



Queensland Government

Inguinal Hernia – Laparoscopic Repair Consent

Facility:

(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

Date of birth:

Sex: M F I

A. Does the patient have capacity?

Complete for ADULT patient only

- Yes → **GO TO section B**
 No → **COMPLETE section A**

You must adhere to the Advance Health Directive (AHD), or if there is no AHD, the consent obtained from a substitute decision-maker in the following order: Category 1. Tribunal-appointed guardian; 2. Enduring Power of Attorney; or 3. Statutory Health Attorney.

Name of substitute decision-maker:

Category of substitute decision-maker:

Complete for CHILD/YOUNG PERSON patient only

- Yes Although the patient is a child/young person, the patient may be capable of giving informed consent and having sufficient maturity, understanding and intelligence to enable them to fully understand the nature, consequences and risks of the proposed procedure/treatment/investigation/examination and the consequences of non-treatment – ‘Gillick competence’ (*Gillick v West Norfolk and Wisbech Area Health Authority* [1986] AC 112)
 → **GO TO section B**
- No Parent/legal guardian/other person* with parental rights and responsibilities to provide consent and complete this form
 → **COMPLETE section A**

*Formal arrangements, such as parenting/custody orders, adoption, or other formally recognised carer/guardianship arrangements. Refer to the Queensland Health ‘Guide to Informed Decision-making in Health Care’ and local policy and procedures. Complete the source of decision-making authority as applicable below.

If applicable, source of decision-making authority (*tick one*):

- Court order → Court order verified
 Legal guardian → Documentation verified
 Other person* → Documentation verified

Name of parent/legal guardian/other person*:

Relationship to child/young person:

B. Is an interpreter required?

If yes, the interpreter has:

- provided a sight translation of the informed consent form in person
 translated the informed consent form over the telephone

Name of interpreter:

Interpreter code:

Language:

C. Patient OR substitute decision-maker OR parent/legal guardian/other person* requests the following procedure(s)

Inguinal hernia – laparoscopic repair

Site/side of procedure:

D. Risks specific to the patient in having an inguinal hernia – laparoscopic repair

(Doctor/clinician to document additional risks not included in the patient information sheet):

E. Risks specific to the patient in not having an inguinal hernia – laparoscopic repair

(Doctor/clinician to document specific risks in not having an inguinal hernia – laparoscopic repair):

F. Alternative treatment options

(Doctor/clinician to document alternative treatment not included in the patient information sheet):

DO NOT WRITE IN THIS BINDING MARGIN

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SW9319

INGUINAL HERNIA – LAPAROSCOPIC REPAIR CONSENT



Inguinal Hernia – Laparoscopic Repair Consent

(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

Date of birth:

Sex: M F I

G. Information for the doctor/clinician

The information in this consent form is not intended to be a substitute for direct communication between the doctor/clinician and the patient OR substitute decision-maker OR parent/legal guardian/other person*.

I have explained to the patient OR substitute decision-maker OR parent/legal guardian/other person* the contents of this form and am of the opinion that the information has been understood.

Name of doctor/clinician:

Designation:

Signature:

Date:

H. Patient OR substitute decision-maker OR parent/legal guardian/other person* consent

I acknowledge that the doctor/clinician has explained:

- the “Inguinal hernia – laparoscopic repair” patient information sheet
- the medical condition and proposed treatment, including the possibility of additional treatment
- the specific risks and benefits of the procedure
- the prognosis, and risks of not having the procedure
- alternative treatment options
- that there is no guarantee the procedure will improve the medical condition
- that the procedure may involve a blood transfusion
- that tissues/blood may be removed and used for diagnosis/management of the condition
- that if a life-threatening event occurs during surgery:
 - an adult patient will be treated based on documented discussions (e.g. AHD or ARP [Acute Resuscitation Plan])
 - a child/young person’s health care will be provided in accordance with good clinical practice and in the best interests of the patient
- that a doctor/clinician other than the consultant/specialist may assist with/conduct the clinically appropriate procedure/treatment/investigation/examination; this may include a doctor/clinician undergoing further training under supervision
- that if the doctor/clinician wishes to record video, audio or images during the procedure where the recording is not required as part of the treatment (e.g. for training or research purposes), I will be asked to sign a separate consent form. If I choose not to consent, it will not adversely affect my access, outcome or rights to medical treatment in any way.

I was able to ask questions and raise concerns with the doctor/clinician.

