  **Consent Form for Surgical Interventions**

**Name of procedure :** *Pancreatoduodenectomy (Whipples Operation) Pancreatic Resection*

MRN:

Family name:

Given name(s):

Address:

Date of birth:

Sex: M F

A. Condition and treatment:

The doctor has explained that you have the following condition:

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The following will be performed:

Removal of part of the intestine pancreas (the gland that supplies digestive juices to the part of the intestine and bile ducts) to remove a possible tumour.

B. Risks of a pancreatoduodenectomy

(Whipples operation) / pancreatic resection

The risks and complications include but are not limited to the following.

1-***General risks:***

• Infection can occur, requiring antibiotics and further treatment.

• Bleeding could occur and may require a return to the operating room. Bleeding is more common if you have been taking blood thinning drugs such as Warfarin, Asprin, Clopidogrel (Plavix or Iscover) or Dipyridamole (Persantin or Asasantin).

• Small areas of the lung can collapse, increasing the risk of chest infection. This may need antibiotics and physiotherapy.

• Increased risk in obese people of wound infection, chest infection, heart and lung complications, and thrombosis.

• Heart attack or stroke could occur due to the strain on the heart.

• Blood clot in the leg (DVT) causing pain and swelling. In rare cases part of the clot may break off and go to the lungs.

• Death as a result of this procedure is possible.

2- **Specific risks:**

 The most serious problem is leakage of pancreatic, bile or gastric juices into the abdominal cavity, due to breakdown of the anastomosis. This may require further surgery or prolonged period of IV feeding.

• Especially in a male there may be difficulty passing urine and a tube may need to be inserted into the bladder.

• Deep bleeding in the abdominal cavity. This may need fluid replacement or further surgery.

• Damage of the bowel, which may cause leakage of bowel fluid. This may require further surgery.

• Infections such as pus collections in the abdominal cavity. This may need surgical drainage.

• The bowel movement may be paralysed or blocked after surgery and this may cause building up of fluid in the bowel with bloating of the abdomen and vomiting. Further treatment may be necessary for this.

• A weakness in the wound with complete or incomplete, bursting of the wound in the short term, or a hernia in the long term. This may require further surgery.

• In some people healing of the wound may be abnormal and the wound can be thickened and the wound may be painful.

• Adhesions (bands of scar tissue) may form and cause bowel obstruction. This can be a short term or a long term complication and may need further surgery.

• Unusual feeling after meals called 'dumping'.

• Nutritional problems such as weight loss, or anorexia due to removal of part of the stomach.

• Increased risk in smokers of wound and chest infections, heart and lung complications and thrombosis.

3. **Significant risks and procedure options**

(Doctor to document in space provided )

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4**. Risks of not having this procedure**

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**5. Anaesthetic**

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6. **Patient consent**

I acknowledge that the doctor has explained;

 my medical condition and the proposed procedure, including additional treatment if the doctor finds something unexpected. I understand the risks, including the risks that are specific to me.

 the anaesthetic required for this procedure. I understand the risks, including the risks that are specific to me.

 other relevant procedure/treatment options and their associated risks.

 my prognosis and the risks of not having the procedure.

 that no guarantee has been made that the procedure will improve my condition even though it has been carried out with due professional care.

 the procedure may include a blood transfusion.

 tissues and blood may be removed and could be used for diagnosis or management of my condition, stored and disposed of sensitively by the hospital.

 if immediate life-threatening events happen during the procedure, they will be treated based on my discussions with the doctor or my Acute Resuscitation Plan.

 a doctor other than the Consultant may conduct the procedure. I understand this could be a doctor undergoing further training.

**I have been given the following Patient Information Sheet/s:**

---About Your Anaesthetic

---Pancreatoduodenectomy (Whipples Operation) Pancreatic Resection

---Blood & Blood Products Transfusion

 I was able to ask questions and raise concerns with the doctor about my condition, the proposed procedure and its risks, and my treatment

options. My questions and concerns have been discussed and answered to my satisfaction.

 I understand I have the right to change my mind at any time, including after I have signed this form but, preferably following a discussion with my doctor.

 I understand that image/s or video footage may be recorded as part of and during my procedure and that these image/s or video/s will assist the

doctor to provide appropriate treatment.

**On the basis of the above statements,**

I request to have the procedure

Name of Patient:.......................................................................................................................... Signature: .......................................................................................................................................... Date:.......................................................................................................................

**Patients who lack capacity to provide consent**

Consent must be obtained from a substitute decision maker/s in the order below.

Name of Substitute Decision Maker/s:............................................................................................................... Signature:..................................................................................................................................... Relationship to patient:................................................................................................. Date:.......................................................

**7- Doctor/delegate statement**

I have explained to the patient all the above points under the Patient Consent section (G) and I am of the opinion that the patient/substitute decisionmaker has understood the information.

Name of Doctor/delegate:.......................................................................................................................... Designation:..................................................................................................................................... Signature: .......................................................................................................................................... Date:..