Patient agreement to investigation or treatment

Abdomino Perineal Excision of Rectum (A.P.E.R.)

Authors: General Surgery

Brief description:

- You have been recommended to have an APER as the surgical treatment for your rectal cancer. This procedure will be performed under general anaesthetic.

- 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)
....

....

About Abdomino Perineal Excision of Rectum (APER)

The rectum is the lowest 15cms of the bowel. It is the place where the stool is normally stored prior to going to the lavatory. The procedure involves removal of the rectum and anus through both an abdominal incision and an incision in the perineum (where the anus is). Removal of the rectum will result in the stool needing to be diverted through a permanent colostomy (where the bowel is brought out onto the skin).

Before your procedure

- You will be invited to attend a pre-admission clinic, where you will be seen by one of the House Officers (junior doctors) or Specialist Nurse attached to the Colorectal Unit.
- 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 health food shop. It helps us if you bring details with you of anything you are taking (eg bring the packaging with you).
- When you are admitted the day before the procedure, you may need to take a powerful laxative to completely clear out your bowel. During this time you should not eat any solid food, but drink plenty of fluids.
- You will be counselled regarding the colostomy (stoma) by the Surgeon and Stoma Care Specialist Sisters before the procedure. The Stoma Care Sister will also see you on your admission to hospital to mark the stoma site on your abdomen.

During the procedure

- The procedure will be performed under general anaesthetic - see below for details of this. Your anaesthetist will have discussed post-operative pain relief and if you are having an epidural, this may be put in before you are anaesthetised.
- There are two parts to the operation. The abdominal part involves making an incision in the abdomen. Through this we can assess the bowel and other organs in the abdominal cavity such as the liver, small intestine and ovaries. The rectum is mobilised (freed from its surrounding attachments) so that it can be safely removed, along with the mesorectum which surrounds it. The mesorectum is fatty tissue that carries the blood vessels and lymph glands related to the rectum.
- The perineal part of the procedure starts with an incision around the anus. Once the abdominal and perineal parts of the surgery are complete the whole rectum and anus, along with the cancer, are removed.
- The colostomy site is prepared and the remaining cut end of the large bowel is brought out through the hole in the abdominal wall to make into the colostomy. The other wounds are then sutured. Usually an absorbable suture is used, but sometimes the sutures in the perineal wound may need to be removed about 10 - 14 days later.

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, you will have a drip (small, plastic tube in one of the veins, attached to a bag of fluid), which feeds your body with fluid until you are well enough to eat and drink by yourself. You will also have a catheter in your bladder to drain away urine; this enables careful measurement and avoids the need for you to get out of bed to urinate. There may be other tubes inserted, according to the nature of your condition and the surgery, eg a nasogastric tube in your nose (keeping the stomach empty), or a 'central line', which is a drip in your neck.

- 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.

- **Eating and drinking**: After your operation, you may have sips of water to drink straight away. As you recover over the next few days, it will be safe to drink more and then start on some food; this will be guided by the doctors.

- **Getting around and about**: We try to get you mobile (up and about) as soon as we can to help prevent complications from lying in bed. You will have daily injections which reduce the chance of blood clotting in your legs (DVT). Typically, you will be helped into a chair the following day. It is important that you only sit up for short periods at a time, for healing and comfort with the perineal incision. You will be given assistance from the nurses and physiotherapist.

- **When you can leave hospital**: Most people who have this type of procedure will need to stay in hospital for about a week. Sometimes complications arise and these will delay discharge from hospital. When you go home, we would expect you to be mobile, comfortable, managing the colostomy yourself and able to eat safely. 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**: Most people who have had this procedure can resume normal activities after six to eight weeks. You might need to wait a little longer before resuming more vigorous activity. When you will be ready to return to work will depend on your usual health, how fast you recover and what type of work you do. Please ask your doctor for his/her opinion.

- **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 (eg infection).

- **Check-ups and results**: Before you leave hospital, you will be given details of when you need to return to see us eg outpatient clinics or for the results of your surgery. At this time, we can check your progress and discuss with you any further treatment we recommend.

Intended benefits of the procedure:

- The aim of the surgery is to remove the cancer; completely if possible. For most patients this will provide a cure or significant improvement of their bowel problems. For rectal cancer, surgery gives the best chance of cure and the treatment may need to be combined with chemotherapy and/or radiotherapy. Even in cancer surgery, where certainty of cure is difficult to guarantee, the benefits should be long lasting.

Who will perform my procedure?

- Your surgery will be performed by a surgeon with particular skills and training in bowel surgery. This is usually a Consultant Surgeon or senior Specialist Registrar, often under Consultant supervision.

