

Patient Label

**INFORMED CONSENT****CLINICIAN USER INFORMATION ABOUT THIS FORM AND THE INFORMED CONSENT PROCESS...**

Consent for a surgical procedure is required to be completed before a patient is put onto the treatment list. If a procedure is going to require anaesthetic or blood transfusion, the appropriate anaesthetic leaflet and / or New Zealand Blood Service leaflet should be provided at this time.

The proceduralist (e.g. surgeon / endoscopist) is responsible for obtaining consent required for blood / blood products contained on the last page of this form as appropriate. If blood is refused, please refer to BOPDHB policy 1.2.6 Refusal of Blood Products.

Enduring Power of Attorney (EPOA) for health and welfare document needs to be sighted if relatives are to consent on other's behalf.

If a patient is not competent to consent please refer to the Treatment / Non-Treatment of the Incompetent Adult Patient Treatment form (8107). For children under the age of 16 it is advised that a parent signs the consent form in most situations.

It is important to indicate what information has been provided to support the consent. For more information relating to informed consent refer to BOPDHB policy 1.1.1 Informed Consent. For guidance, queries... please contact your manager or senior clinician.

**CONSENT TO THE SURGERY / PROCEDURE / TREATMENT**

I, \_\_\_\_\_ being the proposed patient /  
 agree to the following surgery / procedure / treatment / course of treatments parent / guardian / EPOA holder

I understand that I may withdraw consent at any time.

I acknowledge that I have been given the Bay of Plenty District Health Board (BOPDHB) leaflets as listed below

\_\_\_\_\_  \_\_\_\_\_  
 \_\_\_\_\_  \_\_\_\_\_

I agree that I have been able to discuss this with

whose signature appears below

(Print name and designation)

and the risks and benefits have been explained to me. Specific additional risks and benefits explained to me (but not limited to) are... \_\_\_\_\_

I agree to further procedures or measures that my surgeon considers necessary and essential during the procedure.

I agree to have samples of blood tested for transmissible diseases if a health worker is directly exposed to blood / body fluids.

I acknowledge that no assurance has been given that the operation will be performed by any particular proceduralist but I expect that prior to the operation I will be informed who the operating surgeon will be.

I acknowledge that technical positioning and/or safe holding ensuring my safety may be required for this procedure / investigation to be done.

1. I wish to have any body part / tissue removed during this procedure to be returned (except that used for diagnostic purposes). (Tick as appropriate) Yes  No  N/A

If YES, refer to Policy 6.3.9 Body Parts and Tissues

2. I understand that the procedure or part of the procedure may be delegated to a specialist in training, and I accept that the procedure may involve some clinical teaching, the nature of which is

and has been discussed with me. (Tick as appropriate) Yes  No  N/A

3. I agree to image / sound recording for clinical purposes

the nature of which has been explained to me. (Tick as appropriate) Yes  No  N/A

Signature \_\_\_\_\_  
 (Patient / Parent / Guardian / EPOA holder)

Signature \_\_\_\_\_  
 (Interpreter / Advocate if appropriate)

Signature \_\_\_\_\_  
 (Doctor)

Date / Time \_\_\_\_\_  
 This consent is valid for 6 months from this date

Patient Label

# INFORMED CONSENT

## CONSENT TO ANAESTHESIA...this includes GENERAL, LOCAL, REGIONAL or MONITORED SEDATION

I \_\_\_\_\_ being the proposed patient / parent / guardian / EPOA holder  
agree that the anaesthetic and / or sedation has been explained to me and I hereby consent to the anaesthetic procedure of \_\_\_\_\_

I understand that I may withdraw consent at any time

I acknowledge that I have been given the BOPDHB Anaesthetic leaflets as listed below

- About Your Anaesthetic  \_\_\_\_\_  
 \_\_\_\_\_  \_\_\_\_\_

and that the risks and benefits have been explained to me. Specific additional risks and benefits explained to me (but not limited to) are... \_\_\_\_\_

and further acknowledge that I have been given an opportunity to ask questions.

