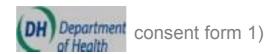
CONSENT FORM for UROLOGICAL SURGERY

(Designed in compliance with



Name of proposed procedure (include brief explanation if medical term not clear)	ANAESTHETIC
LAPAROSCOPIC ADRENALECTOMY SIDE THIS INVOLVES THE REMOVAL OF YOUR ADRENAL GLAND THROUGH SEVERAL KEYHOLE INCISIONS RATHER THAN THE MORE CONVENTIONAL INCISION. IT REQUIRES THE PLACEMENT OF A TELESCOPE AND INSTRUMENTS INTO YOUR ABDOMINAL CAVITY VIA THREE OR FOUR SMALL INCISIONS. ONE INCISION MAY NEED TO BE ENLARGED TO REMOVE THE ADRENAL	μμ ⁻ GENERAL/REGIONAL μμ ⁻ LOCAL μμ ⁻ S EDATION

Serious or frequently occurring risks

COMMON

- TEMPORARY SHOULDER TIP PAIN
- TEMPORARY ABDOMINAL BLOATING
- TEMPORARY INSERTION OF A BLADDER CATHETER AND WOUND DRAIN

OCCASIONAL

INFECTION, PAIN OR HERNIA OF INCISION REQUIRING FURTHER TREATMENT

RARE

- BLEEDING REQUIRING CONVERSION TO OPEN SURGERY OR TRANSFUSIONS
- ENTRY INTO LUNG CAVITY REQUIRING INSERTION OF TEMPORARY DRAINAGE TUBE
- MAY BE A HISTOLOGICAL ABNORMALITY OTHER THAN CANCER

VERY RARELY

- RECOGNISED (AND UNRECOGNISED) INJURY TO ORGANS/BLOOD VESSELS REQUIRING CONVERSION TO OPEN SURGERY (OR DEFERRED OPEN SURGERY)
- INVOLVEMENT OR INJURY TO NEARBY LOCAL STRUCTURES –BLOOD VESSELS, SPLEEN, LIVER, KIDNEY, LUNG, PANCREAS AND BOWEL REQUIRING MORE EXTENSIVE SURGERY
- ANAESTHETIC OR CARDIOVASCULAR PROBLEMS POSSIBLY REQUIRING INTENSIVE CARE ADMISSION (INCLUDING CHEST INFECTION, PULMONARY EMBOLUS, STROKE, DEEP VEIN THROMBOSIS, HEART ATTACK AND DEATH.)

ALTERNATIVE THERAPY: OBSERVATION AND THE CONVENTIONAL OPEN SURGICAL APPROACH.