General Surgery – Consent

Consent is an important legal document. Consenting is done by SHOs/ Registrars/ Consultants

Different types of Consent forms

- **Consent 1** – for Adults who are Compos Mentis
- **Consent 2** – for Children below 16 years. Children over 12 years can sign their consent, but one of the parents has to sign the form as well.
- **Consent 4 –** for patients who lack Mental Capacity. This form should always be done with a Mental Capacity assessment form (found on **The Hub**, the intranet)

- Please be aware that you should only be consenting patients for procedures and operations that you are familiar with.
- If you are asked to consent a patient for a procedure/operation that you do not feel confident/ comfortable with, please ask your registrar/consultant for help.
- Please find below some of the procedures/operations that you will likely come across with regards to consenting and some important points to note; please note these lists are not be exhaustive.

Base line details for all Consent forms:

- Name of patient
- DOB
- Hospital number *(Note: if you use patient labels, ensure to stick a label on all pages)*
- Name of Consultant responsible
- Name of operation: **state site AND +/- proceed** *(This gives the surgeons freedom to act appropriately intraoperatively to do any additional procedures that may benefit the patient & this should be clearly explained to them)*
- Risks/Complications
    - **General Surgical risks**: Infection, bleeding, pain, scarring, damage to surrounding structures *(specific structures according to procedure*), Adhesions, Incisional Hernia, Organ failure, Death, Conversion to open surgery, Need for more than one procedure
    - **Specific risks according to procedure** e.g., CBD injury, bile leak in Cholecystectomy
    - **Anaesthetic risks:** General anesthetic risks, DVT/PE, COVID-19 risk, ITU admission
- Additional procedures - Catheterization, drains, blood transfusion

Complications associated with specific procedures

Abscesses

- Name of procedure:
- Incision and drainage of (*specify site e.g.*) left side groin abscess + proceed
- For perianal abscess – EUA rectum + Drainage of perianal abscess + Proceed

- List of risks would be: Infection, bleeding, pain, scarring, damage to surrounding structures (*e.g., sphincter)*, Recurrence, General anesthetic risks, DVT/PE, COVID-19 risk

Cholecystectomy

- Name of procedure: Laparoscopic Cholecystectomy +/- open +/- proceed
- List of risks would be: Infection, bleeding, pain, scarring, damage to surrounding structures including Damage to bowel, Conversion to open surgery, Adhesions, Hernia, Organ failure, Death, Bile duct injury, Bile duct stricture, bile leak, retained stone, Diarrhea/gastritis (post cholecystectomy syndrome), General anesthetic risks, DVT/PE, chest infection, COVID-19 risk
- Additional procedures: catheterization, drains, on-table cholangiogram

Appendicectomy

- Name of procedure: Laparoscopic Appendicectomy +/- open +/- proceed
- List of risks would be: Infection, bleeding, pain, scarring, damage to surrounding structures including Damage to bowel, bladder, Conversion to open surgery, Adhesions, Hernias, Organ failure, Death, General anesthetic risks, DVT/PE, COVID-19 risk
- Additional procedures: catheterization, drains, vaginal instrumentation (in young women), Gynaecological procedures

Groin Hernia repair

- Name of procedure: Open repair of left inguinal hernia +/- mesh +/- proceed
- List of risks would be: Infection, bleeding, pain, scarring, damage to surrounding structures including Damage to bowel, bladder, cord structures, Recurrence, Chronic groin pain, testicular atrophy, General anesthetic risks, DVT/PE, COVID-19 risk
- In Emergency repairs – include +/- bowel resection +/- Laparotomy and add Anastomotic leak in complications
- Additional procedures: catheterization

Laparoscopy/Laparotomy – depends on indication

- Name of procedure: Laparoscopy +/- laparotomy +/- bowel resection OR e.g., right hemicolectomy +/- proceed
- List of risks would be: Infection, bleeding, pain, scarring, damage to surrounding structures including Damage to bowel, bladder, liver, ureter, spleen, Conversion to open surgery, Adhesions, Hernias, Organ failure, Death, anastomotic leak, bowel perforation, reintervention, General anesthetic risks, DVT/PE, chest infection, COVID-19 risk
- Additional procedures: catheterization, drains, stoma

