Checklist Laparoscopy

Prevent starting a laparoscopy without all the safety tools



Surgeon:	Date:		
Name of the patient:			
Type of Procedure (planned):			······
☐ Known allergy:			
Hour of Induction:	Hour of incision	1:	
Patients previous abdominal scar	∵ □ Transversal	☐ Median	□NA
☐ Imaging (MRI,HSG, HyCoSy) of the patients present in the OR			
Side of procedure: ☐ Right	□ Left	□NA	
☐ Light cold supply: ok			
CO ₂ : bottle status (if applicable): 1/3 1/2 3/4			
☐ Bipolar Energy: available and tested			
☐ Suction-irrigation: available and tested			
☐ Catheter in the bladder			

☐ Laparotomy setting (including vascular clamps) available
☐ Insulation of monopolar hook checked
☐ Video recording system available and checked
☐ Specific equipment available (morcellator, harmonic scalpel etc.)
☐ Prophylactic antibiotherapy given (if applicable)
☐ Hour of antibiotherapy
Approximative duration of surgery :h min
Expected blood loss : ml
Name of person who filled this checklist:
Signature: