



CONSENT FORM LAPAROSCOPIC OVARIECTOMY

Patient:

Owner/Authorised Agent:

Date:

PROCEDURE

I hereby consent to the performance of laparoscopic ovarian removal (ovariectomy) in my horse.
The procedure is planned as follows:

Primary approach:

1. Standing laparoscopy with removal through the flank if the ovary is ≤ 10 cm.

If not feasible: Conversion to a two-step procedure, consisting of:

2. Standing laparoscopic dissection and ligation of the ovary.
3. Removal via ventral midline incision under general anesthesia.

The final approach will be determined intraoperatively based on ovarian size, accessibility, and patient safety.

RISKS AND POSSIBLE COMPLICATIONS

I understand that, although this procedure is routinely performed, complications may occur, including but not limited to:

- Visceral perforation or injury (e.g., intestine, spleen, blood vessels): risk is low, but possible.
- Incision complications, including:
 1. Hemorrhage
 2. Seroma formation
 3. Surgical site infection
- Risks associated with general anesthesia, if required, including injury during recovery or, rarely, death.
- Need for conversion to general anesthesia or an alternative surgical approach if deemed necessary for safety.

AUTHORISATION

I acknowledge that the procedure, risks, and potential complications have been explained to me, and all my questions have been answered to my satisfaction. I authorise the attending veterinarian to perform the procedure described above and any additional procedures deemed necessary for the welfare of my horse.

Owner/Authorised Agent Signature:

Veterinarian Signature: