

Patient agreement to investigation or treatment

Appendicectomy (removal of an inflamed appendix)

Authors: General Surgery

Brief description:

- You have been recommended surgery to remove your appendix. Acute appendicitis (infection/inflammation of the appendix) is one of the most common reasons for emergency abdominal ('tummy') surgery.
- 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.

For staff use:

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

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About surgery for appendicitis

Diagnosis of appendicitis is straightforward in many patients; in others however, the signs and symptoms do not always follow a simple pattern. There are no tests (for example blood tests, X-rays or ultrasound) that are guaranteed to prove the diagnosis, and so we rely on clinical judgement.

There are dangers associated with a missed diagnosis of appendicitis and so a decision may be made to operate even though the diagnosis is not certain. It is expected that the appendix will be found to be normal in 20 to 30% of patients who have an emergency appendicectomy; sometimes an alternative diagnosis is discovered, which requires a different operation. Decisions about which procedure should be performed may therefore be taken by the surgeon during the course of the operation.

Before the procedure

- This procedure involves the use of general anaesthesia. See below for further details about the types of anaesthesia/sedation we shall use.
- Most people who have this type of procedure will need to stay in hospital for one to two days after the operation. Sometimes we can predict whether you will need to stay for longer than usual - your doctor will discuss this with you before you decide to have the procedure or after your operation, if the appendicitis is found to be complicated (perforated appendix, appendix abscess).

During the procedure

- At the start of your procedure, you will be given the necessary anaesthetic and/or sedation - see below for details of this.
- Whether or not appendicitis is confirmed your appendix will be removed because it is thought that leaving the appendix in place might cause future confusion if there is what looks like an appendicectomy scar. The appendix serves no useful function and so there are no long-term consequences to its removal. If you have a laparoscopic (keyhole) operation, the appendix may not be removed if another diagnosis is found.

After the procedure

- After this procedure you will wake up in the recovery room. You might wake up feeling sleepy and you might have an oxygen mask on your face to help you breathe.
- 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.
- **Eating and drinking:** You will not feel like eating or drinking immediately after your operation. Very soon, however, you will be offered some water and then you will be allowed to drink more and then eat according to your speed of recovery.
- **Getting around and about:** After this procedure, we will try to get you mobile (up and about) as soon as we can to help prevent complications from lying in bed. Typically, you

will be able to get up after just a couple of hours. If we think you will have problems getting about, we will arrange for extra assistance, for example nursing help and physiotherapy advice/exercises.

- **When you can leave hospital:** Discharge from hospital will usually be within one to two days but will depend on how quickly you recover from the surgery and whether there are any complications.
- **When you can resume normal activities including work:** General activity will aid your recovery but strenuous exercise will be too painful for a few weeks. Speed of recovery depends greatly on the individual and the severity of the illness, but you can expect to feel more tired than normal for a few weeks after the operation. There are no medical restrictions: go back to work or drive as soon as you feel able and safe to do so.
- **Check-ups and results:** Before you leave hospital, you will be given advice on how to recognise complications of appendicitis. Routine follow up at outpatient clinics is seldom required.

Intended benefits of the procedure

- The two aims of this surgery are to confirm the diagnosis (or detect other causes for the symptoms) and to treat the underlying cause of your symptoms.

Who will perform my procedure?

A suitably qualified and experienced surgeon, a surgical practitioner, or a trainee surgeon under the direct supervision of a suitably qualified and experienced surgeon.

Alternative procedures that are available

- For appendicitis, the treatment of choice is the removal of the appendix. Sometimes, appendicitis can settle down without surgery, and sometimes antibiotics can treat it successfully. This would only be recommended in exceptional circumstances.
- Not all appendicectomies need to be carried out using a standard incision (wound) in the lower-right part of the abdomen. Sometimes, especially where the diagnosis is in doubt, your surgeon may decide that laparoscopic (keyhole) surgery should be used. When we use a laparoscope (small camera) to look in to the abdomen, it is usually possible to examine the appendix, bowel and ovaries (in females) to look for alternative causes for your symptoms. If necessary, the appendix can be removed using this keyhole surgery without a larger incision to be made; sometimes, a 'standard' appendectomy incision (wound) is required.

