



### CONSENT FORM

FOR

### OPEN CHOLECYSTECTOMY ± CHOLANGIOGRAM ± EXPLORATION OF THE COMMON BILE DUCT

Med Rec. No. ....

Surname: .....

Forename: .....

DOB: .....

AFFIX LABEL HERE

#### PROPOSED TREATMENT

The doctor has explained that I, *(name of patient)* ....., have the following condition:.....

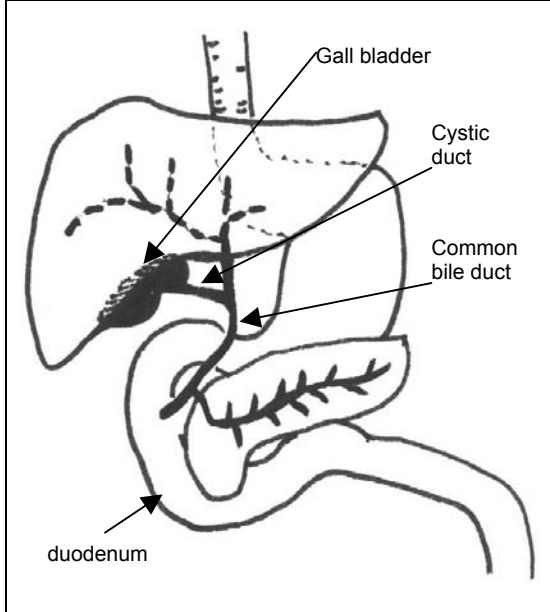
and that an **open cholecystectomy with cholangiogram\* and with exploration of the common bile duct\*** *(delete as appropriate)* is proposed:

**This means an operation to remove the gall bladder by an open abdominal operation. An X-ray (cholangiogram) may be taken of the gall bladder and the (cystic) duct connecting the gall bladder to the gut (duodenum). If stones are seen on that X-ray the surgeon may open the duct to remove the stones.**

Under a general anaesthetic, a cut is made on the right side of the abdomen below the ribcage. The gall bladder is carefully freed from its blood supply and connections to the liver. If an X-ray is needed, a fine needle is placed in the cystic duct and a dye that shows up on X-rays is injected. One or more films are taken. As long as there are no shadows on the film, the cystic duct is tied and the gall bladder removed.

If the X-ray shows stones in the duct, the surgeon opens the duct and removes them. A special soft rubber drain is placed into the duct and brought out through a small cut in the abdominal wall. This can be used for a check X-ray a few days after the operation, and as long as this is normal, the tube is gently pulled out on the ward.

A small suction tube drain may be left in the operation area to remove any secretions. The abdominal wound is then 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**:

- 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 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**:

- 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.
- 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.

RISKS CONTINUED OVERLEAF →

<b>CONSENT FORM</b> <b>FOR</b> <b>OPEN CHOLECYSTECTOMY ±</b> <b>CHOLANGIOGRAM ± EXPLORATION OF</b> <b>THE COMMON BILE DUCT</b>	Med Rec. No.....  Surname:.....  Forename: .....  DOB:.....
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**RISKS CONTINUED**

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 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 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)	_____		