



Queensland
Government

Endoscopic Ultrasound (EUS) & Fine Needle Biopsy

Facility:

A. Interpreter / cultural needs

- An Interpreter Service is required? ☐ Yes ☐ No
If Yes, is a qualified Interpreter present? ☐ Yes ☐ No
A Cultural Support Person is required? ☐ Yes ☐ No
If Yes, is a Cultural Support Person present? ☐ Yes ☐ No

B. Condition and treatment

The doctor has explained that you have the following condition: *(Doctor to document in patient's own words)*

This condition requires the following procedure.
(Doctor to document - include site and/or side where relevant to the procedure)

+ Abios start insertion

The following will be performed:

An endoscopic ultrasound (EUS) is where the doctor uses an instrument called an endoscope, which has an ultrasound probe at its tip to examine the wall layers (inside and outside) of the upper and lower gastrointestinal tract. It also provides excellent pictures of your pancreas, bile ducts and organs in your chest.

An endoscope is a long, thin, flexible tube with a small camera and light attached which allows the doctor to see the pictures of the inside and outside of your gut on a video screen.

The EUS allows a fine needle biopsy (sample) of tissue to be taken inside or outside the wall of the gut.

This procedure may or may not require a sedation anaesthetic.

C. Risks of an endoscopic ultrasound (EUS) & fine needle biopsy

There are risks and complications with this procedure. They include but are not limited to the following.

Common risks and complications include:

- Nausea and vomiting. Faintness or dizziness, especially when you start to move around.
- Headache.
- Pain, redness or bruising at the sedation injection site (usually in the hand or arm).
- Muscle aches and pains.
- Allergy to medications given at time of the procedure.

PRE-ARRIVAL

URN:

Uncommon risks and complications include:

- About 2 people in every 100 will get an infection from a fine needle biopsy of a cyst. Antibiotics are given during and after the procedure to reduce the risk of this complication.
- About 1 person in every 100 will experience pancreatitis. This usually settles without specific treatment but extremely rarely can cause death.
- About 2 people in every 1,000 will have minor bleeding from the gut where the fine needle biopsy was taken. This can usually be stopped through the endoscope. Rarely, surgery is needed to stop the bleeding.
- About 1 person in every 1,000 will accidentally get a tear or hole (perforation) through the wall of the gut. This can cause a leak of stomach contents into the abdomen. Surgery may be needed to repair the tear or hole.
- Missed growths in and around the gastrointestinal tract.
- Your procedure may not be able to be completed.
- Heart and lung problems such as heart attack or vomit in the lungs causing pneumonia. Emergency treatment may be necessary.
- Damage to your teeth or jaw due to the presence of instruments in your mouth.
- 'Dead arm' type feeling in any nerve, due to positioning with the procedure - usually temporary.
- An existing medical condition that you may have getting worse.

Rare risks and complications include:

- Bacteraemia (infection in the blood). This will need antibiotics.
- Stroke resulting in brain damage.
- Anaphylaxis (severe allergy) to medication given at the time of procedure.
- Death as a result of complications to this procedure is rare.

D. Significant risks and procedure options

(Doctor to document in space provided. Continue in Medical Record if necessary.)

E. Risks of not having this procedure

(Doctor to document in space provided. Continue in Medical Record if necessary.)

Endoscopic Ultrasound (EUS) & Fine Needle Biopsy

Facility: _____

PRE-ARRIVAL

URN: _____

F. 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/sedation 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:

☐ Endoscopic Ultrasound (EUS) & Fine Needle Biopsy

- 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: _____

12/9/17

Patients who lack capacity to provide consent

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

Does the patient have an Advance Health Directive (AHD)?

☐ Yes ▶ Location of the original or certified copy of the AHD: _____

☐ No ▶ Name of Substitute Decision Maker/s: _____

Signature: _____

Relationship to patient: _____

Date: _____ PH No: _____

Source of decision making authority (tick one):

- ☐ Tribunal-appointed Guardian
- ☐ Attorney/s for health matters under Enduring Power of Attorney or AHD
- ☐ Statutory Health Attorney
- ☐ If none of these, the Adult Guardian has provided consent. Ph 1300 QLD OAG (753 624)

G. 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 decision-maker has understood the information.

Name of Doctor/delegate: _____

Designation: _____

Signature: _____

Date: _____

12/9/17

H. Interpreter's statement

I have given a sight translation in

(state the patient's language here) of the consent form and assisted in the provision of any verbal and written information given to the patient/parent or guardian/substitute decision-maker by the doctor.

