

# Patient agreement to investigation or treatment

## Open Cholecystectomy

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

**Brief description:**

- This is an operation to remove the gall bladder via an incision made in the abdomen
- 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.

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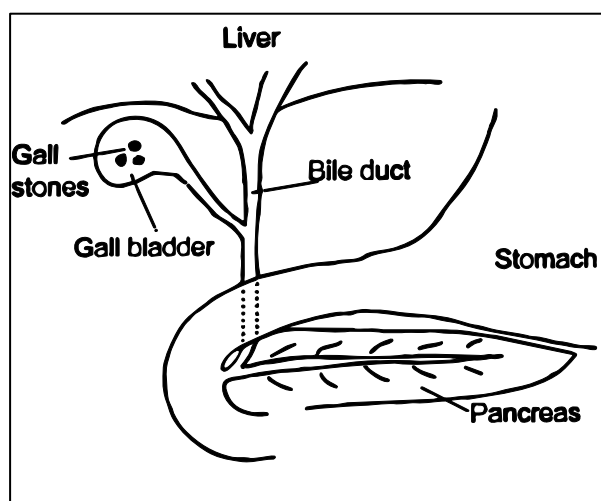
**For staff use:**

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

.....  
.....

## What is the Gall Bladder?

Your liver has many functions, one of which is to produce a substance called bile. This green liquid drains from the liver to the intestine via the bile duct (see diagram below). The gall bladder is a small reservoir attached to the side of the bile duct where bile can be stored and concentrated between meals. When we eat, particularly fatty foods, the gall bladder contracts and empties extra bile into the bile duct and then into the intestine to mix with the food. Bile has many functions, one of which is to allow us to absorb fat. The gall bladder sits just under the liver, which is in the right upper part of the abdomen, just under the ribs.



## Why might I need my Gall Bladder removed?

Usually this is because it is giving you pain due to gall stones. These small stones form in the gall bladder and can cause a range of problems including pain, jaundice, infection and pancreatitis. They are very common but do not always cause symptoms. Gall stones that are not causing trouble can be left alone.

## Before your procedure

- You will attend a pre-admission clinic, where you will be seen by a member of the team who will be looking after you in hospital.
- When you attend the outpatient clinic, you will be informed by the doctor you see about where your operation will be carried out. In particular, we will discuss how long you will need to stay in hospital after your operation.
- At this clinic, we shall ask you for details of your medical history and carry out a physical examination. We will arrange any investigations and tests you require. 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 details with you of anything you are taking (for example: bring the packaging with you).
- Before your operation your anaesthetist will visit you in the ward.

- They 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 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.
- 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'. They relax you and may send you to sleep

## **During the procedure (operation) itself**

- Before your procedure, you will be given a general anaesthetic. This is usually performed by giving you an injection of medication intravenously (i.e. 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.
- An approximately 15-20 cm incision will be made in the tummy wall. This is usually close to the rib margin on the right side.
- We then free up the gall bladder with its stones from underneath the liver and it is completely removed. In addition, it is sometimes necessary to perform a special X-ray during the operation called a cholangiogram. This is used to check for stones in the bile duct.
- The incision we have made will be covered with a waterproof dressing.
- You may have a drain tube left inside the tummy.

## **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.
- The amount of pain you will have is unpredictable. All small wounds will have been injected with local anaesthetic while you are asleep so they should not hurt too much. Many patients have central abdominal pain for a few hours immediately after they wake up but this goes quite quickly. You will be offered painkillers and it is advisable to take these, even if you do not have much pain.

## 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. It will normally take a day or two before you are able to walk around relatively normally again.
- **When you can leave hospital:** You will be reviewed by the doctors and nursing staff on the ward after your operation. You will normally stay in hospital for about five to seven days. You will be given a supply of simple painkillers to take home. We recommend that you take these regularly for the first couple of days at home after your operation.
- **When you can resume normal activities including work:** We expect you to progressively return to normal activities over about two weeks following your procedure. Other more vigorous activities can be resumed after about six weeks as you feel comfortable.
- **What happens with my dressings?** All the wounds are closed with dissolvable stitches under the skin and therefore nothing needs to be done to these after the operation. Your dressing will most likely be removed by the nursing staff before you leave hospital. If you have any worries about your wounds, you should contact your GP.
- **Check-ups and results:** Before you leave hospital you will be advised about your expected recovery. We do not need to see you routinely for a check up in the clinic but are always happy to do so if you have any problems.

