Patient Information and consent to appendicectomy (removal of an inflamed appendix)

A patient's guide

Key messages for patients

- **Please read your admission letter carefully. It is important to follow the instructions we give you about not eating or drinking or we may have to postpone or cancel your operation**.
- **Please read this information carefully,** you and your health professional will sign it to document your consent.
- **It is important that you bring the consent form with you when you are admitted for surgery.** You will have an opportunity to ask any questions from the surgeon or anaesthetist when you are admitted. You may sign the consent form either before you come or when you are admitted.
- **Please bring with you any medications you use and its packaging (including patches, creams, inhalers, insulin and herbal remedies)** and any information that you have been given relevant to your care in hospital, such as x rays or test results.
- Take your medications as normal on the day of the procedure **unless** you have been specifically told not to take a drug or drugs before or on the day by a member of your medical team. If you have diabetes please ask for specific individual advice to be given on your medication at your pre-operative assessment appointment.
- If you have any other concerns about this procedure after reading this guide, please contact Mercer ward Sister or Matron on Tel: 0207 288 5481

Cambridge University Hospitals NHS
NHS Foundation Trust

With thanks to Cambridge University Hospitals for the use of their content

Important things you need to know

Patient choice is an important part of your care. You have the right to change your mind at any time, even after you have given consent and the procedure has started (as long as it is safe and practical to do so). If you are having an anaesthetic you will have the opportunity to discuss this with the anaesthetist, unless the urgency of your treatment prevents this.

We will also only carry out the procedure on your consent form unless, in the opinion of the health professional responsible for your care, a further procedure is needed in order to save your life or prevent serious harm to your health. However, there may be procedures you do not wish us to carry out and these can be recorded on the consent form. We are unable to guarantee that a particular person will perform the procedure. However the person undertaking the procedure will have the relevant experience.

All information we hold about you is stored according to the Data Protection Act 1998.

About surgery for appendicitis

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.

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.

Intended benefits

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?

This procedure will be performed by a suitably qualified and experienced surgeon, or a trainee surgeon under the direct supervision of a suitably qualified and experienced surgeon.

Before your 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).

Hair removal before an operation

For most operations, you do not need to have the hair around the site of the operation removed. However, sometimes the healthcare team need to see or reach your skin and if this is necessary they will use an electric hair clipper with a single-use disposable head, on the day of the surgery. Please do not shave the hair yourself or use a razor to remove hair, as this can increase the risk of infection. Your healthcare team will be happy to discuss this with you.

It may be necessary during the procedure to shave other areas of your body if appropriate to allow equipment/machines, for example diathermy machines (used to seal blood vessels), to stick to your skin to achieve the best and safest performance.

During the procedure

At the start of your procedure, we will give you the necessary anaesthetic and/or sedation - see below for details of this.

Most appendicectomy operations are carried out with laparoscopic (keyhole) surgery. 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. The appendix can usually be removed using this keyhole surgery without making a larger incision; sometimes, an ‘open’ appendicectomy incision (wound) is required. If you have a laparoscopic (keyhole) operation, the appendix may not be removed if another diagnosis is found.
If you have open surgery, even if appendicitis is not confirmed, your appendix will probably 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.

After the procedure

Once your surgery is completed you will usually be transferred to the recovery ward where you will be looked after by specially trained nurses, under the direction of your anaesthetist. The nurses will monitor you closely until the effects of any general anaesthetic have adequately worn off and you are conscious. They will monitor your heart rate, blood pressure and oxygen levels too. You may be given oxygen via a facemask, fluids via your drip and appropriate pain relief until you are comfortable enough to return to your ward.

Sometimes after having your appendix removed, you may be transferred to the intensive care unit (ICU/ITU) or high dependency unit (HDU). These are areas where you will be monitored much more closely because of the nature of your operation or because of certain pre-existing health problems that you may have. If your surgeon or anaesthetist believes you should go to one of

these areas after your operation, they will tell you and explain to you what you should expect.

Eating and drinking. You will not feel like eating or drinking immediately after your operation. However, very soon afterwards we will offer you some water and then you will be allowed to drink more and eat according to your speed of recovery.

Getting about after the procedure. We will help you to become mobile as soon as possible after the procedure. Typically, you will be able to get up after just a couple of hours. This helps improve your recovery and reduces the risk of certain complications. If you have any mobility problems, we can arrange nursing or physiotherapy help. Avoid heavy lifting, strenuous activity and contact sports for 4-6 weeks after the operation to allow the wounds to heal properly.

Leaving 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.

Resuming 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.

Special measures after the procedure. 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.

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.

Significant, unavoidable or frequently occurring risks of this procedure

Although appendicectomy is not a major operation, there are certain risks associated with it. These include the risks of surgery in general, the risks that are particularly associated with appendicectomy and the risks of having an 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 appendicectomy 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.

Rarely, during either keyhole or open surgery other organs near the appendix could be injured. These include the bowel, colon, bladder, ovaries, fallopian tubes and uterus in women, major blood vessels and liver. If injury occurs, it is fixed at the time of the operation, and we will let you know afterwards.

Very rarely, the surgeon might need to enlarge the appendicectomy 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.

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, but sometimes they continue and further tests might be needed to find the cause.

A few patients get a late infection in the abdomen. This is more common in perforated appendicitis. The symptoms at home would be fever, abdominal pain, vomiting and anorexia. If these happen then you could see you GP and if need be he/she will ask you to return to the hospital via the emergency department for urgent review.

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.

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.

Anaesthesia

Anaesthesia means 'loss of sensation'. There are three types of anaesthesia: general, regional and local. **The type of anaesthesia chosen by your anaesthetist depends on the nature of your surgery as well as your health and fitness**. Sometimes different types of anaesthesia are

used together.

Before your operation

Before your operation you will meet an anaesthetist who will discuss with you the most appropriate type of anaesthetic for your operation, and pain relief after your surgery. To inform this decision, he/she will need to know about:

- your general health, including previous and current health problems
- whether you or anyone in your family has had problems with anaesthetics
- any medicines or drugs you use
- whether you smoke
- whether you have had any abnormal reactions to any drugs or have any other allergies
- your teeth, whether you wear dentures, or have caps or crowns.

Your anaesthetist may need to listen to your heart and lungs, ask you to open your mouth and move your neck and will review your test results.

Pre-medication

You may be prescribed a 'premed' prior to your operation. This is a drug or combination of drugs which may be used to make you sleepy and relaxed before surgery, provide pain relief, reduce the risk of you being sick, or have effects specific for the procedure that you are going to have or for any medical conditions that you may have.
Not all patients will be given a premed or will require one and the anaesthetist will often use drugs in the operating theatre to produce the same effects.

Moving to the operating room or theatre

You will usually change into a gown before your operation and we will take you to the operating suite. When you arrive in the theatre or anaesthetic room and **before starting your anaesthesia, the medical team will perform a check of your name, personal details and confirm the operation you are expecting**.

Once that is complete, monitoring devices may be attached to you, such as a blood pressure cuff, heart monitor (ECG) and a monitor to check your oxygen levels (a pulse oximeter). An intravenous line (drip) may be inserted. If a regional anaesthetic is going to be performed, this may be performed at this stage. If you are to have a general anaesthetic, you may be asked to breathe oxygen through a face mask.

General anaesthesia

During general anaesthesia you are put into a state of unconsciousness and you will be unaware of anything during the time of your operation. Your anaesthetist achieves this by giving you a combination of drugs.

While you are unconscious and unaware your anaesthetist remains with you at all times. He or she monitors your condition and administers the right amount of anaesthetic drugs to maintain you

at the correct level of unconsciousness for the period of the surgery. 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.

Regional anaesthesia

Regional anaesthesia includes epidurals, spinals, caudals or local anaesthetic blocks of the nerves to the limbs or other areas of the body. Local anaesthetic is injected near to nerves, numbing the relevant area and possibly making the affected part of the body difficult or impossible to move for a period of time. Regional anaesthesia may be performed as the sole anaesthetic for your operation, with or without sedation, or with a general anaesthetic. Regional anaesthesia may also be used to provide pain relief after your surgery for hours or even days. Your anaesthetist will discuss the procedure, benefits and risks with you and, if you are to have a general anaesthetic as well, whether the regional anaesthesia will be performed before you are given the general anaesthetic.

Local anaesthesia

In local anaesthesia the local anaesthetic drug is injected into the skin and tissues at the site of the operation. The area of numbness will be restricted and some sensation of pressure may be present, but there should be no pain.

Local anaesthesia is used for minor operations such as stitching a cut, but may also be injected around the surgical site to help with pain relief. Usually a local anaesthetic will be given by the doctor doing the operation.

Sedation

Sedation is the use of small amounts of anaesthetic or similar drugs to produce a ‘sleepy-like’ state. Sedation may be used as well as a local or regional anaesthetic. The anaesthesia prevents you from feeling pain, the sedation makes you drowsy. Sedation also makes you physically and mentally relaxed during an investigation or procedure which may be unpleasant or painful (such as an endoscopy) but where your co-operation is needed. You may remember a little about what happened but often you will remember nothing. Sedation may be used by other professionals as well as anaesthetists.

What will I feel like afterwards?

How you will feel will depend on the type of anaesthetic and operation you have had, how much pain relieving medicine you need and your general health.

Most people will feel fine after their operation. Some people may feel dizzy, sick or have general aches and pains. Others may experience some blurred vision, drowsiness, a sore throat, headache or breathing difficulties.

You may have fewer of these effects after local or regional anaesthesia although when the effects of the anaesthesia wear off you may need pain relieving medicines.

What are the risks of 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 performed in an emergency.

Very common (1 in 10 people) and common side effects (1 in 100 people)

- Feeling sick and vomiting after surgery
- Sore throat
- Dizziness, blurred vision
- Headache
- Bladder problems
- Damage to lips or tongue (usually minor)
- 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
- Muscle pains
- Slow breathing (depressed respiration)
- Damage to teeth
- An existing medical condition getting worse
- Awareness (becoming conscious during your operation)

Rare (1 in 10,000 people) and very rare (1 in 100,000 people) complications

- Damage to the eyes
- Heart attack or stroke
- Serious allergy to drugs
- Nerve damage
- Death
- Equipment failure

Deaths caused by anaesthesia are very rare. There are probably about five deaths for every million anaesthetics in the UK.

For more information about anaesthesia, please visit the Royal College of Anaesthetists' website: www.rcoa.ac.uk

Information about important questions on the consent form

1 Creutzfeldt Jacob Disease ('CJD')

We must take special measures with hospital instruments if there is a possibility you have been at risk of CJD or variant CJD disease. We therefore ask all patients undergoing any surgical procedure if they have been told that they are at increased risk of either of these forms of CJD. This helps prevent the spread of CJD to the wider public. A positive answer will not stop your procedure taking place, but enables us to plan your operation to minimise any risk of transmission to other patients.

2 Photography, Audio or Visual Recordings

We ask for your permission to use images and recordings for your diagnosis and treatment, they will form part of your medical record. We also ask for your permission to use these images for audit and in training medical and other healthcare staff and UK medical students; you do not have to agree and if you prefer not to, this will not affect the care and treatment we provide. We will ask for your separate written permission to use any images or recordings in publications or research.

3 Students in training

Training doctors and other health professionals is essential to the NHS. Your treatment may provide an important opportunity for such training, where necessary under the careful supervision of a registered professional. You may, however, prefer not to take part in the formal training of medical and other students without this affecting your care and treatment.

Patient advice and liaison service (PALS)

If you have a question, compliment, comment or concern please contact our PALS team on 020 7288 5551 or whh-tr.whitthealthPALS@nhs.net

If you need a large print, audio or translated copy of this leaflet please contact us on 020 7288 3182. We will try our best to meet your needs.

Whittington Health
Magdala Avenue
London
N19 5NF
Phone: 020 7272 3070

Date published: 13/06/17
Review date: 13/06/19
Ref: S&C/GralSurg/PI&CAppend/01

Facebook/whittingtonhealth

@whithealth

Patient agreement to investigation or treatment where patient has capacity to consent

Patient's surname..... Patient's first names .....
Date of birth ..... NHS / hospital number ..... .
Male Female Special requirement (language/communication method)
.....
Responsible health professional .....
Job title .....

Proposed procedure or course of treatment (include brief explanation if medical term not clear). .....
Laparosscopic Appendicectomy +/- open +/- proceed to any procedure neccessary
.....
.....

Statement of health professional (who has appropriate knowledge of proposed procedure as specified in the consent policy)
I have explained the procedure to the patient. In particular I have explained:
The intended benefits .....To confirm the diagnosis and treat the source of infection.....
.....
serious or frequently occurring' risks Chronic pain, bleeding, infection, collection, damage to other organs, normal appendix, need for drain post operatively, hernias in the wounds, poor wound healing, scarring, blood clots - (DVT/PE), heart attack, stroke, chest infection, atelectasis (lung collapse), change in bowel habit, bands and adhesion formation

The procedure will involve:
☒ general anaesthesia ☐ regional anaesthesia ☒ local anaesthesia ☐ sedation

Any extra procedures that may become necessary during the procedure
☒ Blood transfusion .....
☐ Other .....

☒ **A leaflet/tape** has been provided (name & code) .....S&C/GralSurg/PI&CAppend/01.....
☒ **Consenting to treatment leaflet** has been provided .....

I have also discussed what the procedure is likely to involve, the benefits and risks of any available alternative treatments (including no treatment) and any particular concerns of the patient.

Signed ..... **Date** .....
Name (PRINT) ..... **Job title** .....
Contact details .....

Statement of interpreter, (where appropriate). I have interpreted the information above to the patient to the best of my ability and in a way, which I believe she/he can understand.

