



**CONSENT FORM
FOR
ABDOMINO-PERINEAL
RESECTION**

Med Rec. No.....

Surname:.....

Forename:

DOB:.....

AFFIX LABEL HERE

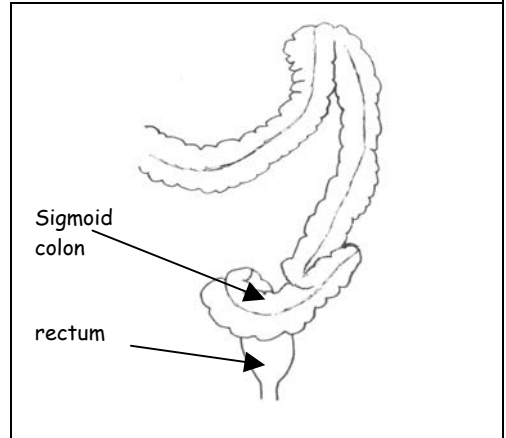
PROPOSED TREATMENT

The doctor has explained that I, (*name of patient*), have the following condition..... and that an **abdomino-perineal resection** is proposed:

This means an operation to remove the rectum and anus with creation of a colostomy (a bag on the abdominal wall). Two surgeons may work simultaneously or one operator may work alone.

Under a general anaesthetic, a urinary catheter is placed in the bladder and the patient positioned for access to the abdomen and pelvis. The surgeon opens the abdomen and examines the extent of the disease. The attachments of the lower bowel are cut and the bowel in the pelvis is freed, while protecting other nearby structures, especially the ureters (tubes from the kidneys to the bladder). The surgeon cuts around the anus and frees the lower back passage, working upwards to meet the abdominal operation.

When the bowel is free, it is clamped at a suitable place and cut and the specimen is sent for detailed examination. The surgeon brings the cut end of the bowel out onto the abdominal wall through a separate cut to make a colostomy and stitches this into place. Tube drains may be left in the operation site and the abdominal wound is closed. Any bleeding points in the pelvis are sealed and the perineal wound is closed, using one or more soft drains to reduce fluid collections. If the pelvic tissues cannot be satisfactorily closed, the area may be packed and the perineal defect will then gradually close spontaneously.



RISKS

The following are the commoner risks. There may be other unusual risks that have not been listed here. Please ask your doctor 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 the procedure has the following **general risks and limitations**:

- I may develop a clot in a leg vein (deep vein thrombosis), causing pain and swelling. Part of this may break free and move to my lungs (pulmonary embolus), making me breathless. There is a small risk I could die.
- I may develop areas of minor collapse in the lungs, increasing my risk of getting a chest infection. I may require treatment with physiotherapy.
- I may have a heart attack from strain on my heart.

I understand the procedure has the following **specific risks and limitations**:

- My bowel may not function temporarily after the operation and I will not be able to eat or drink normally until its activity returns in a few days
- Structures near the operation site, including the ureters (tubes from the kidneys to the bladder), bladder and vagina may be damaged and require repair.
- I may not be able to pass urine spontaneously for some days and in some cases may need a urinary catheter for several weeks.
- Damage to the pelvic nerves may result in sexual problems, especially for men who may have difficulty with erections or ejaculation.
- My wounds may become infected and this may delay healing and may require antibiotics

RISKS CONTINUED OVERLEAF →

HOSPITAL

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RISKS CONTINUED

- The colostomy may be too tight or too loose (causing a prolapse of the bowel or a hernia around the colostomy) and these may require revision.
- Loops of bowel may become stuck to the operation site (adhesions), causing blockages that may require further surgery. This can occur even years later.
- I may develop a weakness in the wounds (incisional hernia) that may require later treatment.
- My disease may recur.

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 have discussed the following risks with the surgeon as these have influenced my decision 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 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 _____
(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 _____ Date _____

Interpreter's name _____
(please print)