

Patient agreement to investigation or treatment

Open Inguinal Hernia Surgery

Authors: **Cambridge Upper Gastro-Intestinal Unit**

Brief description:

- Your surgeon has recommended that you undergo an operation to repair your groin hernia. This leaflet has been designed to provide you with information about the nature of the surgery, what to expect in the recovery period and the potential risks. It is produced in a question and answer format. If you are unsure about anything contained in it please ask one of the medical or nursing staff.
- Here, we explain some of the aims, benefits, risks and alternatives to this procedure (operation/treatment). We want you to be informed about your choices to help you to be fully involved in making any decisions.
- Please ask about anything you do not fully understand or wish to have explained in more detail.
- If you would like this information in another format or language or would like help completing the form, please ask a member of our staff.

Please bring this form with you to hospital.

- You will be asked to read this form carefully and you and your doctor (or other appropriate healthcare professional) will sign it to document your consent.
- All our consent forms are available on the Addenbrooke's website: <http://www.addenbrookes.org.uk/consent>.
- Guidance for health professionals is available on the Addenbrooke's website: <http://www.addenbrookes.nhs.uk/consent>.
- Remember, you can change your mind about having the procedure at any time.

For staff use:

Does the patient have any special requirements? (for example requires an interpreter or other additional communication method)

.....
.....

What is an Inguinal Hernia?

An inguinal hernia is an abnormal protrusion through the abdominal wall into the groin. The protrusion contains a cavity (the hernial sac) which can be empty or it can fill with abdominal contents such as bowel. Typically hernias are more obvious when standing or straining (eg coughing, heavy lifting, digging) as this forces bowel into the sac. Hernias usually develop over time for no obvious reason, although in some people there may be an inborn weakness in the abdominal wall. Occasionally a strenuous activity will cause a lump to appear suddenly. They may occur at any age and are more common in men than women.

Hernias may simply present as a painless bulge that enlarges with standing or coughing. Commonly though they cause an aching discomfort or a dragging sensation. Occasionally a piece of bowel or fat can get stuck and twisted within the hernia. This is very painful and can lead to a strangulated hernia which is a life-threatening emergency. It is generally recommended, therefore, that hernias be repaired to prevent such complications arising.

Before the operation

- Details of your medical history will be obtained, a clinical examination will be performed and any investigations deemed necessary will be carried out.
- You can discuss any concerns about the operation with the staff present.
- If you are taking any tablets or other forms of medication, you should tell the doctor treating you. It is very important that you tell us if you are allergic to any medications or dressings.
- Hernia surgery is usually performed as a daycase procedure. Sometimes we will recommend you stay in hospital overnight after your operation. This will be discussed with you when you are seen in clinic.
- The operation is most commonly performed under a general anaesthetic. It may also be performed under local anaesthetic. This will be discussed with you.

During the operation

The operation involves an incision in the groin over the hernia, freeing up of the hernia sac and replacing it inside the abdominal cavity. Next, the abdominal muscles in the groin are strengthened with the aid of an artificial mesh which is laid over the weakness and secured with stitches to prevent the hernia returning. The mesh is made of the same material as the stitches and does not cause any reaction from your body. You will not be aware that it is there. The wound is then closed with dissolving stitches under the skin. The dressing is shower-proof and we ask you to keep it on for five days after surgery.

After the operation

- After your operation, you will wake up in the recovery room. You might have an oxygen mask on your face to help you breathe. You might also wake up feeling sleepy.
- You will have a small, plastic tube in one of the veins in your arm attached to a bag of fluid called a drip.
- While you are in the recovery room, a nurse will check your pulse and blood pressure regularly. When you are well enough to be moved, you will be taken to

a ward.

- **Wound:** There are no stitches to remove. Shower for the first five days and then you can soak in a bath and peel the plastic dressing off and leave the wound open to the air. If the wound becomes red, hot or mucky see your GP immediately in case you have a wound infection and need antibiotics. Alternatively, you can ring the Day Surgery Unit for advice during office hours. Expect some numbness beneath the scar - this may be temporary or permanent. Bruising around the wound or tracking down into the scrotum is sometimes seen - this looks dramatic but is harmless and will settle spontaneously.
- **Pain Relief:** Local anaesthetic is usually injected into the wound to minimise pain immediately after surgery and this lasts for four to six hours. You will be given pain killers to take home and should take these regularly for the first few days. As the discomfort subsides you will need less pain relief but you may not be fully comfortable for two to four weeks.
- **Driving:** You are not insured to drive unless you are confident that you can brake in an emergency and turn to look backwards for reversing without fear of pain in the wound. This is usually about 10-14 days. If in doubt you should check with your insurers.
- **Exercise:** It is safe to perform light duties immediately after the operation, but sensible to avoid heavy work for four to six weeks. However, the only thing to hold you back will be discomfort and, if the wound is not hurting, you can do what ever you like.
- You should be able to return to office work by two weeks and manual work by about four weeks.
- In the week following your operation, you will be phoned at home by a senior nurse from our team to check on your recovery. Provided that all is well, we will not give you a follow-up in the hospital clinic. If you have any concerns, however, we will arrange for you to be checked up in our clinic.

