Rectal Prolapse - Laparoscopic

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:

This procedure involves the repair of a rectal prolapse laparoscopically. This means the procedure is done with the help of a video camera, tubes and some very small cuts in the abdomen.

A segment of bowel is removed and the remaining bowel is hitched by stitches to the pelvic bone.

C. Risks of a rectal prolapse - laparoscopic 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, Asprin, 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 which could require an emergency blood transfusion and abdominal surgery.
- Damage of the bowel may occur which may cause leakage of bowel fluid. This may require further surgery.
- Damage to gut and/or bladder when the instruments are inserted. This may require further surgery.
- Rarely, gas fed into the abdominal cavity can cause heart and breathing problems.
- The television method may not work (1 in 10 people) and the surgeon may need to do open surgery, which will require a larger cut in the abdomen.
- Deep bleeding in the abdominal cavity could occur and this may need fluid replacement or further surgery.
- Leakage at the site where the bowel was stitched or stapled back together. This may require further surgery.
- Especially in a male there may be difficulty passing urine and a tube may need to be inserted into the bladder.
- Bowel doesn’t function properly, causing abdominal bloating, vomiting and cramps. Treatment is to decompress the bowel with suction, using a tube via the nose (nasogastric tube) into the stomach or intestine. Further surgery may be required.
- Infections such as pus collections can occur in the abdominal cavity. This may need surgical drainage.
- Infection in the wound causing redness, pain and possible discharge or abscess. (1 in 20 people). 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.
- Constipation after the surgery may be a major problem and may need treatment.
- The muscles at the anus may be weak and may need local surgical treatment.
- The prolapse may recur.
- 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.
- Increased risk in smokers of wound and chest infections, heart and lung complications and thrombosis.
D. Significant risks and procedure options
(Doctor to document in space provided. Continue in Medical Record if necessary.)

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E. Risks of not having this procedure
(Doctor to document in space provided. Continue in Medical Record if necessary.)

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

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Rectal Prolapse - Laparoscopic

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
- [ ] Rectal Prolapse - Laparoscopic
- [ ] 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.

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: __________________________________________________________
1. **What is a rectal prolapse - laparoscopic procedure?**

This procedure involves the repair of a rectal prolapse (the slipping or falling of an organ from its normal position) laparoscopically. This means the procedure is done with the help of a video camera, tubes and some very small cuts in the abdomen.

Tubes will be put through these cuts to pass the camera and instruments through. The doctor will fill the abdominal area with carbon dioxide gas to allow access for the operation.

A segment of bowel is removed and the remaining bowel is hitched by stitches to the pelvic bone. The gas is allowed to escape before the cuts are closed with stitches or staples.

2. **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.*

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, Asprin, 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 gut and/or bladder when the instruments are inserted. This may require further surgery.
- Rarely, gas fed into the abdominal cavity can cause heart and breathing problems.
- The television method may not work (1 in 10 people) and the surgeon may need to do open surgery, which will require a larger cut in the abdomen.
- Deep bleeding in the abdominal cavity could occur and this may need fluid replacement or further surgery.
- Leakage at the site where the bowel was stitched or stapled back together. This may require further surgery.
- Especially in a male there may be difficulty passing urine and a tube may need to be inserted into the bladder.
- Bowel doesn't function properly, causing abdominal bloating, vomiting and cramps. Treatment is to decompress the bowel with suction, using a tube via the nose (nasogastric tube) into the stomach or intestine. Further surgery may be required.
- Infections such as pus collections can occur in the abdominal cavity. This may need surgical drainage.
- Infection in the wound causing redness, pain and possible discharge or abscess. (1 in 20 people). 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.
- Constipation after the surgery may be a major problem and may need treatment.
- The muscles at the anus may be weak and may need local surgical treatment.
- The prolapse may recur.
- 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.
- Increased risk in smokers of wound and chest infections, heart and lung complications and thrombosis.

**Notes to talk to my doctor about:**

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