



Pearl W. Yee, M.D. Inc.
Obstetrics • Gynecology • Medical Aesthetics
Fertility • Menopause • Urinary Incontinence
Advanced & Minimally Invasive Female Surgery

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Informed Consent to Laparoscopy

1. I have read the patient education information sheets on laparoscopy. This “informed consent form” further outlines the surgery I am considering. I have read the form carefully and asked any questions before the decision whether or not to give consent to laparoscopy. The follow procedures will be done or are possible:

Laparoscopy, _____

2. All operations involve risks of unsuccessful results, complications, injury, and rarely death, sometimes for reasons that we are unable to anticipate or foresee. Therefore, no guarantee can be made as to the results of the operation.
3. You have the right to be informed of the discomforts and risk that may accompany or follow the laparoscopy, including the type and possible effects of any anesthetic to be used. You have the right to be informed whether your physician has any medical research or economic interests related to the performance of the proposed operation(s) or procedure(s). You also have the right to be informed of the expected benefits of the procedure, the available alternative methods of treatment, and their risks and benefits of treatment.
4. You have the right to consult a second physician before having the laparoscopy.
5. The following information concerning the proposed laparoscopy has been provided to me, *verbally and in writing*, by my physician.

- a. A description of the types of surgery and other procedures involved in the proposed laparoscopy, and description of any known available appropriate alternatives to the laparoscopy itself.
- b. A description of the discomforts and risks that may accompany or follow the procedure, including an explanation of the type and possible effects of any anesthetic to be used.

Risks of Laparoscopy:

Frequent: Nausea and dizziness from the anesthesia, shoulder pain for 1-2 days, sore throat, abdominal cramping for 1-2 days, vaginal bleeding.

Authorization and Consent for Laparoscopy

Infrequent: Infections of the incision, pelvis, bladder or kidney, bleeding, inability to see pelvic structures because of adhesions, need to complete procedure by abdominal incision, future pregnancy (if tubal ligation is done), scar tissue formation, infertility, hospitalization for treatment or evaluation.

Rare: Injury to bladder, uterus or bowel requiring repair by laparotomy or colostomy (bowel surgery), hernia at an incision site, blood vessel injury with need for transfusion, thromboembolism (blood clot), nerve damage anesthetic complication.

C. A description of benefits of advantages that may be expected as a result of the laparoscopy.

6. Upon authorization and consent, the laparoscopy described above will be performed on you, together with any different or further procedures, which, in the opinion of your physician, may be indicated due to any emergency. The laparoscopy will be performed by Dr. Pearl Yee and the assisting Surgeon.
7. Your signature on this informed consent form indicates that: (a) you have read and understood the information provided in this form, (b) you have been verbally informed about this procedure, (c) you have had a chance to ask questions, (d) you have received all of the information concerning the procedure, and (e) you authorize and consent to the performance of the laparoscopy and (f) you have been informed that you have the right to a second opinion.

Signature: _____ DOB: _____

Print Name: _____ Date: _____

Witness: _____