Intended benefits of the procedure

- To repair your hernia.

Who will perform my procedure?

- A suitably qualified and experienced surgeon or a trainee surgeon under the direct supervision of a suitably qualified and experienced surgeon.

Risks involved in the procedure

Hernia repair is generally a very safe operation with few risks, but can be a complex surgical procedure and complications can occur. Therefore, in the period following your operation you should seek medical advice if you notice any of the following problems:

- (1) Increasing pain, redness, swelling or discharge
- (2) Severe bleeding
- (3) Difficulty in passing urine
- (4) High temperature over 38° or chills

(5) Nausea or vomiting

Recognised complications include:

- **Wound haematoma** - bleeding under the skin can produce a firm swelling of blood clot (haematoma). This may simply disappear gradually or leak out through the wound.
- **Infection** - minor wound infections do not need any specific treatment. Antibiotics are given during the operation to minimise the risk of deep seated infection.
- **Damage to testicular vessels** - in men inguinal hernias are very close to the spermatic cord which contains the blood supply to the testis. Damage to the blood supply can lead to swelling, pain and later shrinkage of the testis.
- **Nerve damage** - several nerves cross the operative field in hernia surgery. It is usually possible to preserve them but some minor nerve injury, rather like a bruise, is common and usually returns to normal in time. Permanent numbness may occur however. Some patients develop a chronic pain after hernia surgery.
- **Recurrence** – There is no method of hernia repair that can give a 100% guarantee that you will never develop another hernia in the same place after your operation. Fortunately, recurrence after hernia surgery should be rare. The lowest reported risk is with the mesh repair technique we use and is about one to three cases per hundred.

Your anaesthesia

General Anaesthesia

During general anaesthesia you are put into a state of unconsciousness and you will be unaware of anything during the time of your operation. Your anaesthetist achieves this by giving you a combination of drugs. Usually the first step is to inject medication intravenously (i.e. into a vein) through a small plastic tube, placed usually in your arm or hand. This is known as induction of anaesthesia. An example of a commonly used drug is Propofol. To maintain you in this state of unconsciousness, you will breathe a mixture of anaesthetic gases or vapours with oxygen. If the surgery or other factors require your muscles to be relaxed, e.g. in surgery on the abdomen, then a muscle relaxant drug is given and a tube is inserted into your throat and down your windpipe to help you to breathe.

While you are unconscious and unaware your anaesthetist remains with you at all times, monitoring your condition and controlling your anaesthetic, replacing fluid or blood. At the end of the operation, your anaesthetist will reverse the anaesthetic and you will regain awareness and consciousness in the recovery room, or as you leave the operating theatre.

Before your operation

Before your operation your anaesthetist will visit you in the ward. If you are a day case patient it may not be until just before your operation. The anaesthetist who looks after you on the day of your operation is the one who is responsible for making the final decisions about your anaesthetic. He or she will need to understand about your general health, any medication that you are taking and any past health problems that you have had. Your anaesthetist will want to know whether or not you are a smoker,

whether you have had any abnormal reactions to any of the drugs or if you have any allergies. They will also ask you about any anaesthetics you have had in the past and if there is any family history of problems related to anaesthetics. They will also want to know about your teeth, whether you wear dentures, have caps or a plate. Your anaesthetist needs to know all these things so that he or she can assess how to look after you in this vital period.

Do not be worried about your anaesthetic. When your anaesthetist visits you before your operation, this is the time to ask all the questions that you may have, so that you can forget your fears and worries.

Before your operation you will change into a gown and be wheeled to the operating suite. The anaesthetist, his or her assistant and nurses are likely to be present. An intravenous line (drip) may be inserted. Monitoring devices will be attached to you, such as a blood pressure cuff or a pulse oximeter. A pulse oximeter is usually a little red light in a small box, which is taped to your finger. It shows how much oxygen you have in your blood and is one of the vital monitors that an anaesthetist uses during your operation to ensure that you remain in the best of health. You may be given some oxygen to breathe.

During your operation

While you are unconscious and unaware your anaesthetist remains with you at all times. He or she monitors your condition and administers the right amount of anaesthetic drugs to maintain you in the correct level of unconsciousness for the period of the surgery. Your anaesthetist is constantly aware of your condition and trained to respond. Your anaesthetist will be monitoring such factors as heart rate, blood pressure, heart rhythm, body temperature and breathing. He or she will also constantly watch your need for fluid or blood replacement. If you have any other medical conditions, your anaesthetist will know of these from your pre-operative assessment and be able to treat them during surgery.

After your operation

After your operation your anaesthetist continues to monitor your condition carefully. You will be transferred to a recovery ward where specially trained nurses, under the direction of anaesthetists, will look after you. Your anaesthetist and the recovery nurses will ensure that all the anaesthetic effects are reversed and that you are closely monitored as you return to full consciousness. You may be given some oxygen to breathe in the recovery area, and may find that intravenous drips have been inserted whilst you are unconscious in theatre and that these will be replacing fluids that you might require. You will be given medication for any pain that you might feel.

You are likely to feel drowsy and sleepy at this stage. Some patients feel sick, others may have a sore throat related to the insertion of the breathing tube during surgery. During this time it is important that you relax as much as you can, breathe deeply, do not be afraid to cough, and do not hesitate to ask the nursing staff for any pain relief, and about any queries you may have. You are likely to have hazy memories of this time and some patients experience vivid dreams. Once you are fully awake you will be returned to the ward, and if you are a day patient will be allowed to go to the waiting area to fully recover before you are accompanied home. Do not expect to feel completely normal immediately!

What are the risks of general anaesthesia?

In modern anaesthesia, serious problems are uncommon. Risks cannot be removed completely, but modern equipment, training and drugs have made it a much safer

procedure in recent years. The risk to you as an individual will depend on; whether you have any other illness, personal factors (such as smoking or being overweight) or surgery which is complicated, long or done in an emergency. Please discuss any pre-existing medical condition with your anaesthetist.

- **Very common and common side effects (1 in 10 or 1 in 100 people)**
Feeling sick and vomiting after surgery, sore throat, dizziness, blurred vision, headache, itching, aches, pains and backache, pain during injection of drugs, bruising and soreness, confusion or memory loss.
- **Uncommon side effects and complications (1 in 1000 people)**
Chest infection, bladder problems, muscle pains, slow breathing (depressed respiration), damage to teeth, lips or tongue, an existing medical condition getting worse, awareness (becoming conscious during your operation).
- **Rare or very rare complications (1 in 10,000 or 1 in 100,000)**
Damage to the eyes, serious allergy to drugs, nerve damage, death, equipment failure.

Let us know: Please let us know if we need to cancel any appointments for any reason (including illness) so your 'slot' can be used by others. Direct dial telephone to cancel an appointment in Clinic 4: 01223 216261 (or switchboard 01223 245151 and extn: 2261) or Day Surgery Unit: 01223 216288 (or switchboard 01223 245151) and extn: 2288.



Addenbrooke's is smoke-free. You cannot smoke on site. For advice on quitting, contact your GP or the NHS smoking helpline free, 0800 169 0 169

Please ask if you require this information in other languages, large print or audio format: 01223 216032 or patient.information@addenbrookes.nhs.uk

Informacje te można otrzymać w innych językach, w wersji dużym drukiem lub audio. Zamówienia prosimy składać pod numerem: 01223 216032 lub wysyłając e-mail: patient.information@addenbrookes.nhs.uk

Polish

Se precisar desta informação num outro idioma, em impressão de letras grandes ou formato áudio por favor telefone para o 01223 216032 ou envie uma mensagem para: patient.information@addenbrookes.nhs.uk

Portuguese

Если вам требуется эта информация на другом языке, крупным шрифтом или в аудиоформате, пожалуйста, обращайтесь по телефону 01223 216032 или на вебсайт patient.information@addenbrookes.nhs.uk

Russian

若你需要此信息的其他語言版本、大字體版或音頻格式，請致電 01223 216032 或發郵件到: patient.information@addenbrookes.nhs.uk

Cantonese

Bu bilgiyi diger dillerde veya büyük baskılı ya da sesli formatta isterseniz lütfen su numaradan kontak kurun: 01223 216032 veya asagıdaki adrese e-posta gönderin: patient.information@addenbrookes.nhs.uk

Turkish

এই তথ্য বাংলায়, বড় অক্ষরে বা অডিও টেপে পেতে চাইলে দয়া করে 01223 216032 নম্বরে ফোন করুন
বা patient.information@addenbrookes.nhs.uk ঠিকানায় ই-মেইল করুন।

Bengali**Document History**

Authors	Cambridge Upper Gastro-intestinal Unit
Department	Addenbrooke's Hospital, Cambridge University Hospitals NHS Foundation Trust, Hills Road, Cambridge, CB2 2QQ www.addenbrookes.org.uk
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Consent form 1

Patient agreement to investigation or treatment

For staff use only:
Surname:
First names:
Date of birth:
Hospital no:
Male/Female:
(Use hospital identification label)

Responsible health professional/job title

.....

