© State of Queensland (Queensland Health) 2026. Copyright and disclaimer: www.health.qld.gov.au/consent/consent-forms-and-patient-information-sheets Contact: PSQ_Comms@health.qld.gov.au

Queensland Government

Appendicectomy Consent

Facility: .....

(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

Date of birth: Sex: ☐ M ☐ F ☐ I

This consent form and patient information sheet uses the words 'I/you/your/me/my' to mean the patient or another person who is providing consent on behalf of the patient.

A. Does the patient have capacity to provide consent?

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 and the consequences of non-treatment – 'Gillick competence' (*Gillick v West Norfolk and Wisbech Area Health Authority* [1986] AC 112). See the *'Guide to Informed Decision-making in Health Care'* www.health.qld.gov.au/consent/clinician-resources/guide-to-informed-decision-making-in-healthcare for further information.

➔ ***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.

Name of parent/legal guardian/other person:

Relationship to child/young person:

B. Is an interpreter required?

☐ Yes ☐ No

If *yes*, the interpreter has translated:

☐ in person ☐ over the telephone

A verbal translation is a summary of the form.

Name of interpreter:

National Accreditation Authority for Translators and Interpreters (NAATI) code:

Language:

C. Procedure details

I confirm that the doctor has informed me about the following procedure(s) and I consent to:

Appendicectomy: ☐ Yes

Additional information:

D. Risks specific to the patient in having an appendicectomy

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

E. Risks specific to the patient in *not* having an appendicectomy

(Doctor to document specific risks in not having an appendicectomy)

DO NOT WRITE IN THIS BINDING MARGIN

APPENDICECTOMY CONSENT

v8.00
Clinical content review: 2026
Clinical check: 01/2026
Published: 11/2026
SW9085

Queensland Government

Appendicectomy Consent

(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

Date of birth: Sex: ☐ M ☐ F ☐ I

F. Alternative procedure options

(Doctor to document alternative procedure not included in the patient information sheet)

G. Acknowledgment and consent

I acknowledge that the doctor has explained and I understand:

- the 'Appendicectomy' patient information sheet
- the medical condition and proposed procedure, including the possibility of additional treatment
- this procedure requires a general anaesthetic
- the specific risks and benefits of the procedure
- the risks of not having the procedure
- alternative procedure options
- that there is no guarantee the procedure will improve the medical condition
- that tissues/blood may be removed and used for diagnosis/management of the condition
- that if an immediate life-threatening event happens during the procedure:
  - for an adult patient, health care will be provided based on their AHD (Advance Health Directive) or ARP (Acute Resuscitation Plan). If no AHD or ARP is in place, health care will be provided in accordance with good clinical practice and the *Guardianship and Administration Act 2000 (Qld)*
  - for a child/young person, health care will be provided in accordance with good clinical practice and in the best interests of the patient
- that a doctor other than the consultant/specialist may assist with/conduct the clinically appropriate procedure; this may include a doctor undergoing further training under supervision
- that if the doctor 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.

I understand I have the right to change my mind regarding consent at any time, including after signing this form.

I have received the following patient information sheet(s):

☐ 'Appendicectomy'
☐ 'About Your Anaesthesia' *(Adult patient only)*
☐ 'About Your Child's Anaesthesia' *(Child/young person patient only)*
☐ 'Blood and/or Manufactured Blood Products Transfusion'
☐ Other *(specify)*:

Blood transfusion consent

I consent to having a blood and/or manufactured blood products transfusion if required during, or as a result of, the procedure:

☐ Yes ☐ No

If *no*, a 'Blood and/or Manufactured Blood Products Transfusion (Limited Consent)' *OR* 'Refusal to Consent for Blood and/or Manufactured Blood Products' form must be completed.

On the basis of the above statements,

I consent to having an appendicectomy.

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 procedure *(not applicable if the child/young person is Gillick competent and signs this form)*.

H. Doctor confirms

I have explained to you the contents of this form and am of the opinion that the information has been understood.

Name of doctor:

Designation:

Signature: Date:

I. Clinical student involvement

For the purpose of undertaking training, a clinical student(s) may observe medical examination(s) or procedure(s) and may also, subject to my consent, assist with/conduct an examination or procedure on me/the patient while under sedation or anaesthetic.