Serious or frequently occurring risks

- Although appendectomy is usually a fairly minor operation, there are certain risks associated with it. These include the risks of surgery in general, the risks that are particularly associated with appendectomy and the risks of anaesthetic. The general risks of surgery include problems with the wound (for example, infection), problems with breathing (for example, chest infection) and blood clots (for example, in the legs or occasionally in the lung). Those risks related specifically to appendectomy are rare for example, if the appendix has perforated (a hole has formed in its wall) then occasionally an abscess can develop in the abdomen or further down in the pelvis. Very rarely, further surgery to your abdomen is required to treat such complications.
- If the appendix is found to be normal then your surgeon will look carefully around the abdomen to see if there is an alternative cause for your symptoms. For example, part of the small intestine might be diseased or, in women, the ovary or fallopian tube might be

the cause of the problem. If another problem in the abdomen is discovered, then this will normally be treated during the same operation. This might involve removing the affected organs for example, a segment of intestine, or removing part or all of the ovary or fallopian tube. Very rarely, the surgeon might need to enlarge the appendectomy wound, or even make a further incision (wound) in the abdominal wall to get to and treat areas of disease that weren't anticipated at the start of this operation.

- Please be reassured that most people will not experience any serious complications from their surgery. The risks do increase for the elderly, people who are overweight or for those who already have heart, chest or other medical conditions such as diabetes or kidney failure. There is a tiny risk of death.
- Complications following this operation are very rare if no abnormality in the appendix or other abdominal organs is found. The original symptoms usually disappear rapidly after surgery.

Information and support

- If you have any questions or anxieties, please feel free to ask a member of staff including the doctor or Ward staff.

General Anaesthesia

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. 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.

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. 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 taken 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.

During your operation

While you are unconscious and unaware your anaesthetist remains with you at all times. 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

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 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!

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.

Please ask if you require this information in other languages, large print or audio format: 01223 216032 or patient.information@addenbrookes.nhs.uk

Potete chiedere di ottenere queste informazioni in altre lingue, in stampato grande o in audiocassetta.

Italian

若你需要本信息的繁體中文、大字體或音訊格式的版本，請要求索取。

Cantonese

तमने आ माळिती वीछ भाषाओमां, मोटा अक्षरोमां अथवा सांभली शकाय जेवा माध्यम (ओडीओ इमेज)मां जेठती छोय तो कृपा करीने पूछो.

Gujarati

تکایہ پرسیار بکہ نہ گہر نہ وزانیاریہت دہوی بہ زمانیکی تر . بہ پیتی گہورہ یانیش بہ شیوہی دہنگ

Kurdish

آگر آپ کو یہ معلومات دوسری زبانوں میں، بڑے الفاظ کی اشاعت میں یا آڈیو ٹیپ پر درکار ہوں تو براۓ مہربانی اس کیلئے درخواست کریں۔

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

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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

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

Name of proposed procedure or course of treatment

Appendicectomy

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

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 - we are here to help you. **You have the right to change your mind at any time, 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. | <input type="checkbox"/> | <input type="checkbox"/> |
| I understand that you cannot give me a guarantee that a particular person will perform the procedure. The person will, however, have appropriate experience. | <input type="checkbox"/> | <input type="checkbox"/> |
| 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. | <input type="checkbox"/> | <input type="checkbox"/> |
| 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 | <input type="checkbox"/> | <input type="checkbox"/> |
| Research which may include genetic research | <input type="checkbox"/> | <input type="checkbox"/> |
| I understand that all research will be approved by a research ethics committee and undertaken in accordance with appropriate ethical, legal and professional standards. | <input type="checkbox"/> | <input type="checkbox"/> |
| I understand that the research may be conducted within a hospital, university, not for profit organisation or a company laboratory. | <input type="checkbox"/> | <input type="checkbox"/> |
| I agree to the use of photography for the purpose of diagnosis and treatment. | <input type="checkbox"/> | <input type="checkbox"/> |
| I agree to anonymised photographs being used for medical teaching. | <input type="checkbox"/> | <input type="checkbox"/> |
| 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.) | <input type="checkbox"/> | <input type="checkbox"/> |
| 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. | <input type="checkbox"/> | <input type="checkbox"/> |
| 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. | <input type="checkbox"/> | <input type="checkbox"/> |

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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:**