## How is this different from the other operations for Gall Bladder problems?

Most operations on the gall bladder are performed via a key hole technique. This is where four small incisions are made rather a single larger incision. The only thing that differs is the way in which we get to the gall bladder to remove it. You have been advised to have surgery via an incision for specific reasons. Common reasons for not recommending key hole surgery are: Previous surgery that makes a key hole approach impossible or severe inflammation of the gall bladder as well as other more uncommon reasons. Your surgeon will be able to explain this to you in more detail.

## Is there an alternative to surgery for Gall Stones?

Unfortunately, no alternative exists. The only successful treatment is to remove the gall bladder and gall stones completely. The results of this operation are very good and almost all patients can then return to eating normally and living a normal diet.

## Can I manage without my Gall Bladder?

Yes. The gall bladder is a reservoir for bile and we are able to manage without it. Rarely patients notice that their bowels are a little looser than before the operation but this is uncommon. You will be able to eat a normal diet after your operation, assuming that there is nothing else wrong with you.

## Are there any risks?

Removal of the gallbladder is a very common and a very safe procedure. However, like all operations there are small risks involved. We believe that it is very important that you are fully aware of these risks as this is important in your understanding of what the operation involves. The possible complications below are particularly important as they can mean that you need to stay in hospital for longer and that further operations or procedures are required.

- **Leakage of bile** – When we remove the gallbladder, we put special clips on the tube that connects the gallbladder to the main bile duct draining the liver. Despite this, sometimes bile fluid leaks out. If this does occur, we have a number of different ways of dealing with this. Sometimes the fluid can simply be drained off by our colleagues in the X-ray department. In other cases we will ask some other colleagues to perform a special test called an ERCP. This is a procedure where you are made very sleepy (using sedative injections) and a special flexible camera ('an endoscope') is passed down your gullet and stomach to allow the doctor to see the lower end of your bile duct. The doctor then injects a special dye that allows them to see where the bile has leaked from. If they see where the bile is leaking from, they will insert a plastic tube (called a 'stent') into your bile duct to allow the bile to drain internally. This stent is usually removed six to eight weeks after it is put in. Rarely, if a patient develops a bile leak, an operation is required to drain the bile and wash out the inside of the abdominal cavity. This can usually be performed as a keyhole procedure.
- **Injury to Bile Duct** – Injury to the main bile duct draining bile from the liver to your intestine is a rare (1 per 400 cases) complication of gallbladder surgery. We use a number of techniques during the operation to prevent this happening. If an injury occurs, it requires immediate repair so that you recover smoothly from the operation. Repair of this injury requires an open cut to be made under your ribs.
- **Stones in the Bile Duct** – Rarely, stones may be discovered that have moved out of the gall bladder into the bile duct. We try to remove these at the time of operation; however, sometimes this is not possible. An ERCP test (as described above) may later be required to remove the stones.
- **Injury to intestine, bowel and blood vessels** – Injury to these structures can, very rarely, during the freeing up of the gallbladder particularly if it is very inflamed. Usually this injury can be seen and repaired at the time of the operation, but occasionally may only become clear in the early postoperative period. If we suspect that you may have sustained such an injury, a further operation will be required. This will be performed as a keyhole operation but will need conversion to an open operation if necessary.

