**LAPAROSCOPIC BILATERAL TUBAL LIGATION**

Please read and sign the following consent form when you feel that you completely understand the surgical procedure that is to be performed and after you have asked all of your questions. If you have any further questions or concerns, please contact our office prior to your procedure so that we may clarify any pertinent issues.

**Definition:** Laparoscopic Bilateral Tubal Ligation (BTL) is a minimally invasive surgical procedure that enables the physician to permanently sterilize the patient through several small abdominal incisions instead of one large abdominal incision. The surgeon places a laparoscope (thin lighted telescope/camera) and surgical instruments inserted through small incisions to block the fallopian tubes.

**Procedure:** After sedation from general anesthesia is achieved, the surgeon will make a small incision at or near your belly button for the laparoscope to be passed through and 1-2 additional incisions in your lower abdomen to insert necessary surgical instruments. Carbon dioxide gas will be used to inflate the abdomen to allow the doctor to insert the laparoscope and visualize the abdomen/pelvis.

*Laparoscopic Bilateral Tubal Ligation (BTL):* Provides permanent sterilization. The fallopian tubes can be blocked or occluded through several techniques. Your surgeon may apply clips or rings to the tubes. Sometimes electrical cautery is used to burn the tubes and occasionally the tubes are completely removed. All of the different methods for tubal ligation are meant to be permanent and you should only consider Bilateral Tubal Ligation if you are absolutely 100% confident that you do not ever want to consider getting pregnant again.

**Expectations of Outcome:** The Laparoscopic procedures listed above usually take about an hour to complete. When you awake from surgery, you will be monitored for a few hours and then released to go home. You will have 1-3 incisions on your abdomen. Expected recovery time for various laparoscopic procedures is a few days to a week. The goal of this procedure to be permanently sterilized.--- **Unable to get pregnant.**

**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. While we have discussed these and possibly others in your consultation, we would like you to have a list of some specific complications so that you may ask questions if you are still concerned. Aside from anesthesia complications, a list of possible complications, would include, but are not limited to:

- **Organ Injury:** During any part of the 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; however if the injury is major or the repair is complicated, more extensive surgery may be necessary. This may prolong the hospital stay and recovery and might also necessitate additional surgical procedures in the future. Sometimes the injury may not be evident for several weeks. Minimally invasive procedures also carry the risk of creating an incisional hernia; where abdominal tissue protrudes through the muscle at the incision site.

- **Infections:** The most common type of infection is a bladder infection (UTI). A UTI can cause burning with urination, increased urinary frequency, blood in the urine, pelvic or back pain, fever and or chills. The incision sites may also become infected. This would typically cause redness, yellow drainage, or increased pain at the incision sites. Pneumonia is an infection involving the lungs. Pneumonia may occur from lack of deep breathing after surgery due to pain from the incision sites. Early ambulation and deep breathing helps to reduce the risk of pneumonia. A pelvic abscess is when an infection occurs within the pelvis or uterus. Fever more than 100 degrees; increasing pain, severe constipation, and malodorous vaginal discharge can be signs of this type of infection. While rare, sepsis is another
infection that can occur. Sepsis is when the infection enters the bloodstream and can make you very ill. Sepsis symptoms usually include: fever, chills, weakness, nausea, vomiting and or confusion. If any of the above symptoms of infection occur, call our office.

- **Subcutaneous emphysema:** In rare instances, carbon dioxide gas can escape into the tissue below the skin and cause swelling and bruising. Eventually the gas is reabsorbed back into the body and the swelling and bruising resolve.

- **Vascular Injury:** Any of the vessels inside the abdomen/pelvis are at potential risk for injury during a laparoscopy. Inadvertent injury to a blood vessel can occur within the abdomen/pelvis during surgical treatment, removal, or exploration. Another type of vascular injury occurs when the sealed or sutured vessel comes loose after the procedure has been finished. Most of these injuries are recognized and resolved at the time of surgery. Major vessel injury or delayed bleeding may require additional surgery, prolonged hospital stay and recovery, readmission to the hospital, and blood transfusion.

- **Blood Loss/Transfusion:** Usually the blood loss in this procedure is minimal. In some cases blood loss can be significant enough to necessitate a blood transfusion. If a transfusion is necessary, there is a small risk of blood related infections such as Hepatitis or HIV.

- **Hematoma:** When a small blood vessel continues to 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. Occasionally surgical drainage may be necessary, however, this is rare.

- **Chronic Pain:** 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.

- **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 post op as pain, swelling and tenderness to touch in the lower leg area. Although less likely, this blood clot can move through the veins and block off part of the lung (PE). This presents as shortness of breath and chest pain. If you notice any of these signs, call our office.

- **Lower Extremity Weakness/Numbness:** While this is rare, it is possible that due to the positioning of your legs in the lithotomy position (legs in the air/stirrup) for a long period of time or direct injury to nerves by surgical instruments, you may develop weakness or numbness in your legs. It is usually self-limited, with a return to baseline.

- ** Permanent Injury/Death:** Permanent injuries from surgery are rare but do occur. Permanent injuries may involve removal of organs not planned during the original surgery, pain that does not resolve with time, or diminished ability to enjoy life. Death is extremely rare from Gynecologic surgery but does occur. The most common reasons are massive blood loss, overwhelming sepsis, heart attack, DVT/Pulmonary embolus, stroke, and anesthesia complications.

- **Failure of the procedure:** All methods of sterilization have the rare potential for failure. Failure could result in a normal pregnancy, miscarriage, abnormal pregnancy, or ectopic pregnancy (Pregnancy in the damaged fallopian tubes or outside of the uterus). If you ever believe that you are pregnant in the future then you should seek immediate attention in our office or through an appropriate physician. Ectopic pregnancies can be life threatening. You must notify your physician immediately if you believe that you are pregnant and inform them that you have had a bilateral tubal ligation.

- **Initials: ______________________ I have read and understand the above paragraph**

**Additional Procedures/Consultations:** If there are unanticipated findings, difficulty during the surgery, or a situation where your doctor does not believe that he has the expertise to accomplish all of your case then an intra-operative consultation may be necessary. Intra-operative consultation is when another physician or surgeon is asked to give recommendations, assist or take over a surgical case. This occurs at your doctor’s discretion for your safety and without regard to whether the other physician is on your insurance panel. By signing below you give consent to intra-operative consultations if necessary.
Photographs/Recordings: Still photographs and digital recordings of your surgery may occur for documentation of intra-operative findings or for educational purposes.

Consent: I, Dr. ___________________________, have counseled ___________________________ regarding her planned surgery. In my professional opinion I believe that the surgery is reasonable and most likely will result in a beneficial outcome. It is my belief that the patient has considered her options and fully weighed the risks of surgery.

Signed___________________________________________ Date____________________ Time______________

I, ____________________________________________, believe that the surgical procedure listed above is the best option for me. My situation is not an emergency and I understand that I have other options, including not having surgery. I understand that complications, bad outcomes, and unanticipated events will occur occasionally during surgery and recovery. I understand that my doctor and his surgical team are not perfect and at no point have I been guaranteed any outcomes or results. I have been given the opportunity to ask all my questions and I believe that I have all the information necessary to make a reasonable decision. Therefore, I elect to give my consent and proceed with the above surgery, as witnessed by my signature below.

Patient Signature___________________________________________ Date____________________

Witness Signature___________________________________________ Date____________________