



# CONSENT FORM FOR RIGHT HEMICOLECTOMY

Med Rec. No. ....  
Surname: .....  
Forename: .....  
DOB: .....

AFFIX LABEL HERE

## PROPOSED TREATMENT

The doctor has explained that I, (*name of patient*) ....., have the following condition:.....  
and that a **right hemicolectomy** is proposed:

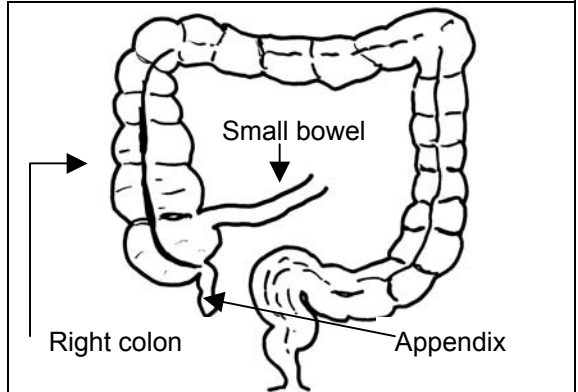
**This means removing the first half of the large bowel and appendix. A short length of small bowel is also removed. The two bowel ends are then rejoined during the operation.**

**Under a general anaesthetic, a cut is made in the abdominal wall and the surgeon inspects all the organs of the abdomen for evidence of disease. The bowel to be removed is then freed from its attachments to the abdominal wall and the associated blood vessels are tied off.**

The bowel wall is clamped and cut so the section can be removed. The two ends of remaining bowel are stitched or stapled together to restore continuity of the gut.

The hole in the sheet of tissue containing the blood vessels to the bowel may be repaired and the bowel join may be covered by omentum (a fatty sheet in the abdomen). The abdominal wound is closed.

Depending on the reason for the operation and the site of any disease, the surgeon may decide to also remove the next segment of colon at the same time (transverse colon).



## RISKS

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

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

I may have side effects from any of the drugs used. The commoner side effects include light-headedness, nausea, skin rash and constipation.

I understand **right hemicolectomy** has the following **general risks and limitations**:

- I may develop an infection in my abdominal wound, which may be superficial or occasionally more deep-seated. Antibiotics may be used or the wound may need to be laid partially open.
- My ureter or duodenum may be damaged during the operation and require repair, usually at the same time.
- I may develop a clot in my legs (deep vein thrombosis or DVT). Part of this may break off and move to my lungs (pulmonary embolism), causing shortness of breath. Occasionally this may even be fatal.
- I may develop small areas of collapse in my lungs, making me more likely to develop a chest infection after the operation. I may need physiotherapy and or antibiotics
- Loops of bowel may become stuck to the operation site during healing (adhesions). This sometimes results in blockages to the bowel with pain and bloating. Surgery may be needed to free these adhesions.
- I may have a heart attack due to stress on my heart.

I understand **right hemicolectomy** has the following **specific risks and limitations**:

- Until my bowel returns to normal activity after a few days, I will not be able to eat or drink but will have fluids through a vein. I will have a tube into my stomach via my nose to prevent a build up of secretions and gas.
- Uncommonly, I may bleed after the operation, which may rarely require me to go back to theatre.
- Particularly if the operation is being done as an emergency, and the bowel has not been prepared beforehand, the surgeon may feel it is safer to protect the bowel join while it heals by diverting gut contents temporarily through a stoma (opening of the bowel onto the abdominal wall). In most cases, this can be reversed by a simple operation in some weeks' time.
- My bowel motions may be loose after the operation until my bowel readjusts to its shorter length.
- I may have some numbness around the wound, which should improve over several months.

RISKS CONTINUED OVERLEAF →

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FOR  
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**RISKS CONTINUED:**

- Rarely, the join in my bowel may leak, causing infection in my abdomen. This may be drained using a needle under ultrasound control, or occasionally, require another operation.
- Later, I may develop a weakness in the abdominal wound (incisional hernia). This is uncommon, but if it is troublesome in future, an operation can repair it.

I understand some of the above 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 general 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 general 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 general surgeon during this right hemicolectomy 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 general surgeon may perform the procedure.
- I have received a copy of this form to take home with me.
- If any staff member is exposed to my blood (needlestick injury) then I consent to a sample of my blood being collected for testing for infectious diseases, such as Hepatitis B, C and HIV. I understand that the blood sample will not be tested until I have been informed and I have given my consent.

**Signature of patient** \_\_\_\_\_ **Date** \_\_\_\_\_

*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** \_\_\_\_\_ **Date** \_\_\_\_\_

**Doctor's name**  
(*print name*) \_\_\_\_\_

**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** \_\_\_\_\_ **Date** \_\_\_\_\_

**Interpreter's name**  
(*please print*) \_\_\_\_\_