



CONSENT FORM FOR APPENDICECTOMY (ADULT)

Med Rec. No.....

Surname:.....

Forename:

DOB:.....

AFFIX LABEL HERE

PROPOSED TREATMENT

The doctor has explained that I, *(name of patient)*, may have **appendicitis** and that an **appendicectomy** is proposed:

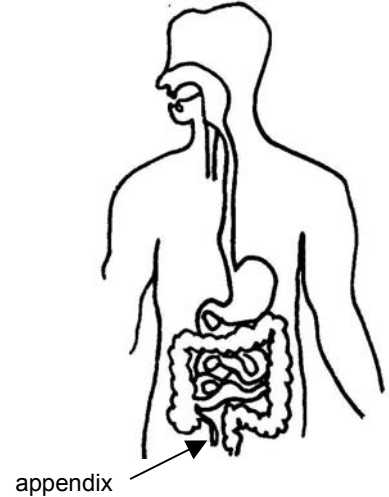
This means removing the appendix surgically.

Under a general anaesthetic, the surgeon makes a short cut in the lower right side of the abdomen, through the skin and muscles. The appendix can be tucked behind the bowel, and sometimes the wound must be lengthened to retrieve it safely. The blood vessels to the appendix and the base of the appendix are tied off, and the appendix is removed. The operation site is checked for bleeding and the area is washed out.

If the appendix is normal, it is still removed, but the surgeon carefully checks nearby organs such as the small bowel and, in women, the ovary for other possible causes of the symptoms.

The wound is closed with absorbable sutures that do not need to be removed.

Antibiotics are usually given, especially if the appendix is inflamed, to reduce the risks of infection.



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 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 diarrhoea or constipation.

I understand an **appendicectomy** has the following **specific risks and limitations**:

- My wound may become infected, becoming red painful, swollen and possibly developing a discharge. I may need antibiotics if this happens.
- The surgeon may remove a normal appendix as there is no absolutely reliable test to diagnose appendicitis. Even if the appendix is apparently normal, it will still be removed.
- In some patients, other problems are encountered which may need treatment at the time, such as a bleeding ovarian cyst, or a growth on the bowel. Sometimes this requires a different operation or a larger wound.
- If the appendix has already ruptured, there is a real risk of an abscess developing after the operation. This usually responds to intravenous antibiotics, but sometimes requires further drainage. If the surgeon thinks this is likely, (s)he may place a drain (a small plastic tube) at the operation site. This comes out through the skin and remains in place for a few days.
- After any abdominal surgery, scar tissue can form inside the abdomen. Loops of bowel can become twisted and blocked as a result. This can happen at any time, from soon after surgery to many years later. If it happens, the blockage will require treatment in hospital. Sometimes another operation is necessary to unblock the bowel.

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 may affect my decision to agree to have the proposed treatment:

.....
.....

[HOSPITAL]

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FOR
APPENDICECTOMY
(ADULT)**

Med Rec. No.....
Surname:.....
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DECLARATION BY PATIENT

- I acknowledge that the surgeon has informed me about the procedure, any 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 may affect my decision to agree to have an appendicectomy.
- I agree to the disposal by the hospital authorities of any tissues that may be removed during the procedure. I understand some tissues or samples may be kept as part of my hospital records.
- I agree to any **additional procedures** considered necessary in the judgement of my surgeon during this operation.
- 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]

Date:

[Date line]

Doctor's name
(please print)

[Name line]

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
(please print)

[Name line]