Signed ..... **Date** .....
Name (PRINT) .....

Top copy accepted by patient: Yes/No (Please ring)

Statement of patient

Identifier label

Please read this form carefully and make sure that you understand the benefits and risks of the proposed treatment. If you have any further questions please ask – we are here to help you. You have the right to change your mind at any time, including after you have signed this form.

As this is a teaching hospital, medical and nursing students may accompany the consultant during your treatment for training purposes. If you have any objection to this, please tell your doctor/nurse. This decision will not affect your treatment or care.

I agree to the procedure or course of treatment that is described on this form.

I understand that you cannot give me a guarantee that a particular person will perform the procedure. The person will, however, have the appropriate experience.

I understand that I will have the opportunity to discuss the details of general or regional anaesthesia with an anaesthetist before that procedure, unless the urgency of the procedure prevents this.

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.

I understand that human tissue (such as skin, muscle, organs) removed during the procedure may be sent to the laboratory for tests. Only with my express consent may any of the remains of these tissues be used for research or education. **(see signature below)**

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 to be carried out** without further discussion.

.....

.....

.....

Patient's signature ..... **Date** .....

Name (PRINT) .....

Signed consent for research on removed tissue .....

A witness should sign below if the patient is unable to sign but has indicated his or her consent. Young people/children may also like a parent to sign here (see notes).

Signed ..... **Date** .....

Confirmation of consent (to be completed by a health professional when a patient is admitted for a 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 she/he has no further questions and wishes the procedure to go ahead.

Signed ..... **Date** .....

Name (PRINT) ..... **Job title** .....

Important notes: (tick if applicable)

- ☐ See also advance directive/living will (e.g. Jehovah's Witness form)
- ☐ Patient has withdrawn consent (ask patient to sign/date here)

Guidance to health professionals

(to be read in conjunction with consent policy)

What a consent form is for

This form documents the patient's agreement to go ahead with the investigation or treatment you have proposed. It is not a legal waiver – if patients, for example, do not receive enough information on which to base their decision, then the consent may not be valid, even though the form has been signed. Patients are also entitled to change their mind after signing the form, if they retain capacity to do so. The form should act as an aide-memoir to health professionals and patients, by providing a checklist of the kind of information patients should be offered, and by enabling the patient to have a written record of the main points discussed. In no way, however, should the written information provided for the patient be regarded as a substitute for face-to-face discussions with the patient.

The law on consent

See the Department of Health's Reference guide to consent for examination or treatment for a comprehensive summary of the law on consent (also available at www.doh.gov.uk/consent).

Who can give consent?

Everyone aged 16 or more is presumed to be competent to give consent for him or herself, unless the opposite is demonstrated. If a child under the age of 16 has "sufficient understanding and intelligence to enable him or her to understand fully what is proposed", then he or she will be competent to give consent for himself or herself. Young people aged 16 and 17, and legally 'competent' younger children, may therefore sign this form for themselves, but may like a parent to counter sign as well. If the child is not able to give consent for himself or herself, someone with parental responsibility may do so on their behalf and a separate form is available for this purpose. Even where a child is able to give consent for him or herself, you should always involve those with parental responsibility in the child's care, unless the child specifically asks you not to do so. If a patient is mentally competent to give consent but is physically unable to sign a form, you should complete this form as usual, and ask an independent witness to confirm that the patient has given consent orally or non-verbally.

When NOT to use this form

If the patient is 18 or over and is not legally competent to give consent, you should use form 4 (form for adults who are unable to consent to investigation or treatment) instead of this form. A patient will not be legally competent to give consent if:

they are unable to comprehend and retain information material to the decision and/or

they are unable to weigh and use this information in coming to a decision.

You should always take all reasonable steps (for example involving more specialist colleagues) to support a patient in making their own decision, before concluding that they are unable to do so. Relatives **cannot** be asked to sign this form on behalf of an adult who is not legally competent to consent for him or herself.

Information

Information about what the treatment will involve, its benefits and risks (including side-effects and complications) and the alternatives to the particular procedure proposed, is crucial for patients when making up their minds. The courts have stated that patients should be told about 'significant risks, which would affect the judgement of a reasonable patient'. 'Significant' has not been legally defined, but the GMC requires doctors to tell patients about 'serious or frequently occurring' risks. In addition, if patients make clear they have particular concerns about certain kinds of risk, you should make sure they are informed about these risks, even if they are very small or rare. You should always answer questions honestly. Sometimes, patients may make it clear that they do not want to have any information about the options, but want you to decide on their behalf. In such circumstances, you should do your best to ensure that the patient receives at least very basic information about what is proposed. Where information is refused, you should document this on the reverse of this page of the form or in the patient' s notes.