Canterbury
District Health Board
Te Poari Hauora ō Waitaha

CORPORATE OFFICE

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32 Oxford Terrace
Christchurch Central
CHRISTCHURCH 8011

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carolyn.gullery@cdhb.health.nz

8 May 2018

J Baker

Email: fyi-request-7707-bb19daf5@requests.fyi.org.nz;

Dear J Baker,

RE Official Information Act request CDHB 9844

I refer to your email dated 24 April 2018 requesting the following information under the Official Information Act from Canterbury DHB.

Many of our people in the community undergo treatment for gallstones and cholecystitis

Treatment options includes elective gallbladder surgery commonly known as cholecystectomy (laparoscopic cholecystectomy)
Information to include but not exclusive to:

- **Patient treatment information handout / fact sheet brochures**
- **Patient informed consent form or forms**
- **Elective surgery consent form or forms**
- **Post cholecystectomy wound care, recovery and diet information**
- **And any other handout information provided to clients**

Include also if possible published and revision dates.
Please provide a copy of ALL the information you provide to clients (public heath consumers) during the clinical assessment, cholecystectomy (laparoscopic) preoperative informed consent and surgery admission process.

A cholecystectomy is the surgical removal of the gallbladder, which is commonly performed to treat gallstones. Occasionally it is also performed as part of a bowel, pancreatic or hepatobiliary cancer surgery or as a result of trauma. Usually the surgery is performed laparoscopically via small incisions, however in some instances it may be required to be an open procedure, resulting in a large incision.

Patients needing this surgery can be referred by their General Practitioner to be seen in Outpatients, where the history, examination and discussion about the surgery takes place. They are then given a copy of the Royal Australasian College of Surgeons (RACS) 'Laparoscopic Gall Bladder Surgery' pamphlet. On occasion they may be given a 'Reducing the Risk of Blood Clots' or a 'Patient Controlled Analgesia' pamphlet if this is clinically indicated.

Alternatively patients may be admitted acutely to the Surgical Admissions and Review Area (SARA), with Acute Cholecystitis, and may be offered an Acute Cholecystectomy if appropriate. Patients admitted to the SARA unit are given further information brochures including 'Ward 16 – Patient Information - Surgical Assessment and Review Area ', 'Acute Surgery' and 'Laparoscopic Cholecystectomy' (which includes wound care and dietary advice). If the procedure is converted to an open procedure, patients are given a pamphlet on 'Managing at Home after Abdominal Surgery'. Inpatients may also be given a RACS (Royal Australasian College of Surgeons) 'Laparoscopic Gall Bladder Surgery' pamphlet.

Consent paperwork for the procedure is completed on a standardised Canterbury DHB 'Request for Treatment by Operation / Procedure' form. For elective procedures this occurs either in the Outpatients Department or Day of Surgery Admissions (DOSA) unit on the day of admission. For inpatients this is completed in the SARA unit. When completing the consent form the Medical Team are required to advise the patients, and document both the benefits and the risks of the procedure.

On discharge, patients are given individual discharge advice by the Surgical team which is reiterated by Nursing staff, regarding when to see their GP, how to manage their wounds and resuming normal levels of activity. This is also documented on their discharge summary.

There is also extensive information provided on the Canterbury HealthInfo website under 'Gallbladder and Gallstones' which can be found at: https://www.healthinfo.org.nz/; this information is written by clinical advisers and is publically available.

Some Canterbury DHB patients have their elective surgery contracted out to St Georges Hospital or Southern Cross Hospital. Each hospital has their own consent, admission and discharge information paperwork and they are responsible for the provision of any patient information given to the patients.

Patient information pamphlets are reviewed regularly to ensure they remain current. We have recently completed a review of our patient information and are confident they remain best practice. Please find attached the following:

- **Appendix 1** Ward 16 – Patient Information Surgical Assessment and Review Area – Oct 2017
- **Appendix 2** Acute Surgery –May 2016
- **Appendix 3** Laparoscopic Cholecystectomy - February 2018
- **Appendix 4** Managing at Home after Abdominal Surgery –August 2010
- **Appendix 5** Request for Treatment by Operation / Procedure – October 2017 –
- **Appendix 6** Royal Australasian College of Surgeons –Laparoscopic Gallbladder Surgery – August 2014.
- **Appendix 7** Reducing the Risk of Blood Clots – June 2010
- **Appendix 8** Patient Controlled Analgesia – November 2014

I trust that this satisfies your interest in this matter.

Please note that this response, or an edited version of this response, may be published on the Canterbury DHB website.

Yours sincerely

Carolyn Gullery
General Manager
Planning, Funding & Decision Support

Canterbury District Health Board
Te Poari Hauora o Waitaha

Welcome to Ward 16/SARA

Surgery Department

Welcome to Ward 16/SARA

We strive for excellence in our communication and team work, to deliver patient and family/whanau focused health care with enthusiasm and a sense of passion, providing a supportive, approachable and fun environment

Ward 16

- We are one of three general surgical wards and we specialise in upper Gastrointestinal and Hepaticobiliary Surgeries.
- We care for patients who have come in acutely and electively for surgery, as well as those needing management of acute surgical conditions
- We also have the Surgical Assessment Review Area on ward 16

Surgical Assessment Review Area (SARA)

- We are an acute specialised unit where patients with acute surgical conditions have their initial assessment.
- Your assessment will be carried out initially by nurses and doctors. Where required, tests and investigations will then be performed or requested. There are sometimes delays in these, we appreciate your patience.
- We are a short stay area, once assessed, if deemed needing to stay you will be moved to another ward as soon as a bed is available
- On arrival all patients are nil by mouth, until specified otherwise by the surgical team. Eating and drinking may cause a delay in procedures.
- We are not always able to find a cause of some ongoing pain with a reasonable line of investigations in an acute setting and sometimes it may be assessed as appropriate for further assessments or investigations to be carried out by your GP in an outpatient setting.
- There is a senior nurse in-charge in SARA morning, afternoon and at night who is responsible for ensuring a smooth patient journey. They are available to speak with you or your family/whanau about any concerns.

What if my family want to ring?

Telephone Christchurch Hospital switchboard on;

(03) 3640 640 and ask for Ward 16 or SARA or extension 89160

Visiting hours

Ward 16: 11.00 – 1.00 pm and 3.00 – 8.00 pm

Visiting or telephone calls are discouraged outside of these times to enable cares, assessments and patient rest.

Please do not be offended if nursing staff ask visitors to leave during these times.

SARA: 8.00 am and 8.00 pm, please talk to the nursing staff if any questions.

Please tell us if you have an

- Enduring Power of Attorney (EPOA)
- Advanced Care Plan (ACP)
- Health Passport
- Or any specific needs or requirements for us to be able to provide care for you

Interdisciplinary Team

Doctors, nurses, pharmacists, physiotherapists, occupational therapists, social workers, dietitians, ward assistants, ward clerks, chaplains & Māori health. Patients are assessed on arrival and throughout admission for interdisciplinary assessment. If you wish to speak to any member of the team, please let us know.

Charge Nurse Manager (CNM)

The CNM is responsible for the day to day ward management and is available to discuss any general enquiries.

Nurses

We have a nursing team of highly skilled professionals that strive to ensure each patient receives a high standard of care. Student nurses may also be working with Registered Nurses as part of their training.

Clinical Nurse Specialist and Clinical Nurse Educator

As a teaching hospital we have Specialist Nurses who support the nursing staff.

Medical Staff

You are admitted under a surgical consultant, who has a team of doctors working with them.

Morning ward round usually occur 0800 and 1000, this is when you are assessed by the team and a plan for the day is made, this plan may change across the day. We aim to keep you fully informed with treatment and test results as we receive them.

Hospital Aides

Support the nursing staff and assist in the general running of the ward.

Ward Clerk

The voice and face of the ward when you arrive or ring up.

Patient Privacy

Your name will be written above your bed, outside your room and on the White Board in the corridor. Please let your nurse know if you do not want your name displayed.

Patient Identification

During your stay you will be asked to give your name, date of birth and sometimes address many times. This is to keep you safe, making sure that the Right Patient gets the Right Drug or test and procedure.

Teaching

We are a teaching hospital and have student health professionals who may spend time with you. If you do not wish to have students involved in your care, please let your team know. This will not affect your care in any way

Your Rights

Your rights are guaranteed by law. This is known as the Code of Health and Disability Services Consumers' Rights. There is a leaflet available in your area outlining your rights. There is an Interpreter Service available on request.

Valuables

We encourage you to leave valuables at home. The Canterbury District Health Board and the ward take no responsibility for loss or damage.

Smoke Free

The CDHB has a smoke free policy and smoking is not permitted in any building or on the grounds.
All patients are asked if they smoke and advice and smoking cessation support is offered.
Please ask for a Quit Pack for yourself or family or visit www.quit.org.nz.

Electronic Devices:

Free WIFI is available
We ask you to respect other patients privacy when using any electronic device and to keep devices on silent / vibrate mode.