I understand I have the right to change my mind regarding consent at any time, including after signing this form (*this should be in consultation with the doctor/clinician*).

I/substitute decision-maker/parent/legal guardian/other person* have received the following consent and patient information sheet(s):

- “Inguinal hernia – laparoscopic repair”
- “About your anaesthetic” OR
- “About your child’s anaesthetic”
- “Fresh blood and blood products transfusion”

On the basis of the above statements,

1) I/substitute decision-maker/parent/legal guardian/other person* consent to having an inguinal hernia – laparoscopic repair.

Name of patient/substitute decision-maker/parent/legal guardian/other person*:

Signature:

Date:

If the patient is a child/young person:

- I am not aware of any legal or other reason that prevents me from providing unrestricted consent for this child/young person for this treatment (*not applicable if the child/young person is Gillick competent and signs this form*).

2) Student examination/procedure for professional training purposes:

For the purpose of undertaking training, a clinical student(s) may observe medical examination(s) or procedure(s) and may also, subject to patient OR substitute decision-maker OR parent/legal guardian/other person* consent, assist with/conduct an examination or procedure on a patient while the patient is under anaesthetic.

I/substitute decision-maker/parent/legal guardian/other person* consent to a clinical student(s) undergoing training to:

- observe examination(s)/procedure(s) Yes No
- assist with examination(s)/procedure(s) Yes No
- conduct examination(s)/procedure(s) Yes No

Inguinal hernia – laparoscopic repair

Adult and Child/Young Person | Informed consent: patient information

A copy of this form should be given to the patient/substitute decision-maker/parent/legal guardian/ other person* to read carefully and allow time to ask any questions about the procedure. The consent form and patient information sheet should be included in the patient's medical record.



1. What is an inguinal hernia – laparoscopic repair and how will it help me/the patient?

A hernia, sometimes referred to as a rupture, occurs when a part of an internal organ, sometimes the bowel, pushes through a weak point in the abdominal wall.

Inguinal hernia is the most common type of hernia, and twenty times more common in men than in women. It is likely that sometime during a man's life they will develop a hernia. The inguinal canal is in the groin. The first sign of a hernia is a lump.

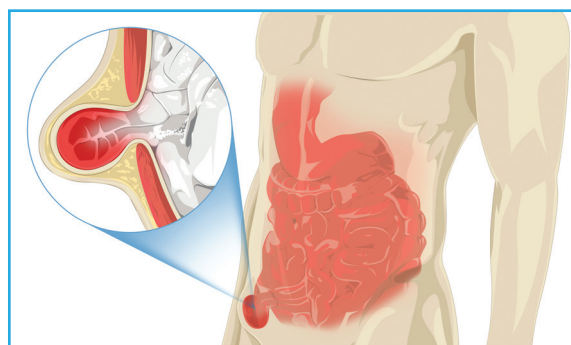


Image 1: Inguinal hernia.
ID: 1176763255. www.shutterstock.com

The hernia lump usually goes away when you lie down or press on it (called reducible). If the lump does not disappear when pressure is applied this is called irreducible. The hernia contents may become trapped and the blood supply decreased (called strangulation) which may be painful and require emergency surgery. Planned surgical treatment of a hernia has a lower rate of complications compared to repairing the hernia in an emergency situation.

Laparoscopy or keyhole surgery is performed under general anaesthetic. Small cuts are made in the abdomen. A video camera attached to the laparoscope allows the doctor/clinician to view the hernia on a video monitor in the operating room.

Instruments are pushed into the holes and carbon dioxide gas is blown into the region to lift the abdominal wall away from the internal organs so that the surgeon has a good view.

Mesh may be used to secure the weak area. The instruments are removed and the gas is allowed to escape before stitching or stapling the cuts together. The scrotum may be temporarily swollen with gas after surgery but will resolve.

The lump will be relieved by the surgery. Planned surgical treatment of a hernia is much safer than leaving the hernia until an emergency happens.



