



Queensland Government

Cholecystectomy - Laparoscopic

Facility:

(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

Date of birth:

Sex: M F I

A. Interpreter / cultural needs

- An Interpreter Service is required? Yes No
If Yes, is a qualified Interpreter present? Yes No
A Cultural Support Person is required? Yes No
If Yes, is a Cultural Support Person present? Yes No

B. Condition and treatment

The doctor has explained that you have the following condition: *(Doctor to document in patient's own words)*

.....
.....

This condition requires the following procedure.
(Doctor to document - include site and/or side where relevant to the procedure)

.....
.....

The following will be performed:

Surgical removal of the gall bladder using a laparoscope (a tube like instrument). Instruments to remove the gallbladder are inserted into the abdomen via four very small cuts in the abdomen.

During surgery an examination of the bile duct is required to look for gallstones. To do this a Contrast medium is injected and x-rays are taken of the bile duct.

C. Risks of a laparoscopic cholecystectomy

There are risks and complications with this procedure. They include but are not limited to the following.

General risks:

- Infection can occur, requiring antibiotics and further treatment.
- Bleeding could occur and may require a return to the operating room. Bleeding is more common if you have been taking blood thinning drugs such as Warfarin, Aspirin, Clopidogrel (Plavix or Iscover) or Dipyridamole (Persantin or Asasantin).
- Small areas of the lung can collapse, increasing the risk of chest infection. This may need antibiotics and physiotherapy.
- Increased risk in obese people of wound infection, chest infection, heart and lung complications, and thrombosis.
- Heart attack or stroke could occur due to the strain on the heart.
- Blood clot in the leg (DVT) causing pain and swelling. In rare cases part of the clot may break off and go to the lungs.
- Death as a result of this procedure is possible.

Specific risks:

- Damage to large blood vessels causing bleeding.
- Damage to gut and/or bladder when the instruments are inserted.
- Rarely, gas fed into the abdominal cavity can cause heart and breathing problems.
- The laparoscope method may not work and the surgeon may need to do open surgery.
- Stones may be found outside the gall bladder.
- Gallstones may spill from the gall bladder and be lost in the abdominal cavity.
- Some stones may be left behind in the bile duct and may need further treatment.
- Some of the clips or ties may come off.
- Damage to the bile tubes.
- The wound may not heal normally. The wound can thicken and turn red.
- A weakness can happen in the wound with the development of a hernia (rupture).
- Adhesions (bands of scar tissue) may form and cause bowel obstruction.
- Symptoms experienced before surgery may persist after the surgery.
- An allergic reaction to the injected Contrast is rare.

D. Significant risks and procedure options

(Doctor to document in space provided. Continue in Medical Record if necessary.)

.....
.....
.....

E. Risks of not having this procedure

(Doctor to document in space provided. Continue in Medical Record if necessary.)

.....
.....
.....

F. Anaesthetic

This procedure may require an anaesthetic. *(Doctor to document type of anaesthetic discussed)*

.....
.....



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G. Patient consent

I acknowledge that the doctor has explained;

- my medical condition and the proposed procedure, including additional treatment if the doctor finds something unexpected. I understand the risks, including the risks that are specific to me.
- the anaesthetic required for this procedure. I understand the risks, including the risks that are specific to me.
- other relevant treatment options and their associated risks.
- my prognosis and the risks of not having the procedure.
- that no guarantee has been made that the procedure will improve my condition even though it has been carried out with due professional care.
- the procedure may include a blood transfusion.
- tissues and blood may be removed and could be used for diagnosis or management of my condition, stored and disposed of sensitively by the hospital.
- if immediate life-threatening events happen during the procedure, they will be treated based on my discussions with the doctor or my Acute Resuscitation Plan.
- a doctor other than the Consultant may conduct the procedure. I understand this could be a doctor undergoing further training.

I have been given the following Patient Information Sheet/s:

- About Your Anaesthetic
- Cholecystectomy - Laparoscopic

- I was able to ask questions and raise concerns with the doctor about my condition, the proposed procedure and its risks, and my treatment options. My questions and concerns have been discussed and answered to my satisfaction.
- I understand I have the right to change my mind at any time, including after I have signed this form but, preferably following a discussion with my doctor.
- I understand that image/s or video footage may be recorded as part of and during my procedure and that these image/s or video/s will assist the doctor to provide appropriate treatment.