- **Bleeding** – This very rarely occurs after any type of operation. Your pulse and blood pressure are closely monitored after your operation as this is the best way of detecting this potential problem. If bleeding is thought to be happening, you will require a further operation to stop it. If the bleeding is serious, it is possible you may require a blood transfusion.
- **Complications relating to the heart** – Major surgery places considerable stress on the body and there is a small risk of a problem relating to the heart. This may take two forms and varies from very minor to severe. Firstly, the heart may develop an abnormal rhythm (usually beating excessively quickly). You may notice a fluttery feeling (palpitations) in the chest or nothing at all. Usually, simple measures such as balancing the body's salt concentrations, or administering medications resolve these problems. Secondly and more seriously, suffering a heart attack (damage to the heart muscle) is possible. Therefore, if a problem arises it can usually be treated early and effectively. The risk of developing a heart problem is increased if you have a history of heart problems, smoke cigarettes (particularly within three months of surgery) or have other risk factors for heart disease.
- **Deep vein thrombosis (DVT) and pulmonary embolus** - All surgery carries varying degrees of risks of thrombosis (clots) in the deep veins of your leg. In the worst case a clot in the leg can break off and travel to the lung (pulmonary embolism). This can significantly impair your breathing. To prevent these problems around the time of your operation and following your operation we give you some special injections to 'thin' the blood. We also ask you to wear compression stockings on your legs before and after surgery and also use a special device to massage the calves during the surgery. Moving about as much as you can, including pumping your calf muscles in bed or sitting out of bed as soon as possible reduce the risk of these complications.
- **Wound haematoma** - Bleeding under the skin can produce a firm swelling of blood clot (haematoma), this may only become apparent several days after the surgery. It is essentially a bruise. This may simply disappear gradually or leak out through the wound without causing any major consequences to you.
- **Wound Infection** – The wounds can, rarely, become infected. If you notice redness, discharge or increasing pain from a wound you should consult with your doctor in case you need treatment.
- **Deep Infection** – A rarer and more serious problem with infection is where an infection develops inside your tummy or chest cavity. This will often need a scan to diagnose, as there may be no obvious signs on the surface of your body. Fortunately, this type of problem will usually settle with antibiotics. Occasionally, it may be necessary to drain off infected fluid. This is most frequently performed under a local anaesthetic by our colleagues in the X ray department. In the worst case scenario a further operation is required to correct this problem.
- **Scarring** – Any surgical procedure that involves making a skin incision carries a risk of scar formation. A scar is the body's way of healing and sealing the cut.
- It is highly variable between different people. All surgical incisions are closed with the utmost care, usually involving several layers of sutures. The sutures are almost
- always dissolvable and do not have to be removed. The larger an incision the more prominent it will be. Despite our best intentions, there is no guarantee that any

- incision (even those only 1 to 2cm in length) will not cause a scar that is somewhat unsightly or prominent.
- Scars are usually most prominent in the first few months following surgery, however, tend to fade in colour and become less noticeable after a year or so.
- **Other complications** – We have tried to describe the most common and serious complications that may occur following this surgery. It is not possible to detail every possible complication that may occur following any operation. If another complication that you have not been warned about occurs, we will treat it as required and inform you as best we can at the time. If there is anything that is unclear or risks that you are particularly concerned about, please ask.
- **Following discharge** – You will be given a copy of your discharge summary. If you experience any concerns requiring urgent medical advice please contact:

**Nurse Specialist (Monday – Friday 09:00-17:00) on 01223 596383 or through switchboard 01223 245151 and ask for pager 154-348**

Or

**Ward D7 (Evenings/Weekends) on 01223 217303**

## 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.

## Information and support

If you have any questions or anxieties about your procedure, do not hesitate to discuss these with your surgeon, one of the senior trainees.

Mr Richard Hardwick	Consultant Upper GI Surgeon	Tel: 01223 217421
Mr Peter Safranek	Consultant Upper GI Surgeon	Tel: 01223 217421
Mr Chris Collins	Consultant Upper GI Surgeon	Tel: 01223 358024

## Privacy & Dignity

We are committed to treating all patients with privacy and dignity in a safe, clean and comfortable environment. This means, with a few exceptions, we will care for you/your next of kin in same sex bays in wards with separate sanitary facilities for men and women.

In some areas, due to the nature of the equipment or specialist care involved, we may not be able to care for you/your next of kin in same sex bays. In these cases staff will always do their best to respect your/your next of kin's privacy and dignity, eg with the use of curtains or, where possible, moving you/your next of kin next to a patient of the same sex. If you/your next of kin have any concerns, please speak to the ward sister or charge nurse.



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](mailto:patient.information@addenbrookes.nhs.uk)



### Document history

Authors	Cambridge Upper Gastro-Intestinal Unit
Department	Cambridge University Hospitals NHS Foundation Trust, Hills Road, Cambridge, CB2 0QQ <a href="http://www.cuh.org.uk">www.cuh.org.uk</a>
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Version number/Ref	1/CF418

Consent form 1

# Patient agreement to investigation or treatment

<b>For staff use only:</b> Surname: First names: Date of birth: Hospital no: Male/Female: (Use hospital identification label)
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Responsible health professional/job title

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

**Name of proposed procedure or course of treatment**

Open cholecystectomy

**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 .....  
 Removal of gallbladder and gallstones to prevent pain and/or complications of these .....
- Any serious or frequently occurring risks from the procedures including those specific to the patient .....  
 Bleeding; Infection; Leakage of bile; Injury to bile duct, intestine, bowel, blood vessels; DVT .
- Any extra procedures that might become necessary during the procedure
- Blood transfusion  Other procedure (please specify) Conversion to open procedure.....

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: Open cholecystectomy .....  
 ..... Version/Date/Ref: 1/June 2011/CF418.....

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