinent issues. “An educated patient is the best patient.”*

This explanation of “laparotomy” describes no specific operation. Rather, it is intended as a supplement to the Procedure Education Literature that you may have received in the event that part or all of your procedure/surgery is going to be performed with this technique. Throughout this pamphlet, we will refer to your “primary pamphlet” as the one describing your particular operation or procedure.

**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 anesthesia 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 anesthesiologist and instructions will have been given to you. The procedure will not be performed if you are currently taking, or have recently 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 refer to the attached list and 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 obligated 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. Laparotomies are performed under general anesthesia (complete sleep). This makes you unconscious and controls your pain during surgery. Once you are “asleep”, the surgery is started.

After your abdomen is cleaned with an antibacterial soap and covered with surgical drapes, an incision is made on the skin of the abdomen. This is usually across the abdomen at the pubic hair line, but may be up-and-down between the belly-button and the pubic bone, depending on your anatomy and your surgeon’s preference.

**Post Procedure**
You will be in the recovery room for a short time before being sent to your hospital bed. Most patients usually will stay two to three nights in the hospital. There may be some discomfort around the incision sites, within the vagina, and on the lower abdomen depending on the procedure(s) you had performed. Most patients have some sense of urgency (the feeling of a need to urinate). There will be a small dressing over the abdominal incision site which is to remain until your follow-up visit unless otherwise instructed. Sometimes a 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 small blood 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 from work following abdominal surgery with longer time off if your occupation
requires strenuous activity or heavy lifting. In the first 48 hours, it is to your advantage to minimize activity and to often rest in a lying down position. 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.

*You must refrain from any strenuous activity or heavy lifting until we tell you otherwise. Sexual activity of any sort is absolutely prohibited (usually six to eight weeks) until we tell you that you may resume.*

### Expectations of Outcome

You should expect that you will have some pain following a laparotomy since it is major surgery on your abdomen. Your doctor will give you pain medicine to control this pain. It may be difficult to get out of bed the first couple of times and walk, but your doctor will want you to get out of bed. This will improve your post-operative course. It will take several weeks for your body to heal completely after the surgery. You will not be able to do any strenuous exercise or weight lifting for four to six weeks following your surgery.

### Possible Complications of the Procedure

All surgical procedures, regardless of complexity or time, can be associated with unforeseen problems. They may be immediate or even quite delayed in presentation. We would like you to have a list so that you may ask questions if you are still concerned. Aside from anesthesia complications, it is important that every patient be made aware of all possible outcomes, which may include, but are not limited to:

- **Urinary Tract Infection or Sepsis:** Although we may give you antibiotics prior to and after the operation, it is possible for you to get an infection. The most common type is a simple bladder infection (after the 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, you might feel very ill. This type of infection can present with both urinary symptoms and any combination of the following: fevers, shaking chills, weakness or dizziness, nausea, and vomiting. You may require a short hospitalization for intravenous antibiotics, fluids, and observation. This problem is more common in diabetics, patients on long term steroids, or in patients with disorders of the immune system.

- **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.

*If you have symptoms suggesting any of the above after your discharge from the hospital, you must contact us immediately or go to the nearest emergency room.*

- **Blood Loss / Transfusion:** 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 Urinary Tract:** The uterus sits between the ureters (tubes that carry urine from the kidneys to the bladder) on either side and behind the urinary bladder. All of these 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, intestine, bladder, stomach, ureter, 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 or the repair is complicated, more extensive surgery may be necessary. Treatment depends on the particular organ injured and the severity of the injury.

- **Death:** When hysterectomy is performed for reasons other than cancer or pregnancy complication, the risk of death is six 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/Need for Pap Smear:** After a sub-total (supracervical) 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 (DVT) / Pulmonary Embolus (PE):** In any operation (especially longer operations), you can develop a clot in a vein of your leg (DVT). Typically, this presents two to seven days (or longer) after the procedure as pain, swelling, and tenderness to touch in the lower leg (calf). Your ankle and foot can become swollen. *If you notice these signs, you should go directly to an emergency room and also call our office.* Although less likely, this blood clot can move through the veins and block off part of the lung (PE). This would present as shortness of breath and possibly chest pain. We may sometimes ask the medical doctors to be involved with the management of either of these problems.

- **Bleeding/Hematoma:** 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 hematoma. The body normally re-absorbs 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. The problem is usually self-limited, with a return to baseline expected.

- **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.

- **Risks of anesthesia:** There are risks to the anesthesia such as an allergic reaction, seizures or death. These risks are small.

**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 treatments. I therefore authorize and request the below-named individual or their designees to perform such operations, procedures or treatments 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 hereby consent to the above operation. In addition, I accept all of the risks inherent to that operation and request that it be performed.

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*The information contained in this Medical Informed Consent Form (“Consent Form”) is intended to solely inform and educate and should not be used as a substitute for medical evaluation, advice, diagnosis or treatment by a physician or other healthcare professional. Please call your doctor if you have any questions.*