Special requirements
(For example, other language/other communication method)

Name of proposed procedure or course of treatment

Open Inguinal Hernia Surgery

Side (left/right).....

Statement of health professional

(To be filled in by a health professional with an **appropriate knowledge of the proposed procedure**, as specified in the Hospital's consent policy)

I have explained the procedure to the patient. In particular, I have explained:

- The intended benefits of the procedure: To repair your hernia
- Any serious or frequently occurring risks from the procedures including those specific to the patient: Increasing pain, redness, swelling or discharge; Severe bleeding; Difficulty in passing urine; High temperature over 38° or chills; Nausea or vomiting; Wound haematoma; Infection; Damage to testicular vessels; Nerve damage; Recurrence

• Any extra procedures that might become necessary during the procedure

Blood transfusion Other procedure (please specify)

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

- The following information leaflet has been provided: CF 136.....

Version/Date/Ref: Version 3, November 2008

This procedure will involve:

General and/or regional anaesthesia Local anaesthesia Sedation

Health professional's signature:Date:

Name (PRINT): Job title:

Contact details (if patient wishes to discuss details later)

I have offered the patient information about the procedure but s/he has declined information.

Statement of the interpreter (if appropriate)

I have interpreted the information to the best of my ability, and in a way in which I believe s/he can understand:

Interpreter's signature..... Date:

Name (PRINT):.....

Important notes: (tick if applicable)

- The patient has withdrawn consent (ask patient to sign/date here)
- See also advance directive/living will (eg Jehovah's Witness form)

Copy accepted by patient: yes / no (please circle)

<p>For staff use only: Surname: First names: Date of birth: Hospital no: Male/Female: (Use hospital identification label)</p>
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Statement of patient

Please read this form carefully. If your treatment has been planned in advance, you should already have your own copy, which describes the benefits and risks of the proposed treatment. If not, you will be offered a copy now. Do ask if you have any further questions. The staff at Addenbrooke's are here to help you. **You have the right to change your mind at any time before the procedure is undertaken, including after you have signed this form.** Training doctors and other health professionals is essential to the continuation of the Health Service and improving the quality of care. Your treatment may provide an important opportunity for such training, where necessary under the careful supervision of a senior doctor. You may, however, decline to be involved in the formal training of medical and other students without this adversely affecting your care and treatment.

Please read the following:

I understand that I will have the opportunity to discuss the details of anaesthesia with an anaesthetist before the procedure, unless the urgency of my situation prevents this. (This only applies to patients having general or regional anaesthesia.)

I understand that you cannot give me a guarantee that a particular person will perform the procedure. The person undertaking the procedure will, however, have appropriate experience.

I understand that any procedure in addition to those described on this form will only be carried out if it is necessary to save my life or to prevent serious harm to my health.

I have been told about additional procedures which may become necessary during my treatment. I have listed below any procedures that **I do not wish, without further discussion, to be carried out.**

I understand that any tissue (including blood) removed as part of the procedure or treatment will be anonymised and may be used for teaching or quality control, and stored or disposed of in a manner regulated by appropriate, ethical, legal and professional standards.

I understand that all research will be approved by a research ethics committee and undertaken in accordance with appropriate ethical, legal and professional standards.

I understand that the research may be conducted within a hospital, university, not for profit organisation or a company laboratory.

Please tick boxes to indicate you either agree/disagree to the three points below. **Yes** **No**

I agree that tissue (including blood) not needed for my own diagnosis or treatment can be used for **research which may include genetic research.** **If you wish** to withdraw your consent for the use of your tissue (including blood) for research, please contact the Patient Advice and Liaison Service at Addenbrooke's Hospital.

I agree to the use of photography for the purpose of diagnosis and treatment.

I agree to anonymised photographs being used for medical teaching.

I confirm that the risks, benefits and alternatives of this procedure have been discussed with me and I have read and understood the above and agree to the procedure (or course of treatment) on this form.

Patient's signature:..... **Date:**

Name (PRINT):

If the patient is unable to sign but has indicated his/her consent, a witness should sign below. Young people may also like a parent to sign here (see guidance notes).

Witness' signature:..... **Date:**

Name (PRINT):

Confirmation of consent (to be completed by a health professional when the patient is admitted for the procedure, if the patient has signed the form in advance)
 On behalf of the team treating the patient, I have confirmed with the patient that s/he has no further questions and wishes the procedure to go ahead.

Signature **Date:**

Name (PRINT): **Job Title:**

