



# CONSENT FORM FOR TOTAL GASTRECTOMY

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

AFFIX LABEL HERE

### PROPOSED TREATMENT

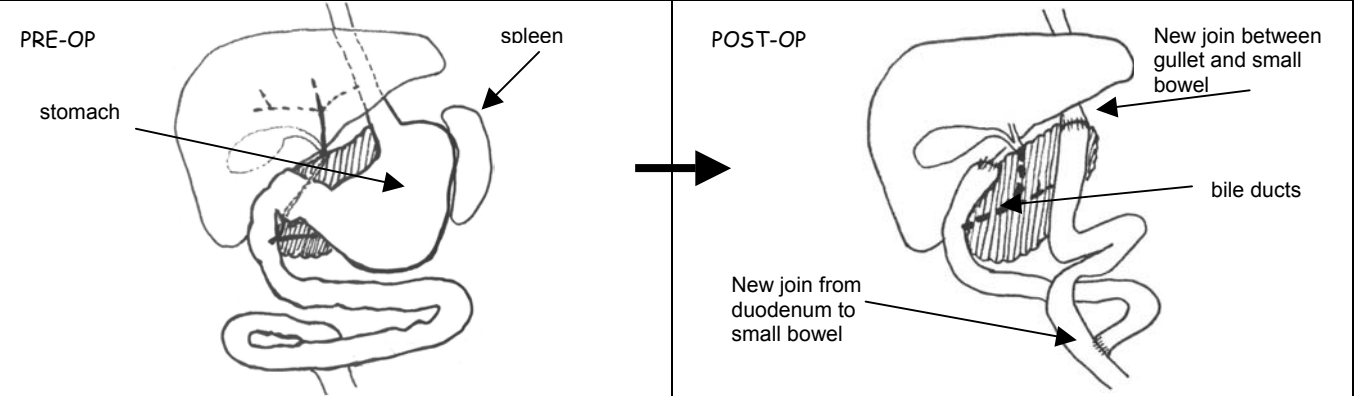
The doctor has explained that I, *(name of patient)* ....., have the following condition:.....  
and that a **total gastrectomy** is proposed:

**This means removing all of the stomach and joining a loop of small bowel to the gullet (oesophagus) to restore continuity to the bowel.**

**Under a general anaesthetic, a soft tube is passed through the nose into the stomach. A cut is made in the abdominal wall and the surgeon examines the abdominal organs, looking for any suspicion of disease spread. If any such areas are found, small samples may be taken for microscopic examination.**

**The surgeon then detaches the stomach and its lymph nodes from their supporting tissues and blood supply and sends them for pathological examination. The spleen, part of the pancreas and the omentum (a fatty sheet attached to the stomach) are very close to the stomach and may also be removed.**

**As the first part of the small bowel (duodenum) cannot reach the oesophagus, its free end is closed with stitches or staples and a mobile loop of small bowel is sewn to the free end of the oesophagus. The secretions from the duodenum then drain into the bowel through a new connection slightly lower down (see diagram below). Soft plastic drains may be used to remove secretions and the wound is closed.**



### 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 the procedure has the following **general risks and limitations**:

- My wound may become infected, with redness, pain and possibly a discharge. This may require antibiotics.
- I may bleed from the operation site and this may require a blood transfusion.

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

- The spleen, pancreas or gall bladder may be damaged during the operation and require repair or removal. The spleen may also be removed deliberately as part of the procedure. If the spleen is removed, I will be more prone to infection in future and will require immunisation.
- The joins in the bowel may break down and allow the bowel contents to leak. This may cause inflammation of the abdominal contents (peritonitis) and may require further surgery.
- Vitamin B12 (for normal blood cells and nerves) can only be absorbed if the stomach is present, so I may need injections of B12 afterwards.
- I may never return to my normal weight.
- After the wounds have healed, I may find food sticks in those parts of the bowel that were sewn together.

RISKS CONTINUED OVERLEAF →

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**RISKS CONTINUED**

- I may find I get palpitations, dizziness, nausea and abdominal cramps after meals, especially with carbohydrates (eg. sugar, bread, pasta, potatoes). This is called dumping and happens because the food passes into the small bowel too quickly. Changes to my diet and eating smaller meals usually help.

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 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 of the patient's condition, the need for treatment, the operation to be performed, and 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*)