



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

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