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INFORMED CONSENT AND REQUEST FOR LAPAROSCOPY

I, _____, request Dr PJ Geysler and his associates / assistants to perform upon me:
Laparoscopy – Insert a telescope-like instrument into my abdomen through one or more small (“band-aid”) incisions to diagnose and / or repair any problems.

Diagnosis and Procedure: The following has been explained to me in general terms and I understand that:

- My condition has been diagnosed as: _____
- The nature of this procedure is : Diagnosis and surgical treatment according to diagnosis.

I understand that treatment may require the use of laser and / or electrocautery during the performance of this surgery.

I understand that no guarantee of success is given.

General Risks of Surgery: As a result of the performance of this procedure there may be general risks of : *INFECTION, ALLERGIC REACTION, DISFIGURING SCAR, SEVERE LOSS OF BLOOD, LOSS OF FUNCTION OF ANY LIMB OR ORGAN, PARALYSIS, PARAPLEGIA OR QUADRIPLÉGIA, BRAIN DAMAGE, CARDIAC ARREST OR DEATH.* In addition to these general risks, there may be other possible risks involved in this procedure. These risks and/or complications may include but are not limited to such complications as:

Injury to blood vessels, bowel, bladder, ureter (tube that connects kidney to bladder) by way of puncture or burn.

1. Formation of a fistula (an opening between the bowel, bladder or ureter and the vagina and / or skin), which require a second operation to repair.
2. Colostomy
3. Embolism, which is the spreading of a gas or other fluid into other parts or organs of the body.
4. Hernia in the incision site.
5. Injury to the cervix, uterus or tubes, which might require additional surgery or might affect my ability to get pregnant or carry a pregnancy to full term (9 months)
6. Necessary for an exploratory laparotomy , which is like the making of a larger incision through which the necessary surgery can be performed.
7. Blood loss necessitating transfusion, which carries the risk of exposure to AIDS or the hepatitis virus.

Alternative forms of treatment include:

- Do nothing and accept the consequences of my present condition.
- Performance of surgery through a larger incision in my abdomen.
- Drug therapy.

These alternative treatments have been explained to me, and I have elected this surgical procedure as my method of treatment.

Informed consent: I understand and accept that during the procedure unexpected or unforeseen circumstances may make it necessary to do an extension of the original procedure or another procedure that is not named above. I request Dr PJ Geysler and his associates / assistants to perform those additional procedures that they judge to be necessary.

BY SIGNING THIS FORM, I ACKNOWLEDGE THAT I HAVE READ OR HAD THIS FORM READ AND EXPLAINED TO ME AND THAT I FULLY UNDERSTAND ITS CONTENTS.

I have been given ample opportunity to ask questions, and any questions I have asked have been answered or explained in a satisfactory manner. All blanks or statements requiring completion were filled in and all statements with which I disagree were marked out before I signed this form.

I accept that medicine is not an exact science and understand that no guarantees can be given as to the results. Understanding these limitations, I request Dr PJ Geysler and his associated / assistants to proceed with surgery.

Patient: _____ Date: _____