Total Colectomy / Excision of Rectum & Ileoanal Reservoir - Non Malignant

Facility: 

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)

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

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The following will be performed:

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.

C. Risks of a total colectomy / excision of rectum & ileoanal reservoir - non malignant

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

General risks:

- 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:

- Leakage where the bowel was stitched or stapled back together for approximately 1 in 20 people. 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 for 1 in 13 people, 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 for 1 in 9 people. This is usually treated with antibiotics given via the drip or orally.
- Urinary tract infection due to bacteria entering the urethra and bladder and causing inflammation and infection for 1 in 20 people. 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 for 1 in 35 to 1 in 28 people. 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.
D. Significant risks and procedure options

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

- 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 water-soluble 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. The rate of risk is estimated at 1 in 16 to 1 in 20 people.

F. Anaesthetic

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

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/specialist may conduct/assist with the clinically appropriate procedure/treatment/investigation/examination. I understand this could be a doctor undergoing further training. I understand that all surgical trainees are supervised according to relevant professional guidelines.

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.
**Total Colectomy / Excision of Rectum & Ileoanal Reservoir - Non Malignant Cystoscopy & Biopsy of Prostate**

Facility:

<table>
<thead>
<tr>
<th>Student examination/procedure for educational purposes</th>
</tr>
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<tbody>
<tr>
<td>For the purpose of undertaking professional training, a student/s may observe the medical examination/s or procedure/s and may also, subject to patient consent, perform an examination/s or assist in performing the procedure/s on a patient while the patient is under anaesthetic. This is for education purposes only. A student/s who undertakes an examination/s or assists in performing the procedure/s will be under the supervision of the treating doctor, in accordance with the relevant professional guidelines. For the purposes of education I consent to a student/s undergoing training to:</td>
</tr>
<tr>
<td>• observe examination/s or procedure/s</td>
</tr>
<tr>
<td>• assist and/or perform examination/s or procedure/s</td>
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</table>

Student - this may include medical, nursing, midwifery, allied health or ambulance students.

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

- □ About Your Anaesthetic
- □ Epidural & Spinal Anaesthetic
- □ Total Colectomy / Excision of Rectum & Formation of Ileoanal Reservoir
- □ Blood & Blood Products Transfusion

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: __________________________________________________________
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1. **What is a total colectomy / excision of rectum and ileoanal reservoir - non malignant?**

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.

2. **My anaesthetic:**

This procedure will require an anaesthetic.

See About Your Anaesthetic information sheet +/- Epidural and Spinal 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.

3. **What are the risks of this specific 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.

**Specific risks:**

- Leakage where the bowel was stitched or stapled back together for approximately 1 in 20 people. 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 for 1 in 13 people, 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 for 1 in 9 people. This is usually treated with antibiotics given via the drip or orally.
- Urinary tract infection due to bacteria entering the urethra and bladder and causing inflammation and infection for 1 in 20 people. 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.
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- 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 (cather) 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 water-soluble lubrication during intercourse may help.
4. Who will be performing the procedure?

A doctor other than the consultant/specialist may conduct/assist with the clinically appropriate procedure/treatment/investigation/examination.

I understand this could be a doctor undergoing further training, and that 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 student/s may observe the medical examination/s or procedure/s.

Subject to your consent, a student/s may perform an examination/s or assist in performing the procedure/s while you are under anaesthetic. This is for education purposes only. A student/s who undertakes an examination/s or assists in performing the procedure/s will be under the supervision of the treating doctor, in accordance with relevant professional guidelines.

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 student/s for education purposes.