On the basis of the above statements,

I request to have the procedure

Name of Patient:

Signature:

Date:

Patients who lack capacity to provide consent

Consent must be obtained from a substitute decision maker/s in the order below.

Does the patient have an Advance Health Directive (AHD)?

Yes ▶ Location of the original or certified copy of the AHD:

No ▶ Name of Substitute Decision Maker/s:

Signature:

Relationship to patient:

Date: PH No:

Source of decision making authority (tick one):

- Tribunal-appointed Guardian
- Attorney/s for health matters under Enduring Power of Attorney or AHD
- Statutory Health Attorney
- If none of these, the Adult Guardian has provided consent. Ph 1300 QLD OAG (753 624)

H. Doctor/delegate statement

I have explained to the patient all the above points under the Patient Consent section (G) and I am of the opinion that the patient/substitute decision-maker has understood the information.

Name of Doctor/delegate:

Designation:

Signature:

Date:

I. Interpreter's statement

I have given a sight translation in

.....
(state the patient's language here) of the consent form and assisted in the provision of any verbal and written information given to the patient/parent or guardian/substitute decision-maker by the doctor.

Name of Interpreter:

Signature:

Date:

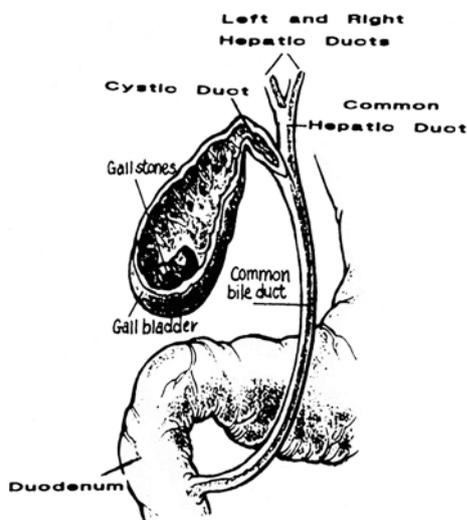
DO NOT WRITE IN THIS BINDING MARGIN

Consent Information - Patient Copy

Cholecystectomy - Laparoscopic

1. The condition

The gall bladder is a small pear shaped organ that is attached to the underside of the liver. The gall bladder stores bile - a fluid that helps digest fat. The bile flows into the gut along a small tube - the bile duct.



The gall bladder and bile tubes

Gall stones may form in the gall bladder and may cause pain, bloating, nausea and vomiting.

Sometimes stones may travel into the bile duct and cause a blockage. If this occurs, the person may turn yellow (jaundiced) and need urgent treatment.

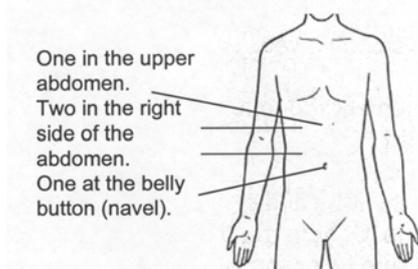
One in 5 people develop gall stones, although not everyone will have problems. However, those people who do have problems may go on to develop complications if it is not treated.

Complications include inflammation of the gall bladder, inflammation of the pancreas and blockage of the bile duct causing jaundice and infection.

2. The procedure

Laparoscopic cholecystectomy is the surgical removal of the gall bladder using a laparoscope (a tube like instrument). This is commonly known as key hole surgery. It is safe and effective for most patients who have symptoms from gall stones.

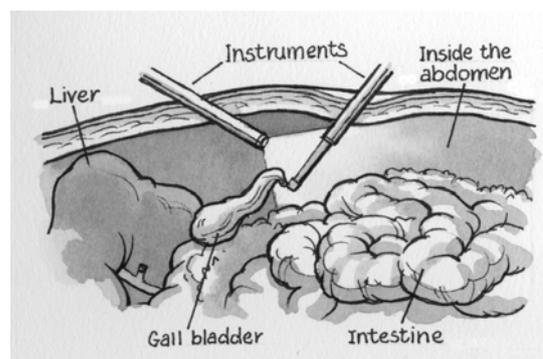
There are usually about four small cuts (incisions) about 0.5 -2.5 cms long, made in the abdomen. The number of cuts and their positions may vary between patients.