Day Room

This is for patients and family/whanau to relax and watch TV, you will find it at the end of the ward

Education

Health Education is an important part of your care and recovery. We will provide you with clear and concise information, by talking with you and your family/whanau and sharing written information to support this discussion

Have your say

We encourage patients and families to tell us about their experience in hospital. There are blue boxes throughout the hospital to place written feedback. A National Survey may be emailed to you a week after discharge from hospital, we would appreciate you to completing this.

What if I experience pain?

Please let staff know if you are in pain at any time, no matter how busy we seem.

We will ask you to score your pain between 0 (no pain) and 5 (worst pain possible) this helps staff assess for the most appropriate treatment and medication.

What if I feel sick or vomit?

This can happen when you are ill and/or after surgery or anaesthesia.
If you feel sick you may not be able to eat, which will slow down your recovery. Please tell us if you feel sick so we can get you treatment.

What if I am constipated?

Constipation can occur while you are in hospital because you are less active, and may eat and drink less. Some medicines, such as codeine and morphine can also cause constipation.
We may suggest that you take laxatives to prevent or treat constipation while in hospital.

Concerns?

If you or your family have any questions or concerns about anything mentioned in this pamphlet please talk to us.

For more information about:

- your health and medication, go to www.healthinfo.org.nz
- hospital and specialist services, go to www.cdhb.health.nz

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Canterbury District Health Board
Te Poari Hauora ō Waitaha

Acute Surgery

General Surgical Wards

Acute Surgery

Patient information - General Surgical Wards

The following information is a guide to your care while in hospital. Your care may vary depending on your surgery and surgeon's instructions.

What is an Acute Surgery List?

You require an operation and have been booked on the Acute Surgical List. The acute surgical list is made up of any number of patients who require unexpected operations of varying degrees of urgency. You **must not eat or drink anything** whilst waiting on this list, including chewing gum or boiled sweets. We advise against smoking.

When will this Surgery Occur?

Your admitting surgeon will communicate with the operating theatre to schedule your operation and will give you an estimated time for the surgery. However it is not possible to be specific about this time because patients at Christchurch Hospital are operated on according to the urgency of their condition, i.e. life-threatening conditions must go to theatre first. Therefore this acute list can be subject to sudden changes when serious cases arrive in the Emergency department. Also some acute operations can be unpredictable and may take longer than anticipated.

Please be aware that it is generally not possible for an operation to be scheduled immediately and occasionally a patient may need to be rescheduled at short notice whilst an urgent patient is dealt with. Whilst every effort is made to get patients' surgery completed in a timely fashion, such situations are unavoidable and your understanding is appreciated.

You will be advised as soon as a time is scheduled for the operation.

This may only be a few minutes before you are due to go to theatre so it is important that you let the nursing staff know if you need to leave the Ward at any time.

Your nurse will prepare you for theatre as soon as you are booked on the acute list. Depending on anticipated waiting times, you may also be transferred to a Ward prior to going to theatre. Your belongings will be transferred to that Ward where you will return to after surgery. Please send valuables home with your family if possible.

Who will perform my Operation?

Patients who are admitted acutely will be assigned a surgical team that is on duty for that day. This consists of a Consultant, Senior Registrar, Junior Registrar, House surgeon and possibly a trainee intern or medical student. You may not meet this entire team until doctors rounds the following day. Your surgery will likely be performed by a Registrar and overseen or assisted by the Consultant, depending on complexity.

When Will I Be Able to Eat and Drink?

To safely have a general anaesthetic, you may not eat for 6 hours before surgery, water may be permitted for up to 2 hours before but check with your nurse. The anaesthetist may give specific instructions that differ from this. Food and fluids will be restarted as soon as it is safe to do so after your surgery depending on the surgeons instructions, again please check with your nurse.

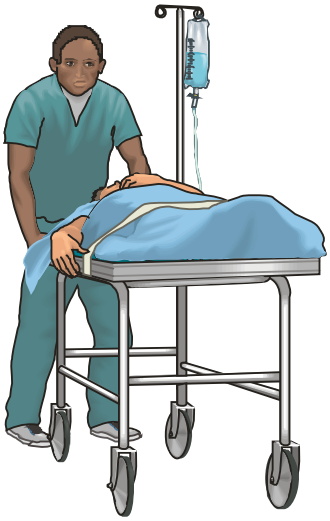
If you eat and drink during this time, the operation will have to be delayed, possibly until the following day.

You may require intravenous fluids to avoid dehydration whilst fasting. Your nurse will continue to monitor you regularly, if your condition changes during this time your nurse will ask for the doctor to review you and your plan of care may change, you may be pushed forward for surgery more urgently or you may be cancelled or postponed. There can be many variables with an acute illness so your patience is appreciated.

