



**CONSENT FORM
FOR
LAPAROSCOPIC
CHOLECYSTECTOMY**

Med Rec. No.....

Surname:.....

Forename:

DOB:.....

AFFIX LABEL HERE

PROPOSED TREATMENT

The doctor has explained that I, (*name of patient*), have **gallstones** in my gall bladder and that a **laparoscopic cholecystectomy** is proposed:

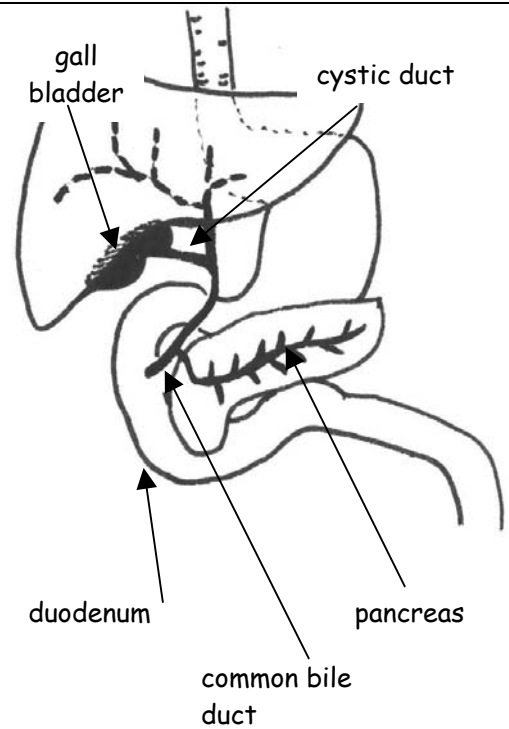
This means removing the gall bladder, using a telescopic camera and instruments to avoid a large abdominal wound.

Under a general anaesthetic, the abdomen is inflated with carbon dioxide gas to create a space for the surgeon to work. The surgeon sees what he/she is doing using a small telescopic camera, inserted through a small cut near the umbilicus ("belly button"). Other instruments are inserted through separate small cuts in the abdomen.

The gall bladder is carefully freed from its connections to the liver and the duct from the gall bladder to the gut is cleared. An X ray is then taken to ensure the ducts are clear of stones and to check the anatomy. Clips are put across the cystic duct to close it off and the duct is cut. The blood supply to the gall bladder is dealt with in the same way.

The gall bladder may be emptied if necessary and it is then removed through one of the cuts. If small stones are found in the common bile duct, these will be removed if possible.

As much gas as possible is sucked out, the instruments are removed and the cuts are closed with stitches and/or steristrips. A small suction tube drain may be left in the operation area to remove any secretions.



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. There is a rare risk of a reaction to the X ray dye used to examine the ducts.

I understand the procedure has the following **general risks and limitations of laparoscopic surgery**:

- It may be necessary to convert to an open operation because of technical difficulties or for reasons of safety.
- After the operation I may feel nauseated, feel some shoulder-tip pain and/or abdominal bloating or pain.
- I may have some bleeding, which may rarely require a second operation or possibly a blood transfusion.
- 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 will 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.
- I may develop a clot in my legs (deep vein thrombosis), causing pain and swelling and part of this may come loose and travel to my lungs (pulmonary embolus). This may make me short of breath and occasionally may even be fatal.
- I may develop areas of minor collapse in the lungs, increasing my risk of getting a chest infection. I may need treatment with physiotherapy.
- I may have a heart attack from strain on my heart or a stroke.

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

- Important structures including the main bile duct and the main artery to the liver lie close to the gall bladder and may be injured during the operation. This will usually be repaired at the time of the operation, but may sometimes require further surgery later.

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RISKS CONTINUED

- Bile may leak from the operation site. This will usually stop spontaneously, but may require a further procedure to drain any collections or occasionally to deal with the cause.
- Rarely, other abdominal organs may be inadvertently injured during the operation and require repair, usually at the same time.

I understand 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 I will be counselled as soon as practicable afterwards if this has been necessary.

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*) _____