

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

Patient ID label

**Patient  
Initials**

**Laparoscopic Paraoesophageal Hernia Repair Consent sheet (LPOH1)**

I am requesting that **laparoscopic paraoesophageal hernia repair** (keyhole surgery to repair my hiatus hernia) be performed on me. 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 my condition may typically cause recurrent symptoms e.g. heartburn, indigestion, acid or food reflux, chest infections, difficult swallowing, vomiting and in some patients inability to swallow. I understand my hiatus hernia may get larger over time and become more symptomatic. I understand in some types of 'giant' hiatus hernia the stomach may twist and obstruct which risks the blood supply to the stomach – this may make me critically ill and necessitate emergency surgery. I understand that my non-surgical treatment options include symptomatic and/or regular antacid medication, but this will not result in my hiatus hernia becoming smaller.

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 oesophagus (gullet), stomach, lung, heart, spleen, liver, intestines, bowel and blood vessels.
- The need to convert to an open operation if the surgeon cannot complete my operation safely by the keyhole technique.
- Future bowel blockage (obstruction) due to scar tissue "adhesions" that may require surgery to treat.
- Death, which, although rare, may result from any severe complication despite maximal medical or surgical therapy.

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

- Difficulty swallowing which occurs temporarily in majority of patients, but can be permanent in some.
- Inability to belch or vomit. Occurrence of gas bloating which can cause discomfort, abdominal distension and increased flatulence (passage of wind through the tail-end).
- Poor function of the stomach or damage to the vagus nerves resulting in delayed stomach emptying and/or troublesome diarrhea. I understand these symptoms may reduce my quality of life.
- Recurrence of my hiatus hernia (and resultant symptoms) if the surgical repair weakens/fails over time.

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