



CONSENT FORM FOR OESOPHAGECTOMY

Med Rec. No.....

Surname:.....

Forename:

DOB:.....

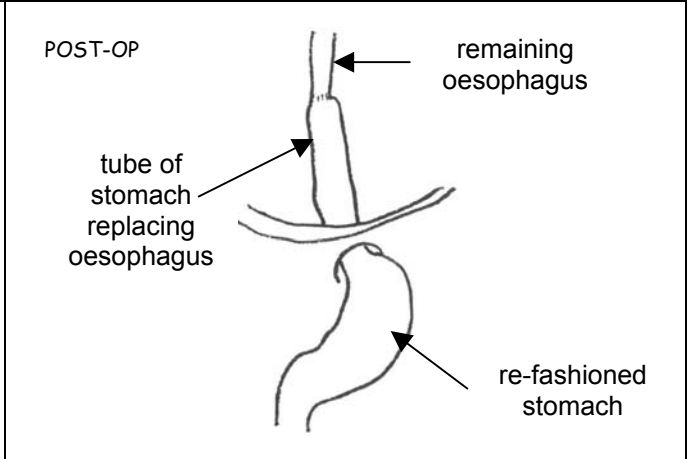
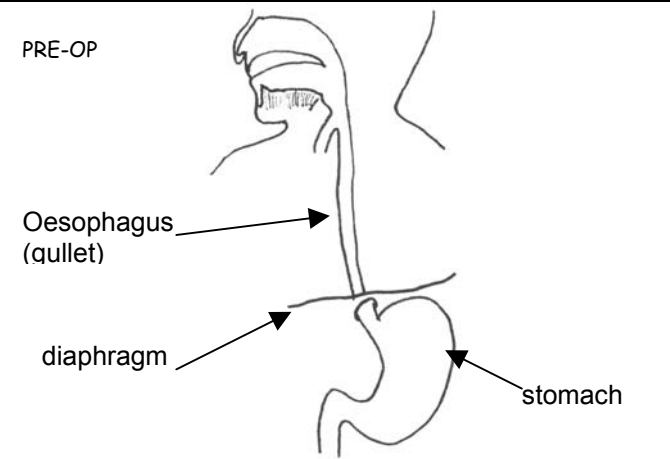
AFFIX LABEL HERE

PROPOSED TREATMENT

The doctor has explained that I, (*name of patient*)
haveand that an **oesophagectomy** is proposed.

This means removing the affected part of the gullet (oesophagus) with all the tissue as far as the stomach and the first part of the stomach. The lower part of the stomach is re-attached to the remaining upper gullet.

Under a general anaesthetic, the surgeon opens the lower chest and upper abdomen through a left-sided incision or the abdomen in the midline and assesses any spread of disease. The lower gullet and the stomach and its blood supply are then freed from surrounding tissues. Through a chest incision, the upper part of the gullet is freed from its tissue connections and the appropriate length of oesophagus is removed and the stomach refashioned into a tube. The open end of the stomach is brought up and sewn to the gullet, the join usually lying somewhere within the chest, but sometimes in the neck. Any bleeding is controlled and tube drains may be left in the operation site to reduce any fluid collections. The wounds are then closed.



RISKS

These are the commoner risks. There may be other unusual risks that have not been listed here. Please ask your surgeon if you have any general or specific concerns.

I understand there are risks associated with any **anaesthetic** (see separate *Anaesthetic Consent Form*).

I understand an **oesophagectomy** has the following **risks and limitations**:

- I may have side effects from any of the drugs used. The commoner side effects include light-headedness, nausea, skin rash and constipation.
- I may get a clot in my leg veins (deep vein thrombosis), causing pain and swelling. If this comes loose, it may travel to my lungs (pulmonary embolus), making me short of breath. Occasionally this may be fatal.
- My wound may become infected, with redness, pain and possibly a discharge.
- I may have a heart attack due to strain on my heart.
- I may bleed from the operation site and may require further surgery and/or a blood transfusion for this.
- Technical difficulties may occasionally mean my chest has to be opened. If this happens, I will need drain(s) to my chest to remove air and allow my lungs to expand and I may take longer to recover.
- Secretions may accumulate in my lungs, which may mean I am more prone to chest infection.
- My wounds may become infected, with redness, swelling and discharge. I may need antibiotics for this.
- The join between my stomach and my gullet may leak or fail to heal. I may need feeding via a vein for some time after the operation and possibly a revision of the surgery.
- If the join in the gullet heals with scarring, I may develop a narrowing at that point, which may require stretching from time to time.
- My disease may return.

RISKS CONTINUED OVERLEAF →

[HOSPITAL]

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RISKS CONTINUED:

- The natural mechanisms that reduce or prevent reflux and heartburn will have been removed, so I may be more likely to have these symptoms afterwards.
- I may find I need small meals more often as the reservoir of my stomach will have been reduced in size.

I understand some of these risks are more likely if I smoke, am overweight, diabetic, have high blood pressure or have had previous heart disease.

INDIVIDUAL RISKS

I understand the following are possible significant **risks and complications specific to my individual circumstances**, that I have considered in deciding to have this operation:

.....

DECLARATION BY PATIENT

- I acknowledge the surgeon has informed me about the procedure, alternative treatments and answered my specific queries and concerns about this matter.
- I acknowledge that I have discussed with the surgeon any significant risks and complications **specific to my individual circumstances** that I have considered in deciding to have this operation.
- I agree to **any other additional procedures** considered necessary in the judgement of my surgeon during this operation.
- I consent to a **blood transfusion**, if needed (*patient to circle and initial choice*) **YES** **NO**
- I agree to the disposal by the hospital authorities of any tissues that may be removed during the procedure. I understand that some tissues or samples may be kept as part of my hospital records.
- I understand that a doctor other than the specialist surgeon may perform the procedure.
- I have received a copy of this form to take home with me.
- If a needlestick/sharps injury occurs to staff during any operation I give my permission for blood to be taken and tested for HIV and other blood borne disorders. I understand I will be advised and counselled as soon as practicable after the operation if this has been necessary.

Signature of patient [Signature Line] **Date** [Date Line]

If the patient is an adult and unable to give consent, a proxy form must be completed and attached

DECLARATION BY DOCTOR

- I declare that I have explained the nature and consequences of the operation to be performed, and discussed the risks that particularly concern the patient.
- I have given the patient an opportunity to ask questions and I have answered these.

Doctor's signature [Signature Line]

Doctor's name [Name Line] **Date** [Date Line]
(please print)

INTERPRETER'S DECLARATION - I confirm I have accurately interpreted the contents of this form and the related conversations between the patient and the doctor

Interpreter's signature [Signature Line] **Date** [Date Line]

Interpreter's name [Name Line]
(please print)