Queensland Government

Total Colectomy/Excision of Rectum and Ileoanal Reservoir – Non-malignant Consent

Adult (18 years and over)

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?

☐ 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:

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/substitute decision-maker requests the following procedure(s)

Total colectomy/excision of rectum and ileoanal reservoir – non-malignant

D. Risks specific to the patient in having a total colectomy/excision of rectum and ileoanal reservoir – non-malignant

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

E. Risks specific to the patient in *not* having a total colectomy/excision of rectum and ileoanal reservoir – non-malignant

(Doctor/clinician to document specific risks in not having a total colectomy/excision of rectum and ileoanal reservoir – non-malignant):

F. Alternative treatment options

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

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/substitute decision-maker.

I have explained to the patient/substitute decision-maker the contents of this form and am of the opinion that the information has been understood.

Name of doctor/clinician:

Designation:

Signature: Date:

DO NOT WRITE IN THIS BINDING MARGIN

TOTAL COLECTOMY/EXCISION OF RECTUM AND ILEOANAL RESERVOIR – NON-MALIGNANT CONSENT

v6.00
Clinical content review: 2011
Clinical check: 11/2020
Published: 01/2021
SW9104

Queensland Government

Total Colectomy/Excision of Rectum and Ileoanal Reservoir – Non-malignant Consent

Adult (18 years and over)

(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

Date of birth: Sex: ☐ M ☐ F ☐ I

H. Patient/substitute decision-maker consent

I acknowledge that the doctor/clinician has explained:

- the "Total colectomy/excision of rectum and ileoanal reservoir – non-malignant" 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, I will be treated based on documented discussions (e.g. AHD or ARP [Acute Resuscitation Plan])
- 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 have received the following consent and patient information sheet(s):

☐ "Total colectomy/excision of rectum and ileoanal reservoir – non-malignant"

☐ "About your anaesthetic"

☐ "Epidural and spinal anaesthesia "

☐ "Fresh blood and blood products transfusion"

On the basis of the above statements,

1) I/substitute decision-maker consent to having a total colectomy/excision of rectum and ileoanal reservoir – non-malignant.

Name of patient/substitute decision-maker:

Signature: Date:

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/substitute decision-maker consent, assist with/conduct an examination or procedure on a patient while the patient is under anaesthetic.

I/substitute decision-maker 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

DO NOT WRITE IN THIS BINDING MARGIN

Total colectomy/excision of rectum and ileoanal reservoir – non-malignant

Adult (18 years and over) | Informed consent: patient information

A copy of this form should be given to the patient/substitute decision-maker 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 a total colectomy/excision of rectum and ileoanal reservoir – non-malignant and how will it help me/the patient?

A total colectomy is used to treat and prevent conditions and diseases that affect the colon.

A colectomy is the complete removal of the large bowel through a cut in the abdomen and then the formation of a pouch between the small bowel and anus to replace the rectum.

A piece of the small bowel may be brought out through the wall of the abdomen as an ileostomy. This is usually temporary and allows the bowel contents to drain into a bag worn over the ileostomy until the bowel and pouch have healed.

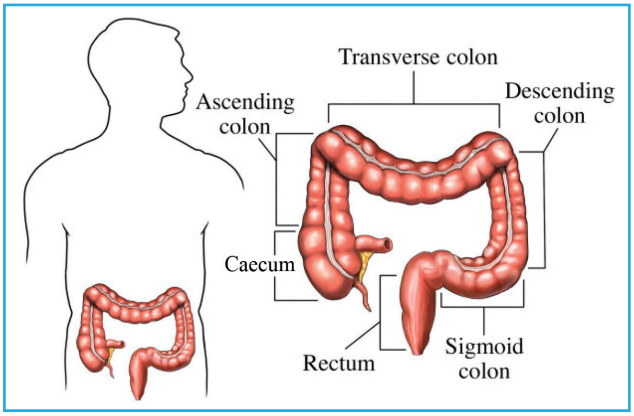
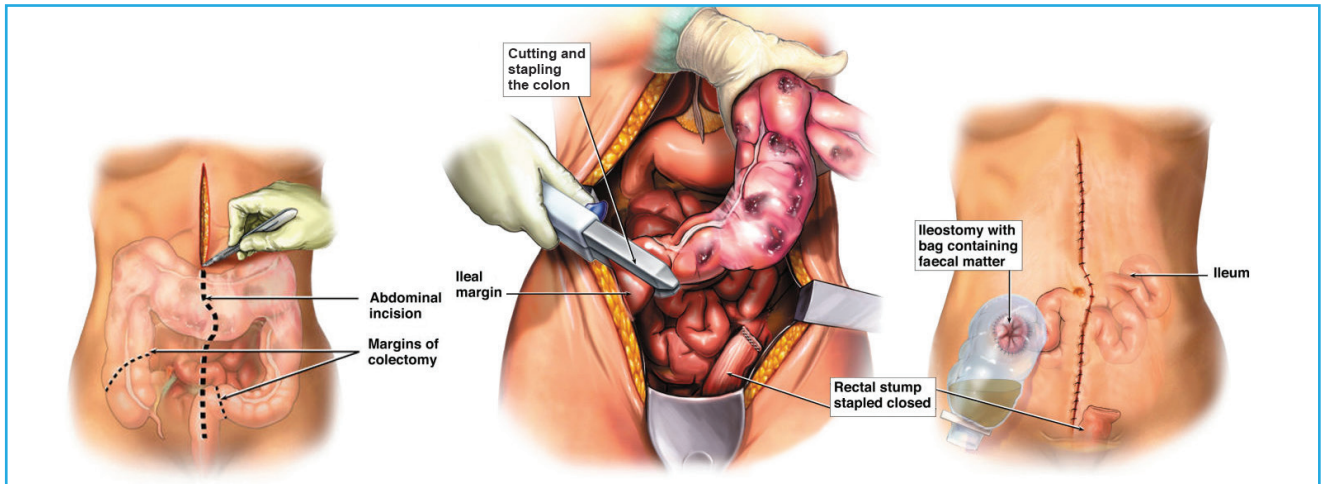