2. What are the risks?

There are risks and complications with this procedure. There may also be risks specific to each person's individual condition and circumstances. Please discuss these with the doctor/clinician and ensure they are written on the consent form before you sign it. Risks include but are not limited to the following:

Common risks and complications

- trouble passing urine after the operation due to spasm of the bladder sphincter
- swelling of the testicle and scrotum in male patients but most cases will resolve. Also the penis may show bruising

- the tube carrying sperm from the testicle to the prostate may be injured. This results in partial vasectomy and may reduce fertility
- there is a low risk of chronic pain/discomfort at the site of the hernia repair. For example nerve entrapment: the scars can thicken, turn red and may be painful. This is permanent and can be disfiguring
- the hernia may come back or re-occur. Further surgery may be needed to repair the hernia
- 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, Iscover, Coplavix), prasugrel (Effient), dipyridamole (Persantin or Asasantin), ticagrelor (Brilinta), apixaban (Eliquis), dabigatran (Pradaxa), rivaroxaban (Xarelto) or complementary/alternative medicines, such as fish oil and turmeric
- a pocket of clear serous fluid called a seroma can sometimes develop in the body after surgery. This usually resolves without intervention
- small areas of the lung can collapse, increasing the risk of chest infection. This may need antibiotics and physiotherapy
- increased risk of wound infection, chest infection, heart and lung complications, and blood clot in the leg or lungs for people who
- are obese, smokers, or have diabetes.

Uncommon risks and complications

- infections necessitating removal of mesh/ stitches may occur and require antibiotics or further treatment/surgery
- the laparoscopic open surgery may not be possible and the surgeon may need to change technique to open surgery
- damage to large blood vessels, gut or bladder may occur during surgery
- rarely gas, which is fed into the abdominal cavity, can cause heart and lung complications
- the testicle may sit a little higher in the scrotum after surgery
- injury to the testicular blood supply resulting in either shrinkage or death of the testicle on that side

- adhesions (bands of scar tissue) may form and cause bowel obstruction
- hernia formation where instruments were passed into the abdomen
- infections can occur, requiring antibiotics and further treatment
- heart attack or stroke could occur due to the strain on the heart
- blood clot in the leg causing pain and swelling. In rare cases, part of the clot may break off and go to the lungs.

Rare risks and complications

- death as a result of this procedure is rare.

This procedure will require an anaesthetic.

For more information about the anaesthetic and the risks involved, please refer to the anaesthetic information sheet that has been provided to you. Discuss any concerns with the doctor/clinician.

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

What are the risks of not having an inguinal hernia – laparoscopic repair?

There may be consequences if you choose not to have the proposed procedure/ treatment/investigation/examination. Please discuss these with the doctor/clinician.

If you choose not to have the procedure, you will not be required to sign a consent form.

If you have signed a consent form, you have the right to change your mind at any time prior to the procedure/treatment/ investigation/examination. Please contact the doctor/clinician to discuss.



3. Are there alternatives?

Making the decision to have a procedure requires the patient/substitute decision-maker/parent/legal guardian/other person* to understand the options available. Please discuss any alternative treatment options with your doctor/clinician before signing the consent form.



4. What should I expect after the procedure?

Your healthcare team will talk to you about what to expect after your procedure and upon discharge from hospital.



5. Who will be performing the procedure?

A doctor/clinician other than the consultant/specialist may assist with/conduct the clinically appropriate procedure/treatment/investigation/examination. This could be a doctor/clinician undergoing further training, however all trainees are supervised according to relevant professional guidelines.

If you have any concerns about which doctor/clinician will be performing the procedure, please discuss with the doctor/clinician.

For the purpose of undertaking professional training in this teaching hospital, a clinical student(s) may observe medical examination(s) or procedure(s) and may also, subject to your consent, assist with/conduct an examination or procedure on a patient while the patient is under anaesthetic.

If you choose not to consent, it will not adversely affect your access, outcome or rights to medical treatment in any way. You are under no obligation to consent to an examination(s) or a procedure(s) being undertaken by a clinical student(s) for training purposes.



6. Where can I find support or more information?

Hospital care: before, during and after is available on the Queensland Health website www.qld.gov.au/health/services/hospital-care/before-after where you can read about your healthcare rights.

You can also see a list of blood thinning medications at www.health.qld.gov.au/consent/bloodthinner.

Staff are available to support patients' cultural and spiritual needs. If you would like cultural or spiritual support, please discuss with your doctor/clinician.

Queensland Health recognises that Aboriginal and Torres Strait Islander patients will experience the best clinical care when their culture is included during shared decision-making.



7. Questions

Please ask the doctor/clinician if you do not understand any aspect of this patient information sheet or if you have any questions about your/the patient's medical condition, treatment options and proposed procedure/treatment/investigation/examination.



8. Contact us

In an emergency, call Triple Zero (000).

If it is not an emergency, but you have concerns, contact 13 HEALTH (13 43 25 84), 24 hours a day, 7 days a week.