Name of Interpreter: _____

Signature: _____

Date: _____

DO NOT WRITE IN THIS BINDING MARGIN

02/2011 - v2.00



Queensland
Government

Upper Gastrointestinal Endoscopy

Facility:

A. Interpreter / cultural needs

- An Interpreter Service is required? ☐ Yes ☐ No
If Yes, is a qualified Interpreter present? ☐ Yes ☐ No
A Cultural Support Person is required? ☐ Yes ☐ No
If Yes, is a Cultural Support Person present? ☐ Yes ☐ No

B. Condition and treatment

The doctor has explained that you have the following condition: *(Doctor to document in patient's own words)*

This condition requires the following procedure.
(Doctor to document - include site and/or side where relevant to the procedure)

*± Neurosection ±
Nasogastric tube placement*

An upper gastrointestinal (GI) endoscopy is where the doctor uses an instrument called an endoscope to look at the inside lining of your oesophagus (food pipe), stomach and duodenum (first part of the small intestine). This is done to look at reasons as to why you may have swallowing problems, nausea, vomiting, reflux, bleeding, indigestion, abdominal pain or chest pain.

This procedure may or may not require a sedation anaesthetic.

C. Risks of an upper gastrointestinal endoscopy +/- sedation

There are risks and complications with this procedure. They include but are not limited to the following.

Common risks and complications include:

- Nausea and vomiting.
- Faintness or dizziness, especially when you start to move around.
- Headache.
- Pain, redness or bruising at the sedation injection site (usually in the hand or arm).
- Muscle aches and pains.
- Allergy to medications given at time of the procedure.

Uncommon risks and complications include:

- About 1 person in every 1,000 will experience bleeding from the oesophagus (food pipe), stomach and duodenum where a lesion or polyp was removed. This is usually minor and can usually be stopped through the endoscope. Rarely, surgery is needed to stop bleeding.

(Affix identification label here)

INPATIENT

URN:

- Heart and lung problems such as heart attack or vomit in the lungs causing pneumonia. Emergency treatment may be necessary.
- Damage to your teeth or jaw due to the presence of instruments in your mouth.
- An existing medical condition that you may have getting worse.

Rare risks and complications include:

- Missed polyps or growths.
- About 1 person in every 5,000 will accidentally get a hole (perforation) in the oesophagus, stomach or duodenum. This can cause a leak of stomach contents into the abdomen. If a hole is made, you will be admitted to hospital for further treatment which may include surgery.
- Your procedure may not be able to be finished due to problems inside your body or because of technical problems.
- Bacteraemia (infection in the blood). This will need antibiotics.
- 'Dead arm' type feeling in any nerve, due to positioning with the procedure - usually temporary.
- Anaphylaxis (severe allergy) to medication given at the time of procedure.
- Death as a result of complications to this procedure is rare.

D. Significant risks and procedure options

(Doctor to document in space provided. Continue in Medical Record if necessary.)

E. Risks of not having this procedure

(Doctor to document in space provided. Continue in Medical Record if necessary.)



Queensland
Government

Upper Gastrointestinal Endoscopy

Facility:

INPATIENT

URN:

F. 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/sedation 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.
- 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:

☐ Upper Gastrointestinal Endoscopy

- 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: 13/9/17

Patients who lack capacity to provide consent

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

Does the patient have an Advance Health Directive (AHD)?

☐ Yes ▶ Location of the original or certified copy of the AHD:

☐ No ▶ Name of Substitute Decision Maker/s:

Signature:

Relationship to patient:

Date: PH No:

Source of decision making authority (tick one):

- ☐ Tribunal-appointed Guardian
- ☐ Attorney/s for health matters under Enduring Power of Attorney or AHD
- ☐ Statutory Health Attorney
- ☐ If none of these, the Adult Guardian has provided consent. Ph 1300 QLD OAG (753 624)

G. 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 decision-maker has understood the information.

Name of Doctor/delegate:

Designation:

Signature:

Date: 13/9/17

H. Interpreter's statement

I have given a sight translation in

(state the patient's language here) of the consent form and assisted in the provision of any verbal and written information given to the patient/parent or guardian/substitute decision-maker by the doctor.

Name of Interpreter:

Signature:

Date:

DO NOT WRITE IN THIS BINDING MARGIN

02/2011 - v8.00



Queensland
Government

Upper Gastrointestinal Endoscopy

Facility:

(Affix identification)

INPATIENT

URN:

A. Interpreter / cultural needs

- An Interpreter Service is required? ☐ Yes ☐ No
If Yes, is a qualified Interpreter present? ☐ Yes ☐ No
A Cultural Support Person is required? ☐ Yes ☐ No
If Yes, is a Cultural Support Person present? ☐ Yes ☐ No

B. Condition and treatment

The doctor has explained that you have the following condition: *(Doctor to document in patient's own words)*

This condition requires the following procedure.
(Doctor to document - include site and/or side where relevant to the procedure)

+ No nose down - Naloxone i
tube insertion

An upper gastrointestinal (GI) endoscopy is where the doctor uses an instrument called an endoscope to look at the inside lining of your oesophagus (food pipe), stomach and duodenum (first part of the small intestine). This is done to look at reasons as to why you may have swallowing problems, nausea, vomiting, reflux, bleeding, indigestion, abdominal pain or chest pain.

This procedure may or may not require a sedation anaesthetic.

C. Risks of an upper gastrointestinal endoscopy +/- sedation

There are risks and complications with this procedure. They include but are not limited to the following.

Common risks and complications include:

- Nausea and vomiting.
- Faintness or dizziness, especially when you start to move around.
- Headache.
- Pain, redness or bruising at the sedation injection site (usually in the hand or arm).
- Muscle aches and pains.
- Allergy to medications given at time of the procedure.

Uncommon risks and complications include:

- About 1 person in every 1,000 will experience bleeding from the oesophagus (food pipe), stomach and duodenum where a lesion or polyp was removed. This is usually minor and can usually be stopped through the endoscope. Rarely, surgery is needed to stop bleeding.

...ing problems such as heart attack or vomit in the lungs causing pneumonia. Emergency treatment may be necessary.

- Damage to your teeth or jaw due to the presence of instruments in your mouth.
- An existing medical condition that you may have getting worse.

Rare risks and complications include:

- Missed polyps or growths.
- About 1 person in every 5,000 will accidentally get a hole (perforation) in the oesophagus, stomach or duodenum. This can cause a leak of stomach contents into the abdomen. If a hole is made, you will be admitted to hospital for further treatment which may include surgery.
- Your procedure may not be able to be finished due to problems inside your body or because of technical problems.
- Bacteraemia (infection in the blood). This will need antibiotics.
- 'Dead arm' type feeling in any nerve, due to positioning with the procedure - usually temporary.
- Anaphylaxis (severe allergy) to medication given at the time of procedure.
- Death as a result of complications to this procedure is rare.

D. Significant risks and procedure options

(Doctor to document in space provided. Continue in Medical Record if necessary.)

E. Risks of not having this procedure

(Doctor to document in space provided. Continue in Medical Record if necessary.)



Queensland
Government

Upper Gastrointestinal Endoscopy

Facility:

(Affix identification label here)

INPATIENT

URN:

F. 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/sedation 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.
- 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:

☐ Upper Gastrointestinal Endoscopy

- 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,

request to have the procedure

Name of Patient:

Signature:

Date:

19/9/12

Patients who lack capacity to provide consent

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

Does the patient have an Advance Health Directive (AHD)?

☐ Yes

Location of the original or certified copy of the AHD:

☐ No

Name of Substitute

Decision Maker/s:

Signature:

Relationship to patient:

Date:

PH No:

Source of decision making authority (tick one):

☐ Tribunal-appointed Guardian

☐ Attorney/s for health matters under Enduring Power of Attorney or AHD

☐ Statutory Health Attorney

☐ If none of these, the Adult Guardian has provided consent. Ph 1300 QLD OAG (753 624)

G. 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 decision-maker has understood the information.

Name of
Doctor/delegate:

Designation:

Signature:

Date:

19/9/12

H. Interpreter's statement

I have given a sight translation in

(state the patient's language here) of the consent form and assisted in the provision of any verbal and written information given to the patient/parent or guardian/substitute decision-maker by the doctor.

Name of
Interpreter:

Signature:

Date:

DO NOT WRITE IN THIS BINDING MARGIN

02/2011--v8.00



Queensland
Government

Upper Gastrointestinal Endoscopy

Facility:

INPATIENT

URN:

A. Interpreter / cultural needs

- An Interpreter Service is required? ☐ Yes ☐ No
If Yes, is a qualified Interpreter present? ☐ Yes ☐ No
A Cultural Support Person is required? ☐ Yes ☐ No
If Yes, is a Cultural Support Person present? ☐ Yes ☐ No

B. Condition and treatment

The doctor has explained that you have the following condition: *(Doctor to document in patient's own words)*

This condition requires the following procedure.
(Doctor to document - include site and/or side where relevant to the procedure)

+ Removal of Azxos stent
+ Insertion of PEG stent

An upper gastrointestinal (GI) endoscopy is where the doctor uses an instrument called an endoscope to look at the inside lining of your oesophagus (food pipe), stomach and duodenum (first part of the small intestine). This is done to look at reasons as to why you may have swallowing problems, nausea, vomiting, reflux, bleeding, indigestion, abdominal pain or chest pain.

This procedure may or may not require a sedation anaesthetic.

C. Risks of an upper gastrointestinal endoscopy +/- sedation

There are risks and complications with this procedure. They include but are not limited to the following.

Common risks and complications include:

- Nausea and vomiting.
- Faintness or dizziness, especially when you start to move around.
- Headache.
- Pain, redness or bruising at the sedation injection site (usually in the hand or arm).
- Muscle aches and pains.
- Allergy to medications given at time of the procedure.

Uncommon risks and complications include:

- About 1 person in every 1,000 will experience bleeding from the oesophagus (food pipe), stomach and duodenum where a lesion or polyp was removed. This is usually minor and can usually be stopped through the endoscope. Rarely, surgery is needed to stop bleeding.

- Heart and lung problems such as heart attack or vomit in the lungs causing pneumonia. Emergency treatment may be necessary.
- Damage to your teeth or jaw due to the presence of instruments in your mouth.
- An existing medical condition that you may have getting worse.

Rare risks and complications include:

- Missed polyps or growths.
- About 1 person in every 5,000 will accidentally get a hole (perforation) in the oesophagus, stomach or duodenum. This can cause a leak of stomach contents into the abdomen. If a hole is made, you will be admitted to hospital for further treatment which may include surgery.
- Your procedure may not be able to be finished due to problems inside your body or because of technical problems.
- Bacteraemia (infection in the blood). This will need antibiotics.
- 'Dead arm' type feeling in any nerve, due to positioning with the procedure - usually temporary.
- Anaphylaxis (severe allergy) to medication given at the time of procedure.
- Death as a result of complications to this procedure is rare.

D. Significant risks and procedure options

(Doctor to document in space provided. Continue in Medical Record if necessary.)

E. Risks of not having this procedure

(Doctor to document in space provided. Continue in Medical Record if necessary.)



Queensland
Government

Upper Gastrointestinal Endoscopy

Facility:

INPATIENT

URN:

F. 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/sedation 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.
- 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:

☐ Upper Gastrointestinal Endoscopy

- 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:

20/9/17

Patients who lack capacity to provide consent

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

Does the patient have an Advance Health Directive (AHD)?

