

**Mr Sherif Awad PhD, FRCS**  
**Consultant Upper GI, Bariatric & Laparoscopic Surgeon**

Patient ID label

**Laparoscopic (±Open) repair of Abdominal Incisional Hernia**  
**Consent Sheet (LAIH1)**

Patient  
Initials

I am requesting that **laparoscopic ±open repair of my abdominal incisional hernia** be performed. I have had explained to me the risks, benefits and alternatives to this procedure as listed below, and as described in detail during my preoperative appointments.

I understand the treatment options for my incisional hernia include non-surgical symptomatic treatment with painkillers, however, this may result in future attacks of pain, possible blockage to the bowel and the hernia lump persisting and possibly growing. These symptoms may cause recurrent future hospital admissions.

I understand that this surgical procedure has the risk of different types of complications, which may require elective or emergency medical or surgical (re-operation) treatment. I also understand that there are things the surgeon can do to reduce the risks of surgery but not eliminate the risks of surgery or prevent all complications. I understand some of these complications may occur many years down the line following surgery.

I understand that **potential GENERAL complications of keyhole surgery may include (but are not limited to):**

- Wound infection that may require drainage and/or antibiotics. Future wound hernias that may require another operation to treat.
- Bleeding that may require blood transfusion and/or re-operation.
- Blood clots which may form in the legs causing pain and swelling or, rarely, blockage of veins in the lungs leading to breathing problems which may be life threatening or fatal (pulmonary embolism).
- Injury to internal organs that may require re-operation. These organs include the bowel and blood vessels.
- The need to convert to an open operation if the surgeon cannot repair my hernia safely by the keyhole technique.
- Future bowel blockage (obstruction) due to scar tissue “adhesions” that may require further surgery.
- Death, which, although rare, may result from any severe complication despite maximal medical or surgical therapy.

I understand that **potential complications SPECIFIC to keyhole abdominal incisional hernia surgery may include (but not limited to):**

- Occurrence of a fluid collection (seroma) after surgery, which may require further treatment. Persistent cosmetic deformity after surgery.
- Occurrence of chronic pain that may require regular painkillers, and may reduce my quality of life.
- Recurrence of the hernia if the repair fails/weakens after the surgery.

This request and consent for surgery is being signed by me with the full understanding of the information contained above in this document based on my review of it and my discussions with my medical team who have answered my questions to my satisfaction.

**Patient Name:** \_\_\_\_\_ **Patient Signature:** \_\_\_\_\_

**Staff Name:** \_\_\_\_\_ **Staff Signature:** \_\_\_\_\_ **Designation:** \_\_\_\_\_

**Date:** \_\_\_\_\_