



**CONSENT FORM  
FOR  
SIGMOID COLECTOMY**

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

AFFIX LABEL HERE

**PROPOSED TREATMENT**

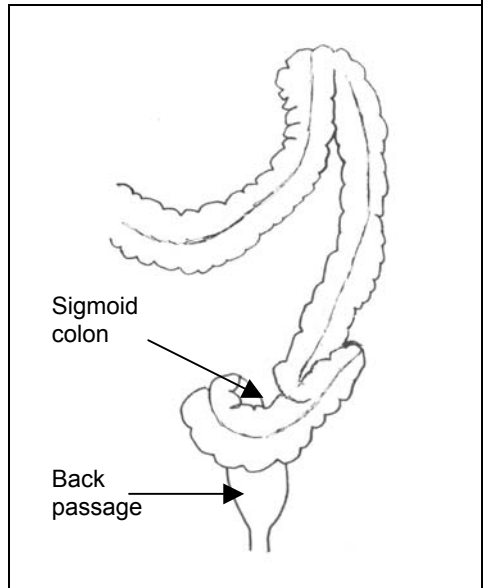
The doctor has explained that I, (*name of patient*) ....., have the following condition:.....  
..... and that a **sigmoid colectomy** is proposed:

This means removal of the sigmoid colon, an 'S'-shaped piece of large bowel about 18 inches long, running from the descending colon to the rectum. The ends of the remaining bowel may be joined together during the operation.

Under a general anaesthetic, a catheter is placed in the bladder and a cut made in the abdominal wall. The surgeon inspects all the organs in the abdominal cavity and then frees the bowel section from its attachments. The blood supply to the part of the bowel being removed is tied off and cut. The bowel is then clamped and cut and the diseased section removed for microscopic examination.

If the bowel has been prepared, the surgeon will bring the two ends of the bowel together and sew or staple them together into continuity. This may not be possible if the operation is an emergency. If joining the bowel immediately is not judged to be safe, the surgeon may bring the bowel end out as a colostomy (a bag on the abdominal wall). Bowel continuity may then be restored at a later operation.

The defect in the sheet of tissue supporting the bowel is closed, a drain may be put near the operation site and brought out through the abdominal wall. The abdominal 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**:

- I may develop an infection in my abdominal wound, which may be superficial or occasionally more deep-seated. Antibiotics may be used or the wound may need to be laid partially open.
- I may develop a clot in the legs (deep vein thrombosis or DVT). Part of this may break off and move to the lungs (pulmonary embolism), causing shortness of breath. Occasionally, this may even be fatal.
- I may develop small areas of collapse in my lungs, making me more likely to develop a chest infection after the operation. I may need physiotherapy and or antibiotics
- I may have a heart attack due to stress on my heart.

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

- My bowel may take several days to return to normal activity. Until it does, I will not be able to eat and drink but will have fluids through a vein. I will also have a tube into my stomach through my nose to prevent secretions and gas building up.
- Uncommonly, I may bleed after the operation, which may rarely require me to go back to theatre.
- Uncommonly, I may require a blood transfusion after the operation.
- In a few cases, the join in my bowel may leak, causing infection in my abdomen. This may be drained using a needle under ultrasound control, or occasionally, require a re-operation. Sometimes, a colostomy (bag) may be needed. This is usually only temporary.
- Occasionally, other structures, such as my ureter (the tube joining my kidney to my bladder) may be damaged inadvertently during the operation. This may require treatment, usually at the same time.

RISKS CONTINUED OVERLEAF →

**CONSENT FORM  
FOR  
SIGMOID COLECTOMY**

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

**RISKS CONTINUED**

- Loops of bowel may become stuck to the operation site (adhesions). These can cause intermittent blockages of the bowel, with pain and bloating. Sometimes adhesions may have to be released surgically.
- I may have some numbness around the wound, which should improve over several months
- Later, I may develop a weakness in the abdominal wound (incisional hernia). This is uncommon.

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 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*) \_\_\_\_\_