

Patient agreement to investigation or treatment

Laparoscopic adrenalectomy

Authors: Cambridge Surgical Hepatobiliary and Pancreas Service

Brief description:

- This is an operation to remove the adrenal gland using key-hole surgical techniques. Usually, this is because one of the adrenal glands has developed an abnormal area that has started to over produce one of the hormones. This can give rise to a variety of medical conditions such as Cushing’s syndrome, Conn’s syndrome, high blood pressure or palpitations.
- 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>
- 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)

.....
.....

About laparoscopic adrenalectomy

The adrenal glands are a pair of small glands which are situated in the upper part of your abdomen (tummy) just above the kidneys. The gland on the left is just behind the pancreas gland and just below the spleen. The gland on the right lies behind the right side of the liver. The adrenal glands make a number of hormones which normally help to regulate the way the body works.

Using key-hole surgery, one of these adrenal glands is removed. The remaining adrenal gland will serve the full function originally carried out by the pair of glands. It might however, be necessary to take medications to help the remaining gland recover and perform the usual functions of the adrenal glands (usually in patients with Cushing's syndrome). If both glands have to be removed (this is very rare) then medications can be taken to replace their function.

Before your procedure

- Most patients attend a pre-admission clinic, when you will meet a senior member of the surgical staff who will explain all the options to you in detail.
- At this clinic, we shall ask you for details of your medical history and carry out any necessary clinical examinations and investigations. This is a good opportunity for you to ask us any questions about the procedure, but please feel free to discuss any concerns you might have at any time.
- You will be asked if you are taking any tablets or other types of medication - these might be ones prescribed by a doctor or bought over the counter in a pharmacy. It helps us if you bring with you details of anything you are taking (for example: bring the packaging with you).
- This procedure involves the use of a general anaesthetic. See below for further details about the types of anaesthesia we shall use.
- Most people who have this type of procedure will need to stay in hospital for a period of three to five days following the operation. Sometimes we can predict whether you will need to stay for longer than usual - your doctor will discuss this with you before you decide to have the procedure.

During the procedure

- Before your procedure, you will be given the necessary anaesthetic - see below for details of this.
- The operation involves the creation of three or four small incisions (cuts) in the wall of the abdomen (tummy) just below the ribs on the side of the gland which is to be removed. These incisions are approximately one to two cm long.
- A miniature camera is passed into the abdomen through one of these small incisions. It allows an excellent view of the adrenal gland. Through the other small incisions, we can pass special long instruments which are used to free up the organs overlying the adrenal gland and allow it to be removed. Depending on the size of the abnormal adrenal gland, it is usually necessary to make one of the small incisions larger to allow the adrenal gland to be removed from your body.

- A soft plastic drainage tube (a drain) is usually placed into the abdomen, via one of the small holes, to allow fluid to drain away from the operation site for the first 24 hours after the operation.

How is this different from the traditional operation for removal of the adrenal gland?

- The actual operation is the same. The only thing that differs is the way in which we get to the adrenal gland to remove it. Traditionally, we need to make a much larger incision to reach the adrenal gland because of its relatively inaccessible position. This takes longer to heal than the three or four little holes of key-hole surgery and the recovery from the operation is slower.

Is there a guarantee that key-hole surgery can be done?

- No, there is no guarantee that the operation can be completed by key-hole surgery. If there is any technical difficulty with removing the adrenal gland then a traditional cut would be needed to remove it. The time in hospital would be a little longer (seven to ten days) and the recovery at home would be between six to eight weeks. The risk of having to convert to open surgery is approximately 5 to 10%.

After the procedure

- You will wake up in the recovery room after your operation. You might have an oxygen mask on your face to help you breathe. You might also wake up feeling sleepy.
- After this procedure, most people will have a small, plastic tube in one of the veins of their arm. This might be attached to a bag of fluid (called a drip), which feeds your body with fluid until you are well enough to eat and drink by yourself.
- 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.
- Sometimes, people feel sick after an operation, especially after a general anaesthetic, and might vomit. If you feel sick, please tell a nurse and you will be offered medicine to make you more comfortable.
- Immediately after the operation there is some discomfort from the small cuts in the skin of the tummy but this is well controlled with simple pain-killers. All the wounds are closed with special dissolving stitches placed under the skin so that no stitches need to be removed.
- **Eating and drinking:** You can eat and drink normally a few hours after the operation.
- **Getting around and about:** Most patients are able to get out of bed on the day after their surgery.
- **When you can leave hospital:** Most people who have had this type of procedure under **general anaesthetic** will be able to go home two to three days after the operation, depending on the reason for removal of the adrenal gland. The actual time that you stay in hospital will depend on your general health, how quickly you recover from the procedure and your doctor's opinion.

- **When you can resume normal activities including work:** It will then take 7 to 14 days to recover at home and most people are back to their normal activities within two to four weeks.
- **Special measures you need to take after the procedure:** You will be given more detailed information about any special measures you need to take after the procedure. You will also be given information about things to watch out for that might be early signs of problems (for example: infection).
- **Check-ups and results:** Before you leave hospital, you will be given a date to return to clinic for the results of your surgery. Any further treatment, if recommended, will be discussed with you then.

Intended benefits of the procedure

- To remove the abnormal area of the adrenal gland that has started to over produce one of the hormones. This can prevent a variety of medical conditions such as Cushing's syndrome, Conn's syndrome, high blood pressure or palpitations.

Who will perform my procedure?

- A team of surgeons who have the appropriate experience will carry out the procedure.

Alternative procedures that are available

- The non-surgical alternatives will have been discussed fully with you by your endocrinologist or blood pressure specialist before referral for surgery. These doctors will also have been closely involved in your care, medication and medical aspects of your post-operative care.

Serious or frequently occurring risks

- Like all operations there are small risks. These are assessed on an individual basis depending upon patient's fitness and this should be discussed with your specialist prior to surgery. However, overall this is a very safe operation.
- There is a small risk of bleeding, infection and hernia formation following this procedure. This risk is greater in patients with Cushing's syndrome where the tissues are much more fragile due to the nature of the illness.
- There is a 5 to 10% risk of the key-hole operation being converted to an open traditional operation and the chances of this happening are higher in complex cases and in those patients who have had previous surgery.
- Like any other operation, complications such as infection, bleeding, chest infections, adhesions, hernia, DVT and pulmonary embolus can occur.

Information and support

- You might be given some additional patient information before or after the procedure for example leaflets that explain what to do after the procedure and what problems to look out for. If you have any questions or anxieties, please feel free to ask a member of the surgical team.

They would be pleased to answer any queries you might have including the more detailed technical aspects of this procedure.

- If you have further questions please contact one of the HPB Specialist Nurses, on bleep number 154 225.

Your anaesthesia

There are different types of anaesthesia. The type chosen by your anaesthetist depends on the surgery you are undergoing as well as your health and fitness. Sometimes the different types of anaesthesia are used in combination.

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.

Before your operation

Before your operation your anaesthetist will visit you in the ward, although occasionally this will happen in a pre-anaesthetic assessment clinic. 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 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. Your anaesthetist may examine your heart and lungs and may also prescribe medication that you will be given shortly before your operation, the pre-medication or 'pre-med'.

Pre-medication is the name given to medication (drugs) given to you some hours before your operation. These drugs may be given as tablets or injections. They relax you and may send you to sleep. They are not always given.

Do not worry if you do not have a pre-med, your anaesthetist has to take many factors into account in making this decision and will take account of your views on the topic if possible. 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 usually be changed into a gown and wheeled to the operating suite into an anaesthetic room. This is an ante-room outside the theatre. The anaesthetist, his or her assistant and nurses are likely to be present. An intravenous line (drip) may be inserted. Monitoring devices may 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 probably 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, and systems, such as Patient Controlled Anaesthesia (PCA) may be set up to continue pain control on the ward.

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.



We are currently working towards a smoke free site. Smoking is only permitted in the designated smoking areas.

For advice and support in quitting, contact your GP or the free NHS stop smoking helpline on 0800 169 0 169

Help with this leaflet:



If you would like this information in another language, large print or audio format, please ask the department to contact Patient Information: 01223 216032 or patient.information@addenbrookes.nhs.uk

Polish

Jeżeli chciałbyś uzyskać te informacje w innym języku, w dużej czcionce lub w formacie audio, poproś pracownika oddziału o kontakt z biurem Informacji Pacjenta (Patient Information) pod numerem telefonu: 01223 216032 lub pod adresem patient.information@addenbrookes.nhs.uk

Portuguese

Se precisar desta informação noutra língua, em impressão de letras grandes ou formato áudio, por favor peça ao departamento que contacte a secção de Informação aos Doentes (Patient Information) pelo telefone 01223 216032 ou através do e-mail patient.information@addenbrookes.nhs.uk

Arabic

إذا كنت تود الحصول على هذه المعلومات بلغة أخرى، بالأحرف الكبيرة أو بشكل شريط صوتي، يمكنك أن تطلب من القسم الاتصال بمعلومات المريض على الرقم: 01223216032 أو عبر البريد الإلكتروني: patient.information@addenbrookes.nhs.uk

Cantonese

如您需以另一語言版本、特大字體或錄音形式索取本資料，請要求部門聯絡病人諮詢服務：電話 01223 216032，電郵地址 patient.information@addenbrookes.nhs.uk

Turkish

Eğer bu bilgileri başka bir dilde veya büyük baskılı veya sesli olarak isterseniz, lütfen bulunduğunuz bölümdeki görevlilere söyleyin Hasta Bilgilendirme servisini arasinlar: 01223 216032 veya patient.information@addenbrookes.nhs.uk

Urdu

اگر آپ کو یہ معلومات کسی دیگر زبان میں، بڑے الفاظ میں یا آڈیو طریقہ سے درکار ہوں تو برائے مہربانی اس شعبہ سے پیشمنت انفارمیشن سے ذیل کے ذریعہ رابطہ کرنے کی درخواست کریں: patient.information@addenbrookes.nhs.uk یا 01223 216032

Bengali

আপনি যদি এই তথ্য অন্য কোন ভাষায়, বড় অক্ষরে বা অডিও রেকর্ডিং পেতে চান তাহলে 'প্যাশেন্ট ইনফরমেশান' এর সঙ্গে 01223 216032 নম্বরে ফোন করে বা patient.information@addenbrookes.nhs.uk ঠিকানায় ই-মেইল করে যোগাযোগ করার জন্য ডিপার্টমেন্টটিতে আহ্বোধ জানান।

Document history

Authors	Surgical hepatobiliary and pancreatic service
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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:	

Responsible health professional/job title

.....

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

Name of proposed procedure or course of treatment

Laparoscopic Adrenalectomy **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 remove the abnormal area of the adrenal gland that has started to over produce one of the hormones
 - Any serious or frequently occurring risks from the procedures including those specific to the patient Bleeding, infections, fluid collection, hormonal dysfunction, hernia from the port sites.
 - 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: Laparoscopic Adrenalectomy
..... Version/Date/Ref: 4/ June 2010/ CF141.....

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</p>

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. Yes No

I agree to the use of photography for the purpose of diagnosis and treatment. Yes No

I agree to anonymised photographs being used for medical teaching. Yes No

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: