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

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.

- Please call the colorectal specialist sisters on telephone number 01223 217923 if you have any questions or concerns about this procedure.

After the procedure we will file the consent form in your medical notes and you may take this information leaflet home with you.

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. Appendicectomy, CF0132, V7, September 2015
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, a surgical practitioner, 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, a 'standard' 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.

After certain major operations you may be transferred to the intensive care unit (ICU/ITU), high dependency unit (HDU), intermediate dependency area (IDA) or fast track/overnight intensive recovery (OIR). 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.

*If there is not a bed in the necessary unit on the day of your operation, your operation may be postponed as it is important that you have the correct level of care after major surgery.*

**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.

**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.
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 your 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.

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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

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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](http://www.rcoa.ac.uk)
Information about important questions on the consent form

1  Creutzfeldt Jakob 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
As a leading teaching hospital we take great pride in our research and staff training. 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.

4  Use of Tissue
As a leading bio-medical research centre and teaching hospital, we may be able to use tissue not needed for your treatment or diagnosis to carry out research, for quality control or to train medical staff for the future. Any such research, or storage or disposal of tissue, will be carried out in accordance with ethical, legal and professional standards. In order to carry out such research we need your consent. Any research will only be carried out if it has received ethical approval from a Research Ethics Committee. You do not have to agree and if you prefer not to, this will not in any way affect the care and treatment we provide. The leaflet ‘Donating tissue or cells for research’ gives more detailed information. Please ask for a copy.

If you wish to withdraw your consent on the use of tissue (including blood) for research, please contact our Patient Advice and Liaison Service (PALS), on 01223 216756.
Privacy & dignity

Same sex bays and bathrooms are offered in all wards except critical care and theatre recovery areas where the use of high-tech equipment and/or specialist one to one care is required.

We are now a smoke-free site: smoking will not be allowed anywhere on the hospital site.
For advice and support in quitting, contact your GP or the free NHS stop smoking helpline on 0800 169 0 169.

Other formats:

If you would like this information in another language, large print or audio, please ask the department where you are being treated, to contact the patient information team: patient.information@addenbrookes.nhs.uk.
Please note: We do not currently hold many leaflets in other languages; written translation requests are funded and agreed by the department who has authored the leaflet.

Document history

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Appendicectomy

To confirm the diagnosis and treat the underlying cause of your symptoms.

If the appendix has perforated occasionally an abscess can develop in the abdomen or further down in the pelvis. If another problem in the abdomen is discovered, 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 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.

b) the possible risks involved. Addenbrooke’s always ensures any risks are minimised. However all procedures carry some risk and I have set out below any significant, unavoidable or frequently occurring risks including those specific to the patient

If the appendix has perforated occasionally an abscess can develop in the abdomen or further down in the pelvis. If another problem in the abdomen is discovered, 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 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.

c) what the treatment or procedure is likely to involve, the benefits and risks of any available alternative treatments (including no treatment) and any particular concerns of this patient:
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1. any extra procedures that might become necessary during the procedure such as:
   - Blood transfusion
   - Other procedure (please state)

2. The following information leaflet has been provided:
   Version, reference and date: Version 7, CF0132, September 2015
   or I have offered the patient information about the procedure but this has been declined.

3. This procedure will involve:
   - General and/or regional anaesthesia
   - Local anaesthesia
   - Sedation
   - None

Signed (Health professional): Date: P.D./M.M./Y.Y.Y.
Name (PRINT): Time (24hr): H.H.; M.M.
Designation: Contact/bleep no:

C. Consent of patient / person with parental responsibility
I confirm that the risks, benefits and alternatives of this procedure have been discussed
with me and that my questions have been answered to my satisfaction and understanding.

Important: please read the patient information about this procedure and then put a
tick in the relevant boxes for the following questions:

1. Creutzfeldt Jakob disease (CJD)
Have you ever been notified that you are at risk of CJD or variant CJD
for public health purposes? If yes, please inform your health professional.
   - Yes
   - No

2. Photography, Audio or Visual Recording
a) I agree to the use of any of the above type of recordings for the purpose
   of diagnosis and treatment.
   - Yes
   - No

   b) I agree to unidentified versions of any of the above recordings being used
      for audit and medical teaching in a healthcare setting.
   - Yes
   - No

3. Students in training
I agree to the involvement of medical and other students as part
of their formal training.
   - Yes
   - No

Patient safety – at the heart of all we do

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4 Use of Tissue
   a) I agree that tissue (including blood) not needed for my own diagnosis or treatment can be used and stored for ethically approved research which may include ethically approved genetic research.

   b) Where additional clinical information is needed for the purposes of ethically approved research, I agree that relevant sections of my medical record may be looked at by researchers or by relevant regulatory authorities. I give permission for these individuals to have access to my records.

I have listed below any procedures that I do not wish to be carried out without further discussion.

I have read and understood the Patient Information about this procedure and the above additional information. I agree to the procedure or treatment.

Signed (Patient): ................................................................. Date: D.D./M.M./Y.Y.Y.Y.
Name of patient (PRINT): .................................................................

If signing for a child or young person; delete if not applicable.
I confirm I am a person with parental responsibility for the patient named on this form.

Signed: ................................................................................. Date: D.D./M.M./Y.Y.Y.Y.
Relationship to patient:

If the patient is unable to sign but has indicated his/her consent, a witness should sign below.

Signed (Witness): ................................................................. Date: D.D./M.M./Y.Y.Y.Y.
Name of witness (PRINT): .................................................................
Address: 

For staff use only:  
Hospital number:  
Surname:  
First names:  
Date of birth:  
NHS no: ___ / ___ / ___  
Use hospital identification label
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Confirmation of consent
(where the treatment/procedure has been discussed 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 treatment/procedure to go ahead.

Signed (Health professional): ........................................... Date: .........................................................
Name (PRINT): ................................................................. Job title: .........................................................

Please initial to confirm all sections have been completed:

Interpreter's statement (if appropriate)
I have interpreted the information to the best of my ability, and in a way in which I believe the patient can understand:

Signed (Interpreter): .......................................................... Date: .........................................................
Name (PRINT): .................................................................

Or, please note the language line reference ID number:

Withdrawal of patient consent
☐ The patient has withdrawn consent (ask patient to sign and date here)

Signed (Patient): ................................................................. Date: .........................................................
Signed (Health professional): .................................................. Date: .........................................................
Name (PRINT): ................................................................. Job title: .........................................................