Image 1: Parts of the large intestine (bowel/colon). Illustration Copyright © 2019 Nucleus Medical Media, All rights reserved. www.nucleusmedicalmedia.com



A. A midline incision is made in the abdomen.

B. The colon is divided at its ileal and rectal margins and removed from the abdomen.

C. The free end of the ileum is passed through an incision in the right lower abdomen to mature the ileostomy.

Image 2: Total colectomy and ileostomy. Illustration Copyright © 2019 Nucleus Medical Media, All rights reserved. www.nucleusmedicalmedia.com

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:

Specific risks

- leakage where the bowel was stitched or stapled back together. This may need further surgery
- the ileo-anal pouch may become inflamed, causing bleeding and discharge. This may require drug therapy
- bowel doesn't function properly, causing abdominal bloating, vomiting and cramps. Treatment is to deflate the bowel with suction, using a tube via the nose into the stomach or intestine. Further surgery may be required
- excess fluid loss from the stoma, which may be replaced with fluids given via a drip into the vein
- the wound may become infected. This is usually treated with antibiotics given via the drip or orally
- urinary tract infection due to bacteria entering the urethra and bladder, causing inflammation. Mild cases may clear up without treatment. Antibiotics may be used to control the infection
- infection could develop in the abdominal cavity. This may form an abscess that may need surgical drainage and antibiotics
- the blood supply to the stoma may fail and cause damage to the bowel. This may need further surgery
- stoma prolapse - some of the bowel protrudes past the skin. For minor prolapses no treatment is needed. For more severe cases further surgery may be needed
- parastomal hernia - the bowel pushes through a weak point in the muscle wall, causing pain and bulging of the skin near the stoma. Minor hernias may need no treatment, larger hernias may require further surgery
- local skin irritation - reddening of the skin and a rash may occur in reaction to the glue used to attach the stoma bag. This is usually treated by changing the type of stoma bag
- bleeding into the wound. This will be monitored via the wound drain. A blood transfusion may be needed to replace blood loss. Further surgery may be necessary
- damage to the ureter - the tube bringing the urine from the kidney to the bladder happens rarely. This may need further surgery
- a urinary bladder problem in which there is abnormal emptying of the bladder. It may empty without control or may not empty at all. It may be treated by inserting a tube (catheter) into the bladder to drain the urine away
- in some people, healing of the wound may be abnormal and the wound can be thickened, red and painful
- sexual dysfunction due to nerve damage which may be temporary or permanent. In men, this can be the inability to have and/or maintain an erection. It may also cause inability to ejaculate. Treatment may include counselling and medication. In women, it can cause pain during or after intercourse. Counselling and use of watersoluble lubrication during intercourse may help
- change in bowel functioning. The stools may be much looser, smaller and more frequent. There may be leakage of faeces particularly at night. In most cases, stool frequency lessens and continence improves with time, without specific treatment
- sometimes adhesions (bands of scar tissue) develop in the abdominal cavity and the bowel may block - this is a short- and long-term complication, which may require further surgery
- death due to surgery is possible.

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, 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
- small areas of the lung can collapse, increasing the risk of chest infection. This may need antibiotics and physiotherapy

- increased risk in obese people and/or smokers 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.

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 a total colectomy/excision of rectum and ileoanal reservoir – non-malignant?

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 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.