I 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

Note: you will also have the opportunity to say yes or no to student involvement, on the day of your procedure. For further information please see www.health.qld.gov.au/consent/students

© State of Queensland (Queensland Health) 2026. Copyright and disclaimer: www.health.qld.gov.au/consent/consent-forms-and-patient-information-sheets Contact: PSQ_Comms@health.qld.gov.au

DO NOT WRITE IN THIS BINDING MARGIN

Queensland Government

Appendicectomy

Adult and Child/Young Person
Informed consent: patient information

(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

Date of birth: Sex: ☐ M ☐ F ☐ I

This patient information sheet has been given to you to read carefully and allow time to ask your doctor any questions about this procedure. Your doctor will include the consent form and a copy of this patient information sheet in your medical record.

This patient information sheet uses the words 'I/you/your/me/my' to mean the patient or another person who is providing consent on behalf of the patient.

1. What is a appendicectomy and how will it help me?

The appendix is a small tube-shaped organ attached to the large intestine in the lower right hand side of the abdomen. It can sometimes become inflamed and infected. This is called appendicitis.

Appendicitis causes sudden pain in the lower right side of the abdomen and can worsen quickly. If the appendicits is not treated, it can rupture or burst (perforate), which releases an infection through the abdomen and may cause a blood infection (sepsis).

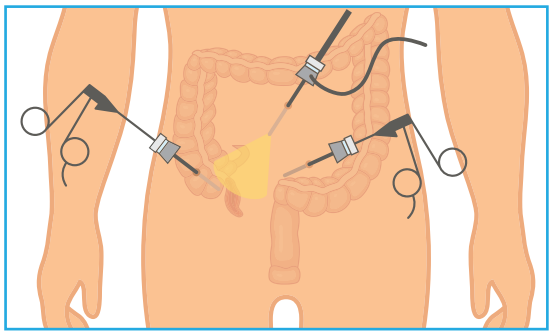


Image: Appendectomy – surgical removal of the appendix. ID: 360475979. www.shutterstock.com

An appendicectomy is the removal of the appendix. An appendicectomy helps by relieving your pain, stopping the infection from spreading, and preventing more serious complications.

You can live a normal and healthy life without your appendix.

Preparing for the procedure

The healthcare team will give you instructions on how to prepare for the procedure. It is important to follow these instructions otherwise your procedure might be delayed.

Please tell the doctor if you:
- are breastfeeding or pregnant, or think that you may be pregnant
- have other medical conditions or health problems
- have allergies
- take prescribed, over the counter, or herbal medications (including blood-thinning medications or weight-loss medications)
- use recreational or illegal drugs.

Do not drink alcohol, smoke, vape or take recreational drugs for at least 24 hours before the procedure as these may alter the effects of the anaesthetic.

Fasting instructions: you will be told when to have your last meal and drink. After this time, **do not** eat (including lollies or gum) or drink. This ensures the stomach is empty and prevents food or fluid from getting into the lungs.

Medication instructions: most medications should be taken as usual. The healthcare team will notify you beforehand if you are required to stop taking any medications, such as blood thinners.

Day procedure: this procedure is commonly performed as a day procedure. If it is clinically safe to do so, you will be discharged on the day of surgery.

(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

Date of birth: Sex: ☐ M ☐ F ☐ I

During the procedure

An intravenous (I.V.) cannula is a small plastic tube that will be inserted into a vein, usually in your hand or arm. This is for any medications or fluids required during the procedure, including anaesthetic medications.

The doctor will make several small cuts in your abdomen to insert a camera (laparoscope) and surgical instruments to remove the appendix. The cuts are closed with sutures or surgical glue and covered with dressings.

If the appendix has ruptured (perforated), the abdominal cavity may need to be washed out with sterile fluid to remove infected material.

A tube may need to be left in your abdomen for a few days to drain fluids.

If there are complications during the surgery, the procedure may need to be converted from keyhole (laparoscopic) surgery to open surgery (laparotomy). This may involve a cut in the right lower abdomen or along the midline of the abdomen. Open surgery may also be needed if another abdominal problem is found.

In some cases, if no other cause for your symptoms is found, the doctor may still remove the appendix, even if it appears normal. This is to rule it out as the source of the problem and to prevent future episodes of similar pain.