I agree to such further emergency measures that are necessary to save life / limb.

I acknowledge that advice has been given NOT to drive a motor vehicle, operate machinery or potentially dangerous appliances, drink alcoholic beverages or make important decisions for 24 hours after having received a general anaesthetic or sedation.

I acknowledge that other Anaesthetists in training may be involved in my care as circumstances permit, or require.

Signature \_\_\_\_\_  
(Patient / Parent / Guardian / EPOA holder)

Signature \_\_\_\_\_  
(Interpreter / Advocate if appropriate)

Signature \_\_\_\_\_  
(Consenting Clinician)

Date / Time \_\_\_\_\_

Signature \_\_\_\_\_  
(Anaesthetising Clinician... if required)

Date / Time \_\_\_\_\_  
This consent is valid for 6 months from this date

## CONSENT TO THE USE OF BLOOD / BLOOD PRODUCTS

I \_\_\_\_\_ being the proposed patient

- have been given the New Zealand Blood Service information pamphlet entitled "Your Guide to Blood Transfusion" and I have had time to read the information.
- My questions have been answered and I have obtained all appropriate information that I want.
- I have had the risks, benefits and alternatives of the use of blood explained to me.
- I understand that I may need to receive repeated transfusions.
- I agree to receive blood products as required.

Signature \_\_\_\_\_  
(Patient / Parent / Guardian / EPOA holder)

Signature \_\_\_\_\_  
(Interpreter / Advocate if appropriate)

Signature \_\_\_\_\_  
(Doctor / Consenting Clinician)

\*Date / Time \_\_\_\_\_  
\*THIS CONSENT IS VALID FOR 6 MONTHS FROM THIS DATE

### STAFF USE ONLY...

#### CONSENT CHECKLIST

- For procedure  For anaesthetic   
For blood or blood products  On behalf of other   
Patient aware they may ask to have a support person present   
Interpreter / Advocate required?  YES  NO

#### INFORMATION PROVIDED

- NZ Blood Service  About your anaesthetic   
\_\_\_\_\_  
\_\_\_\_\_  
Language spoken \_\_\_\_\_

# Removal of Gall Bladder (Cholecystectomy)

**This information will help you, your family and friends prepare for your surgery. It will also help you plan how to take care of yourself in the weeks following your discharge from hospital.**

*The Bay of Plenty District Health Board has an active commitment to the Treaty of Waitangi and the improvement of Māori health.*

Our Values



**Tauranga Hospital 07 579 8000 Whakatane Hospital 07 306 0999**

Printed by BOPDHB Design & Print Dept - January 2014

## Removal of gall bladder

The gall bladder acts as a storage area for bile. Bile is a fluid produced by the liver, and it helps with the digestion and emulsification of fats.

The surgical removal of a diseased gall bladder is called a **cholecystectomy**.

After your surgery, the bile ducts largely take over the function of the gall bladder.

Your cholecystectomy will be carried out by an incision (cut) in the abdomen, or with a laparoscope which is a tube similar to a telescope. If you have laparoscopic surgery, the tube will be inserted through the umbilicus (tummy button) and three other small cuts.

Your surgeon will decide which procedure is best for you.

## Your consent

We need your consent for all your treatment while you are in hospital. Usually your treatment is verbally agreed between you and your doctor. However, written consent is needed for your operation and anaesthetic.

Before you sign the consent form, it is important that you understand the risks and effects of the operation. Talk to your doctor if you are unsure about your surgery.

## Extra help

### Community Home Based Services

If extra help is needed at home, these services are available from Tauranga Hospital...

- **Meals on Wheels**

You are able to buy these meals and have them delivered. This service is available Monday to Friday – for any enquiries telephone 579 8196.

- **Home Help**

Sometimes this is supplied by Tauranga Hospital. Your need will be assessed by the District Nurse Coordinator

- **District Nurses**

Before discharge from hospital your nurse will assess your ongoing nursing needs. If you need a District Nurse to call on you at home your District Nurse Coordinator may visit you prior to discharge, but will contact you at home.

**For information about Home Help or District Nursing  
Phone 579 8757**

**While you are in hospital we will do everything we can to make your stay as comfortable as possible. If you are worried about anything before or after your surgery, please ask your nurse.**

The information in this brochure is not intended as a complete medical explanation.

## Wound care

- Steristrips will fall off in 2-3 days.  
Shower daily, avoid soap and talcum powder near the wound.  
Pat dry.
- For pain or discomfort, take 2 Panadol every 4 hours as required with a maximum of 8 tablets each day.
- Eat a low fat diet for 4 weeks after your surgery.
- Get in touch with your GP if your wound becomes red, hot, swollen or painful.
- Make an appointment to see your GP in one week.

## Extra Information

---

---

---

---

---

---

---

---

DATE

SIGNATURE

## Before surgery

In the weeks leading up to your operation you may have been on a low-fat diet to reduce pain. (After your surgery you should continue the same diet for at least one month).

When you come into hospital, members of our Health Team will assess your physical health prior to surgery. This team includes...

Nursing Staff

Medical Staff

Anaesthetist

X-ray Staff

Physiotherapy Staff

Dietitian

Medical Technician

- Part of your preparation may be to clip the hair over the operative area in theatre.
- No food or fluids for six hours before your anaesthetic - including milk, lollies and chewing gum. You can have up to 400mls of water only; up until two hours before your anaesthetic.
- If you would like more information about your surgery, please ask the nursing staff.

## After surgery

Our aim is to keep you as pain free as possible. Please tell your nurse if you have any pain so you can receive pain relief. **It is essential that you request pain relief before the pain becomes too much to bear.**

- After your operation, you will have an intravenous drip in your arm. If you had an **abdominal cholecystectomy** the drip will stay in until you are drinking well - this is usually within the first day after your operation.
- As soon as you are drinking well you will start eating a low fat diet.
- Your nurse will regularly check your blood pressure, pulse, temperature and wound.
- After an **abdominal cholecystectomy**, you may have a drain coming from your wound. This will be removed when the drainage has diminished.
- At all times, the nurses are there to help you - just ring your bell if the nurse is not near.

## Going home

If you have a **laparoscopic cholecystectomy**, it is likely you will be ready for discharge on the same day, or the following day.

If you have an **abdominal cholecystectomy**, your stay in hospital may be 1-2 days.

Before going home, the nursing staff will advise you about whether you need to make an appointment to go back to your surgeon or GP. You will also be advised how to take care of your wound.

We will send a letter to your GP describing your operation and the post-operative care you received while you were with us.

If you require a medical certificate for time off work please discuss this with your doctor or nurse.

## Once home

After a **laparoscopic cholecystectomy**, you can return to normal activities when you feel able. No heavy lifting is advised for four weeks after surgery.

After an **abdominal cholecystectomy**, you will need to avoid lifting heavy items for at least 6 weeks to allow the abdominal muscles to heal. Avoid heavy loads of washing, mowing lawns etc.

It is important you contact your GP if you have signs of infection...  
chills, increasing wound pain, redness, swelling and wound discharge.

## **DIRECT ACCESS LAPAROSCOPIC CHOLECYSTECTOMY**

Available for GP's to refer their patients directly to the treatment list via:

[http://baynav.bopdhb.govt.nz/general-surgery/gallbladderpathway\\_protocol/](http://baynav.bopdhb.govt.nz/general-surgery/gallbladderpathway_protocol/)

This includes:

- Patient information sheet
- Patient consent form (consenting to the direct access pathway)
- Anaesthetic Health questionnaire
- Link to a video of the surgery