Patient information and consent to surgery for laparoscopic para-oesophageal hernia

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 all of your medications and its packaging (including inhalers, injections, creams, eye drops, patches, insulin and herbal remedies), a current repeat prescription from your GP, any cards about your treatment and any information that you have been given relevant to your care in hospital, such as x rays or test results.

- Simple painkillers such as paracetamol and ibuprofen may be required after surgery. Simple bowel medication such as senna and lactulose may be required after surgery. It is suggested that you discuss with your pharmacist and have a seven day supply of these medications at home to take as you need according to the instructions.

- 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 concerns requiring urgent medical advice please call the nurse specialist during working hours on 01223 596383 or through the hospital contact centre on 01223 245151 and ask for pager 154-348. During evenings or weekends please call Upper GI Enhanced recovery unit (ward M4)

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.

**About para-oesophageal hernia**

This operation is to treat a para-oesophageal hernia. The aim of the surgery is to help significant symptoms that may include reflux, regurgitation, difficulty swallowing, chest or abdominal pain or shortness of breath with stomach occupying space in chest as well as to prevent life threatening complications that may develop if the stomach in the hernia becomes twisted.

**What is a para-oesophageal hernia?**

A para-oesophageal hernia occurs when a point in the diaphragm becomes weak. The point at which it becomes weak is next to where the oesophagus (gullet) enters the abdomen from the chest cavity. Therefore, it is called a para-oesophageal hernia – meaning alongside the oesophagus as a result of this weakness, a hernia develops at this point.

A para-oesophageal hernia is an abnormal protrusion through the diaphragm into the chest. The protrusion contains a cavity (the hernial sac) which can be empty or it can fill with abdominal contents, usually the stomach but also sometimes bowel and rarely pancreas, spleen and liver.

A para-oesophageal hernia is similar to a groin hernia or abdominal wall hernia, however, because it is inside body cavities and often involves important organs, it can be much more serious. A para-oesophageal hernia may lead to a number of symptoms, although sometimes very few symptoms are present. Symptoms may include heartburn, difficulty or painful swallowing, unpredictable regurgitation of food or partially digested food. Pain in the chest or abdomen, especially after eating, may also occur as well as shortness of breath. Symptoms may come and go and vary from day to day. This is most likely due to partial twisting and untwisting of the stomach in the hernia.

In addition, you may also experience welling up of a foul tasting fluid into the back of your mouth; you might also notice fluid welling up when you bend over to tie your shoes or to lift something up.
What are the options for treating a para-oesophageal hernia?

Many patients have some of their symptoms of a para-oesophageal hernia treated with medications that reduce the acid levels in the stomach. These drugs are collectively known as Proton Pump Inhibitors (PPI, for example: Lansoprazole, Omeprazole, Esomeprazole, Pantoprazole and Rabeprazole). These drugs are highly effective at relieving the symptoms of acid gastro-oesophageal reflux; they do not do anything for some of the symptoms of a para-oesophageal hernia and will not prevent a serious complication from developing.

Sometimes patients notice an improvement in their symptoms if they lose weight or by giving up alcohol and smoking as well as regular exercise, avoiding fizzy and acidic drinks and spicy food. It is also advisable to avoid eating large meals late at night and drinking large amounts of drinks containing caffeine. Consuming foods of a more fluid type texture may also alleviate symptoms at times. This is because these foods pass more easily through the twisted stomach.

What is the aim of surgery?

Surgical operations for para-oesophageal hernia aim to prevent the symptoms that the hernia is causing by repairing the weakness in the diaphragm and returning abdominal contents to the abdomen where they belong and also to do a wrap around the oesophagus to help with acid and volume reflux.

Repairing the hernia also prevents the stomach from twisting or other severe complications from occurring.

Who is suitable for surgery?

Surgery can potentially benefit patients who have troublesome symptoms due to a para-oesophageal hernia or are at risk of a complication due to the hernia.

A para-oesophageal hernia is a type of hiatus hernia. However, the majority of patients with a hiatus hernia do not have a para-oesophageal hernia and therefore, do not require surgery.

What tests do I need before the operation?

Before you have a surgical treatment for your para-oesophageal hernia, it is important that we confirm that this is the problem and to assess the best type of operation for you. You will undergo an endoscopy test to have a look to see if you have oesophagitis, (inflammation of your gullet) and to gain more information about the hernia that will aid in planning the operation.

You may be asked to undergo some tests of your oesophagus to make sure that the muscles within the oesophagus work properly and strongly when you swallow.
It is likely you will have some x-rays or a scan to give us more information about your hernia and help plan the operation (barium swallow or CT scan).

**Who makes the final decision regarding surgery?**

When we have all the information available from your pre-operative tests we will discuss with you the pros and cons of surgery. Ultimately, the decision as to whether you wish to go ahead with surgery or manage conservatively is yours.

**Intended benefits**

To prevent the symptoms that the hernia is causing by repairing the weakness in the diaphragm and returning abdominal contents to the abdomen where they belong. Repairing the hernia also prevents the stomach from twisting or other severe complications from occurring.

**Who will perform my procedure?**

Your operation will performed by a consultant surgeon or by a senior surgeon in training under the direct supervision of the consultant surgeon.

**Before your procedure**

Most patients attend a pre-admission clinic, when you will meet a member of the team who will be looking after you. At this clinic, we will ask for details of your medical history and carry out any necessary clinical examinations and investigations. Please ask us any questions about the procedure, and feel free to discuss any concerns you might have at any time.

We will ask if you take any tablets or use any other types of medication either prescribed by a doctor or bought over the counter in a pharmacy. Please bring all your medications and any packaging (if available) with you. Please tell the ward staff about all of the medicines you use. If you wish to take your medication yourself (self-medicate), please ask your nurse. Pharmacists visit the wards regularly and can help with any medicine queries.

This procedure involves the use of anaesthesia. We explain about the different types of anaesthesia or sedation we may use at the end of this leaflet. You will see an anaesthetist before your procedure. We will ask if you are allergic to anything and for details of any previous operations you may have had.

A member of the surgical team will discuss any issues you have and will give you a consent form to take away with you and bring back to hospital when you are admitted. We will give you information regarding the details of your admission at the pre-admission clinic. Usually you will be admitted to hospital on the morning of your operation. You will be advised about what you can eat and drink before the operation and from what time you will need to be starved.
What happens when I am admitted?

When you are admitted, you will be seen by the anaesthetist who will review your medical history and information from the pre-clerking clinic and investigations. The anaesthetist will also want to know details of any previous anaesthetics you have had and may examine you. You will also meet the surgical team who will be looking after you.

If you have not already signed your consent form, you will be asked to do so. Before you go for your operation, you will be asked to change into a gown.

During the procedure

Before your operation you will be taken to the operating theatre and the anaesthetist will insert a plastic tube (drip) in your hand or arm through which you will be given an injection which will make you sleepy. During the operation the anaesthetist will stay with you at all times and you are closely monitored. Monitoring machines will measure your heart rate, blood pressure and oxygen levels within your blood.

We perform this type of surgery using a keyhole (laparoscopic) approach. This allows us to use long thin instruments and cameras to work inside your abdomen, using small incisions rather than through a traditional large incision. This approach means that you experience much less pain after the operation and thus, able to recover more quickly.

When the special keyhole (laparoscopic) instruments have been inserted the liver is lifted out of the way with a special instrument allowing us to identify the lower oesophagus and stomach, where we will do the actual operation. This area is freed up preserving the nerves that lie around this area that control your intestine. The stomach and any bowel that has moved up into the chest is brought back into the abdomen.

The upper part of the stomach (fundus) is then freed from its attachments. This involves dividing some small blood vessels that run between the fundus and the spleen. Once the fundus of the stomach and the oesophagus are completely mobile and resting comfortably back in the abdominal cavity, the weakness in the diaphragm is repaired. The weakness is repaired either with sutures or sometimes reinforced with a mesh. The upper part of the stomach is then wrapped around the lower oesophagus in the abdomen and sutured in place. This is to prevent reflux and also to help hold things in place within the abdominal cavity.

There is always a small chance around 5% that a larger incision will be made on the abdomen (conversion to open surgery). This is done if the operation is unable to be completed using the key hole technique or if there is a complication such as bleeding that cannot be controlled using a key hole technique.

The incisions will be closed with dissolving sutures and injected with local anaesthetic so that you are comfortable when you wake up. Your wounds will be closed with waterproof dressing or with surgical glue which means that you can shower. We ask you to remove the dressings yourself at home five days after the operation. If the wound is closed with glue you do not need to take any dressings off and the glue should come off after two weeks.
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 and surgeon. 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.

It is very important that you are not sick and you will be given a number of anti-sickness medications while you are asleep and when awake.

If, after the operation you feel sick, you must immediately inform the nurses looking after you.

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. After your operation, on the day of your operation, you will be allowed to drink water and then progress onto other fluids during the day as you feel able as long as you are not feeling sick.

You will be monitored carefully and given regular painkillers and anti-sickness medications to prevent sickness occurring.

The day after your operation, you will be seen by the surgical team and provided you are well, you will be allowed to start eating soups and simple soft food.

We advise you during this period to avoid liquids that are either particularly hot or cold, but generally take tepid fluids. We would also caution against drinking fizzy drinks and avoid them or let it still until it fizzes out.

After the procedure

You may notice that in the first few weeks after your operation it is difficult to swallow food. This is entirely normal and advice is given later on in this information sheet as to the type of food you should be eating during this period and you will also be offered an information leaflet on diet after this surgery.

You need to be very careful about eating foods of a coarser texture, such as bread or red meat. If these are eaten too quickly or too large a mouthful is swallowed they may become stuck in the lower end of the oesophagus and try and avoid them for about at least four weeks.

- We advise you to eat food that is soft, sloppy and easy to swallow. This means avoiding foods that contain large pieces (for example, bread and large pieces of meat).
- Foods like soups, pasta, mashed vegetables and mince are suitable you should avoid fizzy or gassy drinks that might make you feel bloated.
Getting about after the procedure. We will help you to become mobile as soon as possible after the procedure. 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. We would expect you to be discharged home one to two days after your operation. Following discharge we will give you a copy of your discharge summary.

Resuming normal activities including work. After your operation we would expect you to make a quick recovery from your surgery. You are able to resume normal activities as you feel comfortable. In general, you can resume driving a 10-14 days after your operation, provide you are comfortable and can break in an emergency. We would advise against extreme physical activity (weight lifting or heavy lifting), for six weeks after the operation so that all the swelling and post-operative effects have settled down.

Special measures after the procedure. After the surgery it is difficult for patients to belch and this can lead to painful trapped wind. In a similar manner, it is also difficult for patients to be sick. All these symptoms do improve with time, but it is important that you avoid precipitating these symptoms as much as possible in the early post-operative period.

Approximately 50% of the patients who have this operation notice that they pass more wind through their bottom after the operation. Simple medications that absorb gas sometimes help this problem. These can be obtained over the counter at a chemist.

Check-ups and results. You will be seen in the surgical clinic six weeks after your operation to assess your progress.

Alternative procedures that are available

An alternative to this surgery is a decision not to have surgery. We will discuss with you the implications of deciding not to have surgery, you can also discuss with your surgeon regarding wait and watch (review symptoms and progress in clinic), laparoscopic gastropexy (pulling the stomach from chest and suturing to the abdominal wall without repairing the hiatus defect). If you have significant comorbidities the surgeon will also discuss PEG (percutaneous gastrostomy) as a symptom control management options.

Significant, unavoidable or frequently occurring risks of this procedure

- Keyhole (laparoscopic) surgery for para-oesophageal hernia is a safe procedure. However, there are potential risks involved in any form of surgery and we believe that it is important that you are aware of these.
• **Damage to the spleen**: During part of the operation, the small blood vessels between the spleen and the upper part of the stomach (fundus) are cut using special instruments that seal the blood vessels before they are divided. However, sometimes damage to the spleen can occur. Frequently this can be controlled simply using the keyhole method, however, if the spleen were to sustain more severe injury this may require conversion to an open cut operation. It may then be necessary to remove the spleen to prevent further bleeding.

• **Damage to the oesophagus or stomach**: When the oesophagus and stomach are being freed up inside your abdomen and chest there is a risk that it can be damaged. If this is seen at the time of the operation it can be repaired simply and the operation may be completed using the keyhole method, or might require conversion to open surgery, it may mean you need to stay in hospital for a longer period of time to ensure that it heals well.

• **Severe swallowing difficulty**: While we expect you to notice things go down more slowly after your operation, a few patients experience severe problems with swallowing in the first few days after their operation. If this occurs, it may be necessary to perform a second keyhole operation to loosen or remove some of the stitches we have put in.

• **Wound infection**: These are rare with keyhole surgery and if they do occur can usually be treated simply with antibiotics or draining the infection.

• **Damage to other organs inside your abdomen**: This is a rare complication of keyhole surgery but it has been recognised that during the insertion of instruments into the abdominal cavity damage can occur to any other intra-abdominal organs, including the intestine, liver and blood vessels. If this were to occur then it is likely that the approach to the operation would have to be changed from a keyhole approach to an open approach or not proceeding with the procedure after addressing the complication.

• **Chest infection**: Because you are relatively comfortable and able to easily mobilise after the operation, chest infections are rare. If a chest infection did occur it could be treated with antibiotics.

• **Deep vein thrombosis (DVT) and pulmonary embolus**: All surgery carries varying degrees of risks of thrombosis (clots) in the deep veins of your leg. In the worst case a clot in the leg can break off and travel to the lung (pulmonary embolism). This can significantly impair your breathing. To prevent these problems around the time of your operation and following your operation we give you some special injections to ‘thin’ the blood. We also ask you to wear compression stockings on your legs before and after surgery and also use a special device to massage the calves during the surgery. Moving about as much as you can, including pumping your calf muscles in bed or sitting out of bed as soon as possible reduces the risk of these complications.

• **Conversion to an open operation**: We always warn people who are undergoing a keyhole procedure that there is a small risk that if the operation is technically not possible to complete through a keyhole technique we will make an open cut. If this is necessary, it will result in a larger scar and more post-operative discomfort and, inevitably, a longer stay in hospital.
• **Requirement for re-operation:** It is unlikely, although possible, that some time after the operation you may need a further procedure related to the hernia. This is because it is possible for things to move slightly inside or for sutures to give way. If this is the case it may need to be corrected with another operation. In very rare cases coughing, heaving or vomiting in the first few days after the operation can cause things to move or a suture to give way. This then may require another operation to correct things before you leave hospital.

• **Scarring:** Any surgical procedure that involves making a skin incision carries a risk of scar formation. A scar is the body’s way of healing and sealing the cut. It is highly variable between different people. All surgical incisions are closed with the utmost care, usually involving several layers of sutures. The sutures are almost always dissolvable and do not have to be removed. The larger an incision the more prominent it will be. Despite our best intentions, there is no guarantee that any incision (even those only 1 to 2cm in length) will not cause a scar that is somewhat unsightly or prominent. Scars are usually most prominent in the first few months following surgery, however, tend to fade in colour and become less noticeable after a year or so.

• **Reaction to surgical material:** There is a very small chance of developing reaction/allergy to surgical material and glue and if you develop redness, itchiness or discharge please let us or your GP know.

• **Other complications:** We have tried to describe the most common and serious complications that may occur following this surgery. It is not possible to detail every possible complication that may occur following any operation. If another complication that you have not been warned about occurs, we will treat it as required and inform you as best we can at the time. If there is anything that is unclear or risks that you are particularly concerned about, please ask.

**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-medications**
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 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.
Patient Information

Information and support
We may give you some additional patient information before or after the procedure, for example: leaflets that explain what to do after the procedure and what problems to look out for. If you have any questions or anxieties, please feel free to ask a member of staff including your surgeon or one of the senior trainees. To contact the surgeons please call either 01223 217421 or 01223 358024.

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 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 or audio, please contact Interpreting services on telephone: 01223 348043, or email: interpreting@addenbrookes.nhs.uk For Large Print information please contact the patient information team: patient.information@addenbrookes.nhs.uk.

Document history
Authors Vijay Sujendran
Pharmacist Eilis Rahill
Department Cambridge University Hospitals NHS Foundation Trust, Hills Road, Cambridge, CB2 0QQ www.cuh.org.uk
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Laparoscopic para-oesophageal hernia, Version 2, September 2018
Consent Form
Laparoscopic para-oesophageal hernia repair

A Patient’s side  left / right or N/A

Consultant or other responsible health professional

Name and job title: 

☐ Any special needs of the patient (e.g. help with communication)?

Please use ‘Procedure completed’ stamp here on completion:

B Statement of health professional (details of treatment, risks and benefits)

1 I confirm I am a health professional with an appropriate knowledge of the proposed procedure, as specified in the hospital’s consent policy. I have explained the procedure to the patient. In particular, I have explained:

a) the intended benefits of the procedure (please state)

   to prevent the symptoms that the hernia is causing and prevents the stomach from twisting or other severe complications from occurring

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

   Full details are set out in the patient information and include:

   bleeding, bruising, wound infection, severe swallowing difficulty, gas bloat, recurrence of reflux, chest infection, DVT, conversion to open operation, damage to the spleen, oesophagus and other organs in the abdomen and reaction to surgical material.

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:
Consent Form

Laparoscopic para-oesophageal hernia repair

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:
   Laparoscopic para-oesophageal hernia repair

   Version, reference and date: Version 2, 100933, September 2018
   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: D. 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

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Addenbrooke's Hospital | Rosie Hospital

File: in the procedures and consents section of the casenotes

page 2 of 4
Consent Form

Laparoscopic para-oesophageal hernia repair

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. □ Yes □ No

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. □ Yes □ No

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: __/__/____/____

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: __/__/____/____

Relationship to patient:

If the patient is unable to sign but has indicated his/her consent, a witness should sign below.
Signed (Witness): …………………………………………………………………………………………………………… Date: __/__/____/____

Name of witness (PRINT): …………………………………………………………………………………………………

Address:

Patient safety – at the heart of all we do

Laparoscopic para-oesophageal hernia, 100933, September 2018
D Confirmation of consent

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: …D.D./M.M./Y.Y.Y.Y…

Name (PRINT): ............................................................................. Job title: ...................................................

Please initial to confirm all sections have been completed:

E 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: …D.D./M.M./Y.Y.Y.Y…

Name (PRINT): ..........................................................................

Or, please note the language line reference ID number:

F Withdrawal of patient consent

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

Signed (Patient): ................................................................. Date: …D.D./M.M./Y.Y.Y.Y…

Signed (Health professional): ................................................. Date: …D.D./M.M./Y.Y.Y.Y…

Name (PRINT): ......................................................................... Job title: ..............................................