The usual position of the cuts

A telescope is passed into one of the small cuts to allow the surgeon to see inside the abdomen. Hollow metal tubes called ports are inserted into the other small cuts.

Carbon dioxide is blown into the abdomen to lift the abdominal wall away from the liver, gall bladder, small bowel, stomach and other organs. The surgeon puts instruments such as forceps and scissors into the other ports to help remove the gall bladder.



The operation

Metal clips are placed to block off the tube leading from the gall bladder to the other tubes (ducts) and the arteries leading to the gall bladder. These clips stay in your body.

Once the gall bladder is taken out, all instruments are removed from the abdomen. The carbon dioxide gas is allowed to escape before the small cuts are closed with staples or stitches.

Sometimes during surgery an examination of the bile duct is required to look for gallstones. To do this a Contrast medium is injected and x-rays are taken of the bile duct.

3. My anaesthetic

This procedure will require an anaesthetic.

See **About Your Anaesthetic information sheet** for information about the anaesthetic and the risks involved. If you have any concerns, discuss these with your doctor.

If you have not been given an information sheet, please ask for one.

4. What are the benefits of having this procedure?

The removal of the gall bladder will, in most people, relieve pain, nausea and vomiting. It will also prevent complications and the gallstones from coming back.

5. What if I don't have the procedure?

The symptoms of gallstones may get better but can return if left untreated. It is likely that complications will develop, making treatment more difficult and increasing the risks.

6. Alternative treatments

Please note that some alternative treatments may not be available or suitable for everyone.

Oral Dissolution Therapy

Oral dissolution therapy is the taking of chemicals by mouth to dissolve the gallstones. It is most effective for patients who are not overweight, in a younger age group, have small or single gall stones and a gall bladder that is working well.

It has a 50% risk of gallstones recurring within 5 years and a poor outcome for patients with large gallstones. It is only recommended for those patients who are not fit enough to have surgery or who choose not to have surgery. The drugs may be poorly tolerated with unpleasant side effects.

Open Cholecystectomy

Open cholecystectomy is surgical removal of the gall bladder through an abdominal cut about 10cm long below the right rib cage.

This is a safe alternative to laparoscopic cholecystectomy but requires a longer hospital stay and longer recovery time.

Cholecystostomy

Drainage of the gall bladder along with stone removal is usually performed on patients who are too sick to have the gall bladder removed.

7. Recovery after your procedure

After the operation, the nursing staff will closely watch you until you have woken up. You will then return to the ward to rest until you are ready to go home, usually within 24 hours. If you have any side effects from the anaesthetic, such as headache, nausea, vomiting, tell the nurse looking after you, who will give you some medication to help.

Pain

You can expect to have pain in the abdomen. The nurse can give you pain killers for this, so it is important to let the nurse know. You may also have shoulder tip pain, caused by the gas used during the operation. Gentle walking will help to ease this. Your pain should wear off within 4-5 days. If it does not, tell your doctor.

Diet

You may have a drip in your arm, this will come out soon after you recover from the anaesthetic. To begin with, you can take sips of water, then increase from fluids to solids until you are able to manage a normal diet.

Wounds

You may have either clips or stitches and your wounds covered with stick-on or spray-on dressings. You may also have a tube (drain) in your side. This is usually removed the day after surgery. You can shower the day after surgery. Stick-on dressings should be replaced if they get dirty or fall off. Keep your wounds clean until healed and no seepage is present.

Your lungs and blood supply

Take ten deep breaths every hour to move lung secretions and prevent chest infection. At all costs, avoid smoking after surgery as this increases your risk of coughing (which is painful) and chest infection. It is very important after surgery that you start moving as soon as possible. This helps prevent blood clots forming in your legs and possibly going to your lungs. This can be fatal.

Exercise

You will feel tired for a few days after surgery. Take things easy and return to normal duties, as you feel able to. It takes about 14 days to recover and you should not drive during the first 7 days. Do not lift heavy weights (more than 3-5 kilos) for at least two weeks after surgery.

This is to prevent a rupture where the cuts were made and allow healing to take place inside.