2. What are the risks?

In recommending the procedure, the doctor believes that the benefits to you from having the procedure exceed the risks involved. There are risks and possible complications associated with the procedure which can occur with all patients – these are set out below.

Your doctor will discuss any additional risks, specific to your individual condition and circumstances, with you. These should be written on the consent form before you sign it.

Common risks and complications

- temporary abdominal bloating
- pain, discomfort or swelling
- bleeding at the wound site; this is more common if you have been taking blood-thinning medications.

Uncommon risks and complications

- wound infection
- bleeding within the abdomen which may require fluid replacement or further surgery
- blood clots in the legs or lungs
- injury to nearby organs (such as bowel, bladder, blood vessels)
- collection of pus in the abdomen (abscess) which may require surgical/radiological drainage or further treatment
- findings that may require a more extensive surgical procedure (e.g. removal of a portion of the bowel)
- the need to convert from laparoscopic (keyhole) surgery to open surgery (laparotomy).

Rare risks and complications

- a bulge (hernia) forms at the wound site
- scar tissue (adhesions) leading to bowel obstruction; this may require further surgery
- severe infection or sepsis
- persistent chronic pain (pain that lasts for months or longer after recovery)
- death is extremely rare but possible with any surgical procedure.

For more information about the anaesthetic and the risks involved, please read the information sheet '*About Your Anaesthesia*' or '*About Your Child's Anaesthesia*'. Discuss any concerns with the doctor.

If you do not have one of these information sheets, please ask for one.

Appendicectomy

Adult and Child/Young Person
Informed consent: patient information

(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

Date of birth: Sex: ☐ M ☐ F ☐ I

What are the risks of not having an appendicectomy?

There may be adverse consequences for your health if you choose not to have the proposed procedure. You and your doctor should discuss these risks.

The most serious risk is a perforation of the inflamed appendix. This can result in infection being released into the abdomen (peritonitis) which may need antibiotics or surgery. If untreated, this may then lead to a body-wide infection (sepsis) which is life-threatening.



3. Are there alternatives?

Making the decision to have a procedure requires you to understand the options available.

Antibiotics may be used to temporarily treat uncomplicated appendicitis, but there is a greater risk of getting appendicitis again.

Your doctor will discuss any alternative procedure options and their risks or benefits with you 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.

You will need to keep the dressing clean and dry to prevent infection.

Take eating and drinking slowly, until you can tolerate your usual diet again. Eating high fibre foods will help with bowel movements and reduce bloating.

Shoulder tip pain is common due to the gas used during a laparoscopic appendicectomy.

Pain management is important for recovery. You may be given medications to manage pain.

Most people can return to light activities within a few days and normal activities, including work and school, within 1–2 weeks.

Avoid heavy lifting and strenuous exercise for 4–6 weeks or as advised by your doctor.

You will receive a discharge plan and contact details to help guide your recovery after leaving the hospital. The healthcare team may also contact you to check in with you to see how you are going and answer any questions you may have.

Go to your nearest Emergency department or GP (your local doctor) if you become unwell or have:

- pain unrelieved by simple pain relievers or those prescribed for you
- bleeding, swelling, redness or inflammation at the wound site
- a fever (temperature 38ºC or higher)
- other warning signs the doctor may have asked you to be aware of.

An anaesthetic will affect your judgement for about 24 hours. It is very important that you do not drive a car, travel on public transport alone, operate machinery, sign legal documents, or drink alcohol for 24 hours after the procedure. It is strongly advised that a responsible adult takes you home and stays with you for 24 hours after the procedure.



5. Who will be performing the procedure?

A doctor other than the consultant/specialist may assist with/conduct your procedure. This could include a registered doctor who is undergoing further training. All trainees are supervised according to relevant professional guidelines.

(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

Date of birth: Sex: ☐ M ☐ F ☐ I

If you have any concerns about who will be performing your procedure, please discuss this with the doctor.

Clinical students
For the purpose of undertaking professional training in this teaching hospital, subject to your consent, a clinical student(s) may observe medical examination(s) or procedure(s). A clinical student may also, subject to your consent, assist with/conduct a clinically necessary examination or procedure on you while you are under the influence of anaesthetic.

