



CONSENT FORM FOR

GASTRIC FUNDOPPLICATION

Med Rec. No.....

Surname:.....

Forename:

DOB:.....

AFFIX LABEL HERE

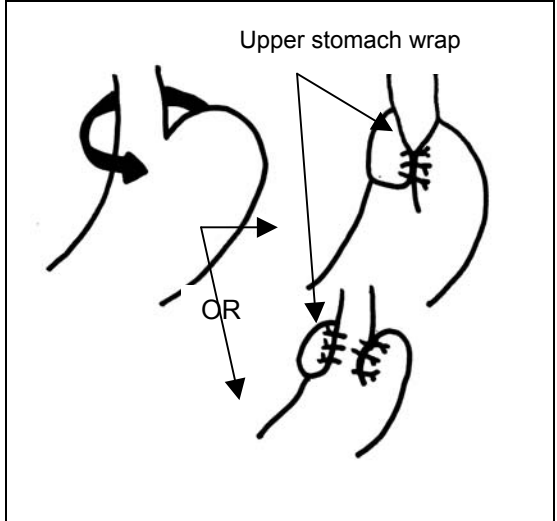
PROPOSED TREATMENT

The doctor has explained that I, (*name of patient*), have gastro-oesophageal reflux and that a **fundoplication** is proposed:

This means an operation to stop acid reflux into the gullet by wrapping part of the stomach around the lower gullet (oesophagus), and correcting a hiatus hernia (if present). The operation may be done either through an abdominal incision or using an operating telescope (laparoscope).

Under a general anaesthetic, a cut may be made in the upper abdomen. Alternatively, the surgeon makes a small cut near the umbilicus to insert the telescope and carbon dioxide gas is used to inflate the abdominal cavity. Other fine instruments are then inserted through separate cuts in the abdominal wall.

The abdominal contents are inspected. The upper part of the stomach and the lower gullet are then freed from their attachments. Several stitches are placed in the diaphragm muscle where the gullet passes through from the chest to the abdomen. These narrow the passage. The upper part of the stomach is then wrapped loosely around the lower gullet for a short distance and stitched into place. If the operation has been done laparoscopically, as much gas as possible is removed and the abdominal wound(s) is/are 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 may have side effects from any of the drugs used. The commoner side effects include light-headedness, nausea, skin rash and constipation.

I understand a **laparoscopy** has the following **general risks and limitations**:

- After the procedure I may feel nauseated, feel some shoulder-tip pain and/or abdominal bloating or pain.
- My wounds may become infected causing redness, increased pain and discharge. I may need antibiotics.
- Damage to my bowel, bladder and blood vessels may occur due to the technique itself. If this happens, I may need open surgery to correct the damage. Very rarely, if this damage is not recognised at the time of surgery, later surgery will be necessary.
- Very rarely, severe complications may result in death during or after the operation.

I understand a **gastric fundoplication** has the following **specific risks and limitations**:

- The stomach or oesophagus may be punctured whilst being freed from their attachments, requiring repair.
- The operation site may become infected, with a collection developing around the oesophagus. This may require antibiotics, or occasionally further surgery.
- Air may enter the chest cavity while the lower gullet is being freed, causing part of the lung to collapse. If this happens, I may need a chest drain to allow the lung to re-expand.
- Nearby organs, including the spleen may be damaged, with bleeding. This can usually be repaired, but occasionally requires the spleen to be removed.
- The repair of the diaphragmatic opening may break down. If this allows the fundoplication to move up into the chest, I may need further surgery to correct this.
- I may notice persistent symptoms after the operation or my symptoms may recur, even after a period of several years.
- I may have some difficulty swallowing for up to one month after the operation or I may be unable to bring up wind after the operation and feel bloated.

RISKS CONTINUED OVERLEAF →

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FOR
GASTRIC FUNDOPLICATION**

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RISKS CONTINUED:

- I may develop a clot in a leg vein (deep vein thrombosis). Part of the clot may come loose and travel to my lungs, causing shortness of breath and occasionally even death (pulmonary embolism).
- If the operation has been done through a bigger cut in the abdominal wall (open operation), I may develop a hernia through this wound, even some time after it has healed. This may need repair in future.

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 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 gastric fundoplication 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 _____

Doctor's name _____ **Date** _____
(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)