Notify the hospital Emergency Department straight away if you have:

- Large amounts of bloody discharge from the cuts on your abdomen.
- Fever and chills.
- Pain that is not relieved by prescribed painkillers.
- Swollen abdomen.
- Swelling, tenderness, redness at or around the cuts.
- Yellowing of your eyes and skin

8. What are the general risks of this procedure?

There are risks and complications with this procedure. They include but are not limited to the following.

General risks:

- Infection can occur, requiring antibiotics and further treatment.
- Bleeding could occur and may require a return to the operating room. Bleeding is more common if you have been taking blood thinning drugs such as Warfarin, Aspirin, Clopidogrel (Plavix or Iscover) or Dipyridamole (Persantin or Asasantin).
- Small areas of the lung can collapse, increasing the risk of chest infection. This may need antibiotics and physiotherapy.
- Increased risk in obese people of wound infection, chest infection, heart and lung complications, and thrombosis.
- Heart attack or stroke could occur due to the strain on the heart.
- Blood clot in the leg (DVT) causing pain and swelling. In rare cases part of the clot may break off and go to the lungs.
- Death as a result of this procedure is possible.

Consent Information - Patient Copy

Cholecystectomy - Laparoscopic

9. What are the specific risks for this procedure		
The risk	What happens	What can be done about it
Excessive bleeding	Damage to large blood vessels causing bleeding in 1 in 300 people. This may be from the blood vessels and/or the liver bed.	Emergency blood transfusion (1 in 1000 people) and abdominal surgery.
Other organ injury	Injury to the gut in 1 in 300 people or another organ such as the bladder, when the tubes and instruments are passed into the abdomen.	More surgery to repair the injured organs will be needed.
Gas embolus	Rarely, gas that is fed into the abdominal cavity can cause an embolus (gas bubble). The embolus can travel to the heart, lungs or brain. This may cause heart and breathing complications.	This may require emergency treatment and can be life threatening.
Need for open surgery	Keyhole surgery may not work and the surgeon may need to do open surgery (1 in 10 people).	Open surgery requires a bigger cut in the abdomen and a longer stay in hospital.
Stones in the bile tubes	Some stones may be found outside the gall bladder in the bile tubes. An x-ray using contrast media may be done during surgery to show up the tubes. The contrast media can cause allergic reactions in some people.	Further surgery may be needed to remove the stones.
Escape of stones	Stones may spill out of the gall bladder and be lost inside the abdomen.	Rarely, if the stones cannot be found and removed by the surgeon, they can cause abscesses, which may need draining.
Stones in the bile duct	Stones may be left behind in the bile duct.	This may need further treatment.
Bile leak	Metal clips or ties that are put on blood vessels or bile tubes and left in the body sometimes come off. This can cause internal blood leak, an infection or a bile leak in 1 in 200 people.	This may need surgical drainage.
Bile duct injury	The bile duct can be damaged during the surgery by the instruments. The average risk in Australia is 1 in 230.	This can cause long-term problems with blockage, which may need further surgery.
Wound infection	The wound may become infected causing pain, redness and possible discharge or abscess. The rate of risk is about 1 in 25 people.	The wounds are small and wound infections are usually minor and treated successfully with dressings and/or antibiotics.
Bleeding into the wound	Possible bleeding into the wound after the surgery.	This can cause swelling, bruising, blood stained discharge. This may be painful, or become infected which will need antibiotics.
The wound may not heal normally	The scar can thicken and turn red and may be painful.	This is permanent and can be disfiguring.
Hernia	A weakness can happen in the wound with the development of a hernia.	Hernias usually need to be repaired by further surgery.
Adhesions (bands of tissue)	Adhesions (bands of scar tissue) can form and cause bowel blockage and possible bowel damage. This can be a short or long term complication.	This may require further surgery to cut the bands (adhesions) and free the bowel.
Surgery does not help	Symptoms experienced before surgery may persist in 1 in 7 people after surgery.	This may be due to another gut problem.
X-ray dye	An allergic reaction to the injected Contrast is rare.	
Increased risk in smokers	Smoking slows wound healing and affects the heart, lungs and circulation.	Giving up smoking before the operation will help reduce the risk of wound infection, chest infection, heart and lung complications and thrombosis