☐ Yes ▶ Location of the original or certified copy of the AHD:

☐ No ▶ Name of Substitute Decision Maker/s:

Signature:

Relationship to patient:

Date: - PH No:

Source of decision making authority (tick one):

- ☐ Tribunal-appointed Guardian
- ☐ Attorney/s for health matters under Enduring Power of Attorney or AHD
- ☐ Statutory Health Attorney
- ☐ If none of these, the Adult Guardian has provided consent. Ph 1300 QLD OAG (753 624)

G. 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 decision-maker has understood the information.

Name of Doctor/delegate:

Designation:

Signature:

Date:

20/9/17

H. Interpreter's statement

I have given a sight translation in

(state the patient's language here) of the consent form and assisted in the provision of any verbal and written information given to the patient/parent or guardian/substitute decision-maker by the doctor.

Name of Interpreter:

Signature:

Date:

DO NOT WRITE IN THIS BINDING MARGIN

02/2011 - v8.00

Cholecystectomy - Laparoscopic

Facility:

Date of birth:

Sex: ☐ M ☐ F ☐ I

A. Interpreter / cultural needs

- An Interpreter Service is required? ☐ Yes ☐ No
 If Yes, is a qualified Interpreter present? ☐ Yes ☐ No
 A Cultural Support Person is required? ☐ Yes ☐ No
 If Yes, is a Cultural Support Person present? ☐ Yes ☐ No

B. Condition and treatment

The doctor has explained that you have the following condition: *(Doctor to document in patient's own words)*

gallstones

biliary pancreatitis, rectal cancer

This condition requires the following procedure.

(Doctor to document - include site and/or side where relevant to the procedure)

lap. chole, IEC

colectomy surgery (see other consent)

The following will be performed:

Surgical removal of the gall bladder using a laparoscope (a tube like instrument). Instruments to remove the gallbladder are inserted into the abdomen via four very small cuts in the abdomen.

During surgery an examination of the bile duct is required to look for gallstones. To do this a Contrast medium is injected and x-rays are taken of the bile duct.

C. Risks of a laparoscopic cholecystectomy

There are risks and complications with this procedure. They include but are not limited to the following.

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, Aspirin, 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.

Specific risks:

- Damage to large blood vessels causing bleeding.
- Damage to gut and/or bladder when the instruments are inserted.
- Rarely, gas fed into the abdominal cavity can cause heart and breathing problems.
- The laparoscope method may not work and the surgeon may need to do open surgery.
- Stones may be found outside the gall bladder.
- Gallstones may spill from the gall bladder and be lost in the abdominal cavity.
- Some stones may be left behind in the bile duct and may need further treatment.
- Some of the clips or ties may come off.
- Damage to the bile tubes.
- The wound may not heal normally. The wound can thicken and turn red.
- A weakness can happen in the wound with the development of a hernia (rupture).
- Adhesions (bands of scar tissue) may form and cause bowel obstruction.
- Symptoms experienced before surgery may persist after the surgery.
- An allergic reaction to the injected Contrast is rare.

D. Significant risks and procedure options

(Doctor to document in space provided. Continue in Medical Record if necessary.)

E. Risks of not having this procedure

(Doctor to document in space provided. Continue in Medical Record if necessary.)

F. Anaesthetic

This procedure may require an anaesthetic. *(Doctor to document type of anaesthetic discussed)*

Cholecystectomy - Laparoscopic

Facility:

G. 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 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
☐ Cholecystectomy - Laparoscopic

- 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: [REDACTED]

Signature: [REDACTED]

Date: 12/12/17

Patients who lack capacity to provide consent

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

Does the patient have an Advance Health Directive (AHD)?

☐ Yes ▶ Location of the original or certified copy of the AHD:

☐ No ▶ Name of Substitute Decision Maker/s:

Signature:

Relationship to patient:

Date: PH No:

Source of decision making authority (tick one):

- ☐ Tribunal-appointed Guardian
☐ Attorney/s for health matters under Enduring Power of Attorney or AHD
☐ Statutory Health Attorney
☐ If none of these, the Adult Guardian has provided consent. Ph 1300 QLD OAG (753 624)

H. 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 decision-maker has understood the information.

Name of Doctor/delegate: [REDACTED]

Designation: [REDACTED]

Signature: [REDACTED]

Date: 12/12/17

I. Interpreter's statement

I have given a sight translation in

(state the patient's language here) of the consent form and assisted in the provision of any verbal and written information given to the patient/parent or guardian/substitute decision-maker by the doctor.