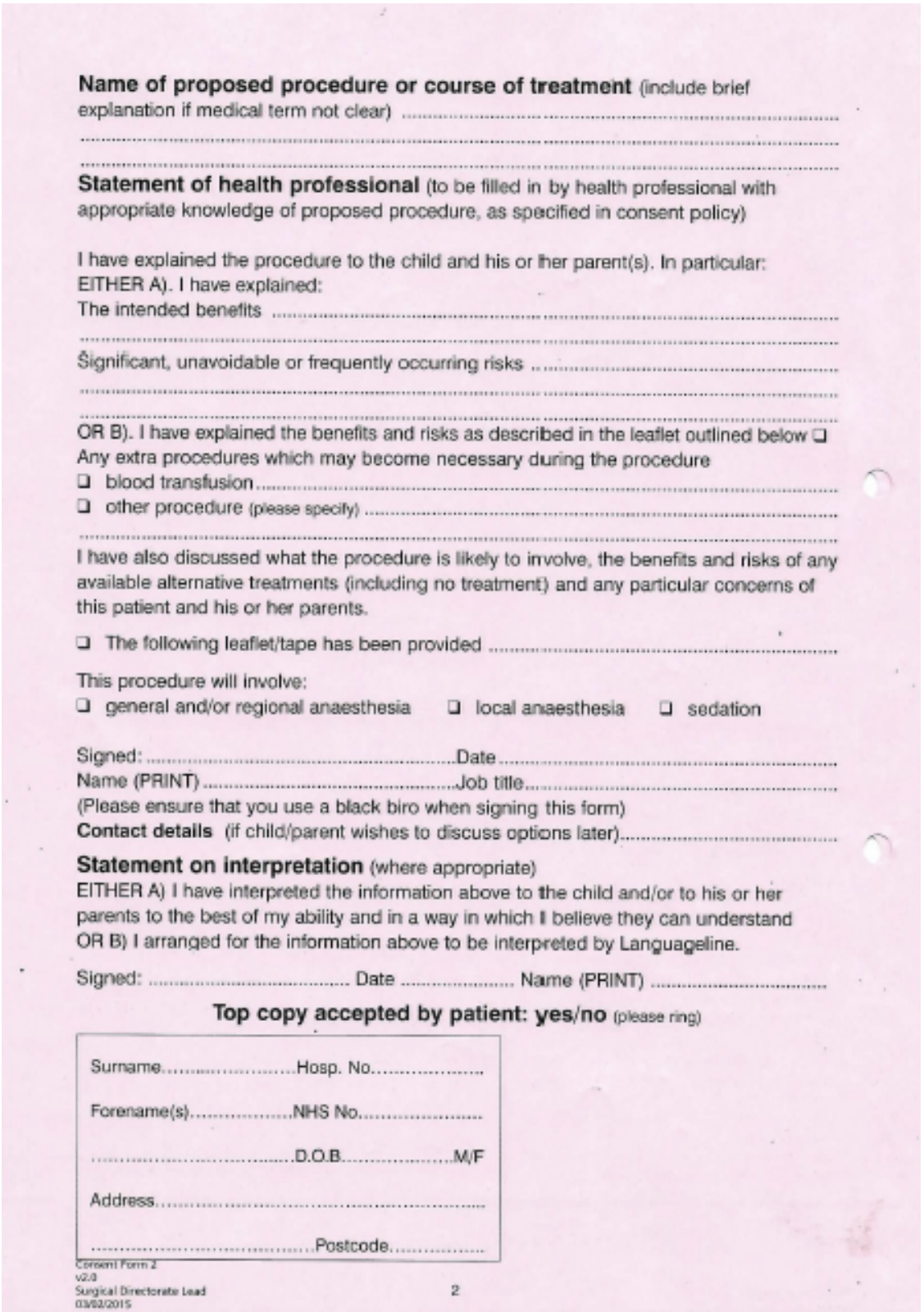
Colonoscopy/Flexible sigmoidoscopy

- Name of procedure: Colonoscopy OR flexible sigmoidoscopy +/- proceed
- List of risks would be: Infection, bleeding, pain, Bowel perforation, Sedation/anesthetic risks, DVT/PE, Covid-19 risk
- Additional procedures: Biopsies, blood transfusion

OGD

- Name of procedure: Oesophagogastroduodenoscopy (OGD) +/- proceed

- List of risks would be: Infection, bleeding, pain, Bowel perforation, Dental Damage, Sedation/anesthetic risks, DVT/PE, Covid-19 risk
- Additional procedures: Biopsies, blood transfusion



Name of proposed procedure or course of treatment (include brief explanation if medical term not clear) .....

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Statement of health professional (to be filled in by health professional with appropriate knowledge of proposed procedure, as specified in consent policy)

I have explained the procedure to the child and his or her parent(s). In particular:
EITHER A). I have explained:
The intended benefits .....

.....

Significant, unavoidable or frequently occurring risks .....

.....

.....

OR B). I have explained the benefits and risks as described in the leaflet outlined below ❑
Any extra procedures which may become necessary during the procedure
❑ blood transfusion.....
❑ other procedure (please specify) .....

.....

I have also discussed what the procedure is likely to involve, the benefits and risks of any available alternative treatments (including no treatment) and any particular concerns of this patient and his or her parents.

❑ The following leaflet/tape has been provided .....

This procedure will involve:
❑ general and/or regional anaesthesia ❑ local anaesthesia ❑ sedation

Signed: .....Date .....
Name (PRINT).....Job title.....
(Please ensure that you use a black biro when signing this form)
Contact details (if child/parent wishes to discuss options later).....

Statement on interpretation (where appropriate)
EITHER A) I have interpreted the information above to the child and/or to his or her parents to the best of my ability and in a way in which I believe they can understand
OR B) I arranged for the information above to be interpreted by Languageline.

Signed: ..... Date ..... Name (PRINT) .....

Top copy accepted by patient: yes/no (please ring)

Surname.....Hosp. No.....

Forename(s).....NHS No.....

.....D.O.B.....M/F

Address.....

.....Postcode.....

Consent Form 2
v2.0
Surgical Directorate Lead
03/02/2015

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