

# Laparoscopic Surgery Pre-Op Checklist

## Patient Information

Patient Name: \_\_\_\_\_

MRN / ID: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Procedure: \_\_\_\_\_

Consent signed: \_\_\_\_\_

## Preoperative Preparation

- ☐ Fasting status confirmed
- ☐ Pre-op labs reviewed
- ☐ Allergies checked
- ☐ Blood group noted
- ☐ Imaging available (if needed)
- ☐ Special equipment prepared
- ☐ Antibiotics ordered/administered
- ☐ VTE prophylaxis considered

## Surgical Site & Team

- ☐ Surgical site marked
- ☐ Identification band in place
- ☐ Surgical team brief completed
- ☐ Instrument & device check
- ☐ Patient position checked

## Other

- ☐ Bladder emptied/catheterised
- ☐ Consent reviewed with patient
- ☐ Pain management plan reviewed
- ☐ Family informed

Notes: \_\_\_\_\_