



Patient Sticker

Direct Access Surgery Patient Consent

It is important for you to have read and understood all the information given to you regarding this procedure. The information will help you make an informed decision, and allow you to proceed with your eyes open.

The proposed pathway will allow you to have your operation with fewer visits to the hospital. However, you understand that you will not see the surgeon or the anaesthetist until the day of your surgery. You are aware that if you would like to speak to your surgeon or anaesthetist before surgery you can either let your GP know or tick the box on this form and we will organise an outpatient appointment for you.

Once you have read this booklet, take the time to think about it and direct any questions you may have to your GP. When you are ready, please sign this page to confirm you understand and accept the process of direct access surgery.

I, _____
confirm that I have read and understood all of the information given to me in this booklet, including the risk of surgery and my responsibilities. I have been given sufficient opportunities to ask the questions and have my questions answered to my satisfaction.

- I have had my questions answered to my satisfaction.
- I have not had my questions answered to my satisfaction and would like an outpatient appointment.

Signed: _____ Date: _____



Direct Access Surgery – Gallbladder Surgery

Patient name:

Contact Home phone:

Patient address:

Hospital number:

Contact Cell Phone:

Date of Birth:

Age: >20 and <60

Yes

BMI <35

Yes

History

Pain Site _____

Radiation _____

Nausea / vomiting associated with the pain Yes No

Food aggravation Yes No What foods? _____

Timing of pain after food _____

Frequency of attacks ____/ week or ____/ month

Recent history of, or current jaundice? (Exclude from direct access) Yes

Past Cholecystitis, (Exclude from direct access)

Requiring hospital admission Yes

Requiring treatment with antibiotics for cholecystitis? Yes

Medical Illnesses that may require anaesthetic review (Exclude from direct access) Yes

e.g. Angina? Diabetes Renal failure AF

Previous reaction to anaesthetic Ankylosing spondylitis

Able to walk up a flight of stairs unaided? (Exclude from direct access) No

Current medications that exclude from direct access surgery Yes

e.g. Warfarin Dabigatran Clopidigrel MAOI's

Previous operations (Please list, and be specific about the position of the wound especially with upper abdominal surgery or surgery around the umbilicus)

Do you think your patient is fit enough for a day-stay procedure? Yes

Does your patient have a support person to look after them for the first 24hrs post operatively? Yes

Is your patient happy to only make contact with the surgeon and anaesthetist on the day of surgery? Yes

Anything else on history that may be relevant to the anaesthetist or surgeon?



Direct Access Surgery – Gallbladder Surgery

Ultrasound demonstrates thin wall gallbladder and gallstones (Include) Yes
 Bloods Ordered: FBC, LFT, Creatinine, K+ and Na+ Yes

Height _____ Weight _____ BMI _____

Pulse _____
 BP _____

Chest examination:

Good B/S bilaterally Yes
 No wheeze Yes

CVS:

No Murmurs Yes

Abdomen:

No masses Yes
 RUQ pain / tenderness Yes

Best regards

_____/_____/_____
 Signature Name Date

Consent for direct access surgery included