



Queensland Government

## Cholecystectomy - Open & Exploration of the Common Bile Duct

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:

Removal of the gall bladder through a cut at least 10 cms (4 inches) long across the right side of the abdomen, just below the rib cage.

The surgeon will also examine the tube, which carries bile from the liver to the bowel and remove any stones. A drainage tube (a T-Tube) will be inserted into the tube and brought out through the abdomen to drain bile into a drainage bag on the outside of the body. The tube will be removed in 1 to 3 weeks.

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 an open cholecystectomy and exploration of the common bile duct

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 nearby blood vessels causing bleeding which could require an emergency blood transfusion and further surgery.
- Gallstones may spill from the gall bladder and be lost in the abdominal cavity. These may form abscesses, which may need drainage.
- Some stones may be left behind in the bile duct and may need further treatment.
- The T-tube may come out of position. Further surgery may be required to re-insert the T-Tube.
- Metal clips may be put on blood vessels or tubes and some of the clips or ties may come off and cause a bile leak or bleeding which may become infected. This may need drainage. The metal clips will always stay in the abdomen.
- Damage to the bile tubes near the liver and gall bladder which can cause short and long-term problems with leakage and/ or blockage.
- Difficulty passing urine after the operation. This may need a tube (catheter) passed into the bladder to remove the urine. This is usually temporary.
- Occasionally after the T-tube is removed, 2 or 3 weeks after the operation, bile may leak out of the bile duct to the skin or into the abdominal cavity.
- Infection in the wound causing redness, pain and possible discharge or abscess. This may need antibiotics.
- Possible bleeding into the wound with swelling and bruising and possible blood stained discharge.
- The wound may not heal normally. The wound can thicken and turn red. The scar may be painful.
- A weakness can happen in the wound with the development of a hernia (rupture). Further surgery may be needed to correct this.
- Adhesions (bands of scar tissue) may form and cause bowel obstruction. This can be a short term or a long-term complication and may need further surgery.
- Symptoms experienced before surgery may persist after the surgery
- An allergic reaction to the injected contrast is rare.





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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 procedure/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 – Open & Exploration of the Common Bile Duct**
- Blood & Blood Products Transfusion**

- 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: .....