Name of Interpreter:

Signature:

Date:

DO NOT WRITE IN THIS BINDING MARGIN

02/2011 - v4.00



Resection of Colon

Facility:

A. Interpreter / cultural needs

- An Interpreter Service is required? ☐ Yes ☐ No
If Yes, is a qualified Interpreter present? ☐ Yes ☐ No
A Cultural Support Person is required? ☐ Yes ☐ No
If Yes, is a Cultural Support Person present? ☐ Yes ☐ No

B. Condition and treatment

The doctor has explained that you have the following condition: *(Doctor to document in patient's own words)*

rectal cancer, biliary

pancreatic

This condition requires the following procedure.

(Doctor to document - include site and/or side where relevant to the procedure)

laparoscopic cholecystectomy, ultra-low

anterior resection, loop ileostomy & Hartmann's procedure

The following will be performed:

To remove a tumour, a part of the large bowel will be removed through a cut in the abdomen.

Occasionally a piece of the bowel may be brought out through the wall of the abdomen as a colostomy. This is usually temporary and allows the bowel content to drain into a bag worn over the colostomy until the join in the bowel has healed.

C. Risks of a resection of colon

There are risks and complications with this procedure. They include but are not limited to the following.

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, Aspirin, 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.

Specific risks:

Please read **Resection of Colon information sheet** for detailed information about the risks involved. If you have not been given an information sheet, please ask for one.

- Leakage where the bowel was stitched together. This may need further surgery.
- Deep bleeding in the abdomen. This may need fluid replacement or further surgery.
- Bowel is paralysed, causing abdominal bloating and vomiting. This is usually temporary.
- The wound may become infected. This is usually treated with antibiotics or the wound may need to be opened.
- Urinary tract infection. Antibiotics may be used to control the infection.
- Infection in the abdominal cavity. This may form an abscess may need drainage and antibiotics.
- The bowel may be unable to be joined and may be brought to the surface as a stoma, with the following problems:
 - The blood supply to the stoma may fail and cause damage. This may need further surgery.
 - Excess fluid loss from the stoma.
 - Stoma prolapse - the bowel protrudes past skin.
 - Parastomal hernia - the bowel pushes through a weak point in the muscle wall, causing pain.
 - Local skin irritation - reddening of the skin and a rash in reaction to the stoma bag glue.
- Bleeding into the abdomen. A blood transfusion and further surgery may be necessary.
- Damage to the tube bringing the urine from the kidney to the bladder.
- Abnormal emptying of the bladder. It may empty without control or may not empty at all.
- Inability to have and/ or maintain an erection in men. In women, it can cause pain during or after intercourse.
- The wound may be abnormal and the wound can be thickened, red and painful.
- The bowel actions may be much looser after the operation than before.
- Adhesions (bands of scar tissue) develop in the abdominal cavity and the bowel may block.
- Death within 30 days of surgery is estimated at 1 in 16 to 1 in 63.



Queensland
Government

Resection of Colon

Facility:

G. 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
- ☐ Resection of Colon
- ☐ 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:

12/12/17 V

Patients who lack capacity to provide consent

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

Does the patient have an Advance Health Directive (AHD)?

☐ Yes

Location of the original or certified copy of the AHD:

☐ No

Name of Substitute
Decision Maker/s:

Signature:

Relationship to patient:

Date:

PH No:

Source of decision making authority (tick one):

- ☐ Tribunal-appointed Guardian
- ☐ Attorney/s for health matters under Enduring Power of Attorney or AHD
- ☐ Statutory Health Attorney
- ☐ If none of these, the Adult Guardian has provided consent. Ph 1300 QLD OAG (753 624)

H. 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 decision-maker has understood the information.

Name of
Doctor/delegate:

Designation:

Signature:

Date:

12/12/17

I. Interpreter's statement

I have given a sight translation in

(state the patient's language here) of the consent form and assisted in the provision of any verbal and written information given to the patient/parent or guardian/substitute decision-maker by the doctor.

Name of
Interpreter:

Signature:

Date: