

Patient agreement to investigation or treatment

Staging laparoscopy

Authors: Cambridge Upper Gastro-Intestinal Unit

Brief description:

- This is a key-hole operation that allows us to see inside your abdominal cavity to assess the extent of your cancer. It is the most accurate way of detecting any spread of cancer around the abdominal cavity.
- 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 can be found on the Addenbrooke's intranet site
<http://nww.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? (eg requires an interpreter or other additional communication method)

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Why do I need a staging laparoscopy?

Before we can discuss the options for treating your cancer, we need to thoroughly assess its extent (also known as its "stage").

The CT body scan in the X-ray department is good at detecting the spread of cancer in the liver and lungs. However, it cannot detect tiny deposits of cancer spread inside the abdominal cavity. That is why we recommend that you undergo a staging laparoscopy procedure.

The results of this procedure will allow us to fully discuss and plan treatment with you. Laparoscopy (or "key hole") surgery allow us to see inside your abdomen without having to make large incisions. This is a major advantage to you in getting over the procedure. This procedure is performed while you are under a general anaesthetic.

Before your procedure

- Most patients will attend a pre-admission clinic. This is where you will be seen by a member of the team who will be looking after you in hospital.
- You will be asked for details of your medical history and undergo a physical examination. At this time, we will arrange any investigations you require to prepare you for the operation. 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 health food shop. It helps us if you bring details with you of anything you are taking (for example: bring the packaging with you or make a list of all your medications).
- We anticipate that you need to stay in hospital for a maximum of one night after the operation. If at all possible, we will allow you home in the evening after your operation. Sometimes we can predict whether you will need to stay for longer than usual and your doctor will discuss this with you before you decide to have the procedure.
- Before your operation, your anaesthetist will visit you in the ward. If you are a day case patient, this might not be until just before your operation.
- The anaesthetist will review your medical history. In particular, you will be asked about your medications and any health problems that you have. They will also ask you about previous anaesthetics you have had and whether you had any problems with these (for example: nausea). You will also be asked if you are allergic to anything. They will also want to know about your teeth, whether you wear dentures, have caps or a plate. Your anaesthetist may examine your heart and lungs too.
- Occasionally you may be prescribed medication that you will be given shortly before

your operation; this is known as “the pre-medication” or 'pre-med'. It will relax you and may send you to sleep

During the procedure (operation/treatment) itself

- Before your procedure, you will be given a general anaesthetic. This is usually performed by giving you an injection of medication intravenously (into a vein) through a small plastic cannula (commonly known as a drip), placed usually in your arm or hand.
- While you are unconscious and unaware, your anaesthetist remains with you at all times, monitoring your condition and controlling your anaesthetic. 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.
- While you are asleep we make a small hole by your tummy button (umbilicus) and inflate your tummy up with carbon dioxide gas which is completely harmless. Through the hole we can use a special long camera to look inside the abdominal cavity. We make two other small holes, one on each side of the abdomen and we pass long instruments through these which move the organs around and allow us to examine them closely.
- During the procedure, we frequently take tissue and fluid samples for analysis and to assist in our decision making. We will inform you when we have done this, but will not have the results before you go home.
- At the end of the operation, before you wake up, all the puncture sites in your abdomen will be injected with local anaesthetic so that when you first wake up there should be very little pain. Some patients have some discomfort in their shoulders, but this wears off quite quickly.

After the procedure (operation/treatment)

- 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.

Later on after the procedure:

- **Eating and drinking:** You will be able to drink immediately after the operation and if this is all right and you do not feel sick, then you will be able to eat something.
- **Getting around and about:** After this procedure, you can get up and about as soon as you feel comfortable.
- **When you can leave hospital:** Some patients feel well enough to get home the same day of their procedure, but most people stay one night and then go home the next day after their breakfast. You may feel discomfort for seven to ten days after, but simple painkillers taken by mouth are usually all that people need to enable them to be fully mobile at home.
- **When you can resume normal activities including work:** We expect you to return to normal activities in a matter of days following your procedure. You can drive again when you can comfortably make an emergency stop (generally about seven days, but must be checked in stationary car first!). Other more vigorous activities can be resumed after two weeks.

Special measures you need to take after the procedure:

- All the wounds are closed with dissolvable stitches under the skin and therefore nothing needs to be done to these after the operation. Each of the wounds is covered with a small waterproof dressing which we ask you to keep intact for five days if possible. It is shower proof but will come off in a hot bath. We suggest that you get into a hot bath on day five and gently remove the dressings and leave the wound open to the air. If they rub on your clothing you may find it more comfortable to put a small Elastoplast dressing over each wound.
- **Check-ups and results:** We are able to give you some information before you go home. If we have taken samples, we will arrange with you how we will communicate the results to you. This may be by telephone or at review in the outpatients clinic. This will be discussed with you before you are discharged home. Clearly it is a time of great anxiety waiting for the results of tests, but it is very important that these tests are performed properly so that the right treatment is chosen for you.

Intended benefits of the procedure

- To accurately detect any spread of cancer around the abdominal cavity.

Who will perform my procedure?

- This procedure will be performed by a Consultant Surgeon or under the direct supervision of the Consultant by a surgeon in training who works in the team.

Alternative procedures that are available

- For the particular information we are looking to obtain, there is currently no alternative method to detect spread of cancer within the linings of the abdominal cavity.

Serious or frequently occurring risks:

- All operations, however minor, have small risks attached to them. A staging laparoscopy is a relatively low risk procedure. However, rare complications can occur and any questions you have about the risks of the procedure should be directed towards the Consultant or Registrar who obtains consent from you.

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 staff including your surgeon or one of the senior trainees.
- Mr Hardwick, consultant Upper GI surgeon - 01223 217421.
- Mr Derryhouse, consultant Upper GI surgeon - 01223348024

This document is also available in other languages, large print and audio format upon request – 01223 216032 or patient.information@addenbrookes.nhs.uk

本文件也可應要求，製作成其他語文或特大字體版本，也可製作成錄音帶。
Cantonese

આ દસ્તાવેજ વિનંતી કરવાથી બીજી ભાષાઓ, મોટા છાપેલા અક્ષરો અથવા ઓડિઓ રચનામાં પણ મળી રહેશે.
Gujarati

A richiesta questo documento è anche disponibile in altre lingue, a caratteri grandi e in formato audio.
Italian

ئەم بەلگەییە ھەرۆھە بە زمانەکانی کە، بە چاچی درشت و بە شریتی تەسجیل دەس دەکەویت
Kurdish

درخواست پر یہ دستاویز دیگر زبانوں میں، بڑے حروف کی چھپائی اور سننے والے ذرائع پر بھی میسر ہے۔
Urdu



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

Document History

Authors	Cambridge Upper Gastro-intestinal Unit
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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
(eg other language/other communication method)

Name of proposed procedure or course of treatment

Staging Laproscopy **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

 - Any serious or frequently occurring risks from the procedures including those specific to the patient

 - 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:
Version/Date/Ref:

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)

For staff use only:

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

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:**