

Laparoscopic Cholecystectomy possible open Consent

This information is given to you so that you can make an informed decision about having **Cholecystectomy Surgery**

Cholecystectomy is surgery to remove the gallbladder. It is done because gallstones are causing pain or infection. This gallbladder surgery can be done using an open procedure (through one large incision) or minimally invasive through a few small incisions using a laparoscope or robotic assisted.

A laparoscope is a small, thin tube with a camera that is put into your body through small cuts made into your abdomen. Your surgeon can see your gallbladder on a screen. Your abdomen is inflated with a harmless gas, carbon dioxide. An X-ray is sometimes done to check for stones in your bile duct. This is called intraoperative cholangiogram. Your gallbladder is taken out through one of the incisions.

Robotic-assisted is another approach. Your surgeon uses robotic arms to operate through small incisions in the abdomen, similar to the laparoscopy. This method can sometimes provide greater range of motion than traditional laparoscopy.

Reason and Purpose for procedure:

To remove a sick or poorly functioning gallbladder.

- To improve symptoms of abdominal pain, nausea and vomiting.
- To prevent future complications of pancreatitis, cholangitis, or cholecystitis .
- You may return to work sooner than with traditional surgery.
- You may have less pain with a shorter hospital stay with laparoscopic or robot assist .
- Shorter recovery time with laparoscopic or robot assist.
- Smaller scars with laparoscopic or robot assist.

Risks of Surgery

No procedure is completely risk free. Some risks are well known. There may be risks not included in the list that your doctor cannot expect. t

Risks of this Surgery

- **Injury:** Injury to bile duct, bowel, nearby organs, or vascular structures may occur. You may need more surgery or other treatments.
- **Infection:** With any surgery there is a risk for poor healing, infection or wound re-opening. This may need antibiotics or other treatments
- **Open procedure:** In some cases your surgeon may begin with a laparoscopic or robotic approach and need to do an open procedure (make a larger incision) to safely remove your gallbladder. This can lengthen your recovery time.
- **Bile duct leak or injury:** This can happen up to 6 months after the surgery. You may need more tests, treatments or surgery.
- **Retained stones in the bile duct:** A gallstone may pass after surgery and block the bile from draining. You may need other treatments.
- **Shoulder pain and bloating:** This can occur from gas inserted in the abdomen during the procedure. This usually goes away with activity over two to three days
- **Diarrhea:** Generally, mild diarrhea after cholecystectomy is not cause for concern, but speak to your doctor if you are losing weight; have bloody diarrhea, fever or significant pain; or have diarrhea lasting more than a few weeks.

General Risks of Surgery

- **Small areas of the lungs may collapse.** This would increase the risk of infection. This may need antibiotics and breathing treatments.
- **Clots may form in the legs, with pain and swelling.** These are called DVTs or deep vein thrombosis. Rarely, part of the clot may break off and go to the lungs. This can be fatal.
- **A strain on the heart or a stroke may occur.**
- **Bleeding may occur.** If bleeding is excessive, you may need a transfusion.
- **Reaction to the anesthetic may occur.** The most common reactions are nausea and vomiting. In rare cases, death may occur. The anesthesiologist will discuss this with you. **Insert type of anesthesia if known.**

Risks Associated with Smoking

Smoking is linked to an increased risk of infections. It can also lead to heart and lung complications and clot formation.

Risks Associated with Obesity

Obesity is linked to an increased risk of infections. It can also lead to heart and lung complications and clot formation.

Risks Specific to You

Alternative Treatments

Other Choices:

- Do nothing. You can decide not to have this procedure.
- In some situations a low fat diet may temporarily control symptoms.

If you choose not to have this treatment

- Your symptoms of pain, nausea, vomiting may continue.
- You could become seriously ill with infection.

General Information

- During this procedure, the doctor may need to perform more or different procedures than I agreed to.
- During the procedure the doctor may need to do more tests or treatment.
- Tissues or organs taken from the body may be tested. They may be kept for research or teaching. I agree the hospital may discard these in a proper way.
- Students, technical sales people and other staff may be present during the procedure. My doctor will supervise them.
- Pictures and videos may be done during the procedure. These may be added to my medical record. These may be published for teaching purposes. My identity will be protected

Patient Name: _____

DOB: _____

By signing this form I agree

- I have read this form or had it explained to me in words I can understand.
- I understand its contents.
- I have had time to speak with the doctor. My questions have been answered.
- I want to have this procedure: **Robotic assisted (mark if applicable) Laparoscopic Cholecystectomy possible open, possible Cholangiogram** _____

- I understand that my doctor may ask a partner to do the procedure.
- I understand that other doctors, including medical residents or other staff may help with surgery. The tasks will be based on their skill level. My doctor will supervise them.

Provider: This patient may require a type and screen or type and cross prior to surgery. IF so, please obtain consent for blood/product.

Patient Signature _____ Date: _____ Time: _____

Relationship: Patient Closest relative (relationship) _____ Guardian

Interpreter's Statement: I have translated this consent form and the doctor's explanation to the patient, a parent, closest relative or legal guardian.

Interpreter: _____ Date _____ Time _____
Interpreter (if applicable)**For Provider Use ONLY:**

I have explained the nature, purpose, risks, benefits, possible consequences of non-treatment, alternative options, and possibility of complications and side effects of the intended intervention, I have answered questions, and patient has agreed to procedure.

Provider signature: _____ Date: _____ Time: _____

Teach Back

I have explained the nature, purpose, risks, benefits, possible consequences of non-treatment, alternative options, and possibility of complications and side effects of the intended intervention, I have answered questions, and patient has agreed to procedure.

Patient shows understanding by stating in his or her own words:

____ Reason(s) for the treatment/procedure: _____

____ Area(s) of the body that will be affected: _____

____ Benefit(s) of the procedure: _____

____ Risk(s) of the procedure: _____

____ Alternative(s) to the procedure: _____

OR____ Patient elects not to proceed: _____ Date: _____ Time: _____
(patient signature)

Validated/Witness: _____ Date: _____ Time: _____