Alternative procedures that are available

- For most of the conditions where APER is advised, the only alternative to surgery is medical treatment with drugs. Where there is a cancer of the bowel, drug treatment alone will not cure the disease. Occasionally it is possible to remove a rectal cancer from within the back passage without the need for major surgery; this form of surgery is only suitable for a small minority of patients. This option (trans-anal resection) will be discussed if appropriate.

Serious or frequently occurring risks

- Surgery to remove part of the bowel is a major operation and there are certain risks known to be associated with it. These include the risks of surgery in general, the risks particularly associated with bowel surgery and the risks of anaesthetic described in more detail over the page. The general risks of surgery include problems with the wounds (eg infection), breathing (eg chest infection), heart (eg abnormal rhythm or occasionally a heart attack), blood clots (eg in the legs or occasionally in the lung). Those specifically related to APER include breakdown of the perineal wound, a transient blockage of the bowel, bleeding or infection in the abdominal cavity. Rarely, further surgery is required to put right such complications.

- Sometimes during the operation, it becomes apparent that the disease is more complicated than was anticipated: the type of surgery may need to be altered to achieve the desired result. This may mean removing more bowel or part of a nearby organ (eg small intestine, bladder or ovary). The consent form you sign will include this possibility. If there is any part of you which you specifically do **not** wish to be removed, then this must be written clearly on the consent form before signing.

- In men, there is a risk of impotence (failure to achieve an erection) in this kind of surgery. There is also a chance of retrograde ejaculation (semen going into the bladder instead of out of the penis during ejaculation). Obviously every effort is made to minimise this risk, but you need to be aware of it. These risks are greater when radiotherapy and surgery are combined.

- Most people will not experience any serious complications from their surgery. The risks increase for the elderly or overweight and for those who already have heart, chest or other medical conditions such as diabetes or kidney failure. There is a tiny risk of death. You will be cared for by a skilled team of doctors, nurses and other health care workers, who are involved in this type of surgery on a daily basis. Any problems that arise can be rapidly assessed and appropriate action taken.

Information and support

- You will be given some additional patient information before and after the procedure eg 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 the doctor or Ward staff.

- If you have any further questions, please contact one of the Colorectal Specialist Sisters on telephone no. 01223 217923.

Your 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. 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. Induction is occasionally achieved by breathing gases. 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.

Regional Anaesthesia

For regional anaesthesia a local anaesthetic drug is injected around a bundle of nerves so that a part of the body, such as an arm or a leg, is made numb. In addition, the muscles in the limb are paralysed whilst the drug is acting so that the limb becomes floppy. Obviously you will still be awake and know that the operation is taking place, but often the anaesthetist will administer a sedative drug so that you drift off to sleep during the operation. Even if this is not the case, you will not be able to see the operation because a screen will be placed in the way.

Examples of regional anaesthesia are the use of an epidural for pain relief during childbirth, a spinal for an operation on the bladder, and an eye block for cataract surgery. Sometimes regional and general anaesthesia are combined, particularly for major surgery, to provide pain relief after the operation.

Just as for General Anaesthesia, your anaesthetist remains with you throughout the operation under regional anaesthesia, monitoring and controlling your anaesthetic state throughout in the same way. Similarly, you will go to the recovery ward afterwards until you are stable and safe to go back to the ward.

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. 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 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, injections or liquids (to children). 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. It is common practice nowadays to allow a parent into the anaesthetic room with children: as the child goes unconscious, the parent will usually be asked to leave.

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!

This document is also available in other languages, large print and audio format upon request – 01223 216032

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 بەلگەیە هەروەها بە زمانەکانی کە، بە چاپی 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

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Addenbrooke's Hospital

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

Abdominal Perineal Excision of Rectum **Side (left/right)**.............

(APER)

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:

- How it will be performed
- The intended benefits of the procedure
- Any serious or frequently occurring risks 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.

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)

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): ....

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 described 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 tick boxes to indicate you understand and either agree/disagree to the statements below.

	Yes	No
I agree to the procedure (or course of treatment) described on this form.	☐	
I understand that you cannot give me a guarantee that a particular person will perform the procedure. The person will, however, have appropriate experience.	☐	
I agree that any tissue (including blood) removed as part of the procedure or treatment may be used for diagnosis and audit, stored or disposed of as appropriate and in a manner regulated by appropriate, ethical, legal and professional standards.	☐	☐
I agree that tissue (including blood) not needed for my own diagnosis or treatment can be used for the following purposes that could benefit other patients.		
Teaching	☐	☐
Research which may include genetic research	☐	☐
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.	☐	
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 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 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**.	☐	

....

....

Patient's own 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's own 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: ....