You are under no obligation to agree to an examination(s) or a procedure(s) being observed or undertaken by a clinical student(s) for training purposes.

If you choose not to consent, it will not adversely affect your access, outcome or rights to medical treatment in any way.

For more information on student care, please visit www.health.qld.gov.au/consent/students

6. Where can I find support or more information?

For information about going to hospital and your rights as a patient, visit www.qld.gov.au/health/services/hospital-care/going-to-hospital

Queensland Health respects the privacy of patients and their families. To learn more about health records and personal information visit our website www.health.qld.gov.au/system-governance/records-privacy/health-personal

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

Further information about informed consent can be found on the Informed Consent website www.health.qld.gov.au/consent.

Additional statewide consent forms and patient information sheets are also available.

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

Queensland Health recognises that First Nations peoples' cultures must be considered in the patient's clinical care to ensure their holistic health and individual needs are met.

7. Questions

Please ask the doctor if you do not understand any aspect of this patient information sheet or if you have questions about your proposed procedure.

If you have further questions prior to your appointment, please contact the facility where your procedure is booked.

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.

Privacy disclaimer
Queensland Health is collecting your personal information, including sensitive information, to provide healthcare services and manage your treatment. Your information will be handled in accordance with the *Information Privacy Act 2009* (Qld). For more details, please refer to the Queensland Health Queensland Privacy Principles Policy at: www.health.qld.gov.au/system-governance/records-privacy/queensland-health-privacy-policy

© State of Queensland (Queensland Health) 2026. Copyright and disclaimer: www.health.qld.gov.au/consent/consent-forms-and-patient-information-sheets
Contact: PSQ_Comms@health.qld.gov.au

Queensland Government

Blood and/or Manufactured Blood Products Transfusion

Informed consent: patient information

(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

Date of birth: Sex: ☐ M ☐ F ☐ I

What is a blood/blood product transfusion?

A blood transfusion is a medical treatment where blood or blood products are given directly into the bloodstream. A blood transfusion may be used during surgery when there is excessive or rapid blood loss, or when severe anaemia (where the body does not have enough red blood cells or haemoglobin, a protein found in red blood cells) affects the body's ability to deliver oxygen to tissues and organs.

Types of blood products

Usually, part of the blood is given rather than the whole blood. These may include fresh blood products, such as red blood cells (these cells carry oxygen throughout the body. They may be given if your levels are low or if you have lost blood), platelets (help your blood form clots to stop bleeding by sticking together at the site of an injury), plasma (contains factors that help blood clot and may be given to help stop bleeding) and cryoprecipitate; or manufactured blood products made from human plasma. Other blood products may be given for other reasons, such as boosting the immune system or replacing clotting factors.

Risks of not having a blood transfusion, if required

If a necessary transfusion is refused or not received during surgery, the main risk is severe anaemia causing a dangerous lack of oxygen to vital organs. This can lead to organ damage, including damage to the heart or brain, shock, and in cases of extreme blood loss, life-threatening complications or loss of life.

Risks of having a blood transfusion, if required

There are risks and possible complications associated with a blood transfusion, and the doctor or clinician will discuss risks specific to the individual's condition and circumstances.

Common risks and complications

- high temperature or chills
- rash, itching and hives.

Rare risks and complications

- shortness of breath due to a blood transfusion reaction
- haemolysis – the abnormal break down of red blood cells
- the development of antibodies that may complicate future transfusions and/or organ and tissue transplants (may potentially cause problems for future babies in some females)
- transfer of viral or other infectious germs including hepatitis virus, HIV and bacteria
- very rarely, the reactions listed above may cause serious harm or possibly death.

Alternatives that may be considered

In some situations, there may be patient blood management options or other treatments besides a blood or manufactured blood products transfusion, although these are not suitable for everybody. Despite these measures, blood products may still be recommended as appropriate treatment.

Further information

Scan the QR code *(right)* for further information on *Blood and/or Manufactured Blood Products Transfusion* or please ask if you would like a printed copy.

Scan the QR code for further information

© State of Queensland (Queensland Health) 2026. Copyright and disclaimer: www.health.qld.gov.au/consent/consent-forms-and-patient-information-sheets
Contact: PSQ_Comms@health.qld.gov.au