We understand that waiting for surgery is a stressful time for you and your family and will endeavour to keep you informed. We encourage you to ask questions at any time.

General Surgical Wards
Christchurch Hospital

Phone (03) 364 0640



For more information about:

- your health and medication, go to www.healthinfo.org.nz
- hospital and specialist services, go to www.cdhb.health.nz

Canterbury District Health Board
Te Poari Hauora o Waitaha

Laparoscopic Cholecystectomy

General Surgical Wards

Laparoscopic Cholecystectomy

Patient information - General Surgical Wards

The following information is a guide to your care while in hospital, and includes important discharge information. Your care may vary depending on your surgery and surgeon's instructions.

What is a cholecystectomy?

It is the surgical removal of the gallbladder. The gallbladder is a small pear shaped organ attached to the underside of your liver. The gallbladder stores bile, produced by the liver. Bile aids digestion by breaking down fats in the foods you eat. Your gallbladder is not essential for healthy digestion, as bile will continue to flow from the liver to the small intestines.

When the amount of bile and other liquids in your gallbladder become unbalanced, some solidify and form gallstones. If the gallstones move and block the bile ducts the gallbladder, liver and pancreas may get infected or diseased and your doctor may decide to remove your gallbladder.

What is a laparoscopic cholecystectomy?

This is the surgical method of removing the gallbladder using a keyhole technique. Your surgeon will make 3-4 small cuts on your stomach and inserts a telescope and a light through these holes to locate and remove your gallbladder.

Sometimes during the operation, the surgeon may need to change from a keyhole technique to an open technique. This is called an **open cholecystectomy**. This results in a larger wound and you may require a longer stay in hospital.

How long will I be required to stay in hospital?

Your nurse will encourage you to get up and get back to normal activity as soon as possible. Most patients are able to go home within 12-24 hours. You will feel tired afterwards and you should allow your body the time it needs to rest and recover. Most people can return to work and mild activity within 4-10 days. Avoid heavy lifting for four weeks after surgery to allow your stomach muscles to heal.

When can I eat and drink?

You will be able to eat and drink as soon as you feel able. You may suffer some nausea (this is common), which may be managed with some oral medications. Please advise your nurse if you feel nauseated.

Having had gallbladder surgery you may wish to restrict your intake of fatty foods, however this is not a requirement.

Will I experience pain after the procedure?

You may experience moderate pain in the first 24-48 hours. You will be offered regular

oral pain relief while in hospital, please tell your nurse if you start to feel sore. You will receive a script on discharge if you require on going pain relief.

What is shoulder tip pain?

This is something you may or may not experience following your surgery. It is caused by small bubbles of the gas (used to inflate your stomach) rising up beneath your diaphragm. This causes referred pain to occur in your shoulder blades. This pain usually eases within 36 hours and can be managed with pain relief and mobility.

How do I manage my wound?

You will have 3-4 small wounds on your stomach, each covered with an adhesive tape dressing. The tape usually stays in place for 7-10 days, but can be removed if they become dirty. Please note: If you required an open cholecystectomy, you will have an additional wound approximately 6 cm in length. This wound may have some minor bruising around it for the next week or so.

The stitches are all dissolvable and may take up to 3 weeks to dissolve. Do not be alarmed if you discover any small ends coming through your skin, simply trim these off with scissors after a few days at skin level.

You may shower as normal, it does not matter if your wounds get wet. Pat dry.

Sometimes wounds can become infected. If you note redness, discharge or experience increased pain, please seek medical assistance.

When should I see my GP?

We recommend that you see your GP in one week, when we expect the specimen report to be available. Your GP will discuss with you any concerns or abnormalities, which is unusual. We expect the report to simply show that your gallbladder was inflamed.

During your visit ask your GP to check your wounds and also ask any questions you have.

If you have any questions that cannot be answered, we are more than happy to see you in our outpatient clinic. However, we do not routinely follow up patients after cholecystectomy.

Please contact your GP if you:

- develop a fever
- develop yellow skin or eyes
- experience increased stomach pain or distension
- experience on going diarrhoea
- experience persistent nausea or vomiting
- notice your wound becoming red, inflamed or discharging

If you have any concerns please contact your G.P. or, outside business hours, contact the after-hours surgery

In case of an emergency, call 111

General Surgical Wards
Christchurch Hospital

Phone (03) 364 0640

For more information about:

- your health and medication, go to www.healthinfo.org.nz
- hospital and specialist services, go to www.cdhb.health.nz

Canterbury District Health Board
Te Poari Hauora o Waitaha

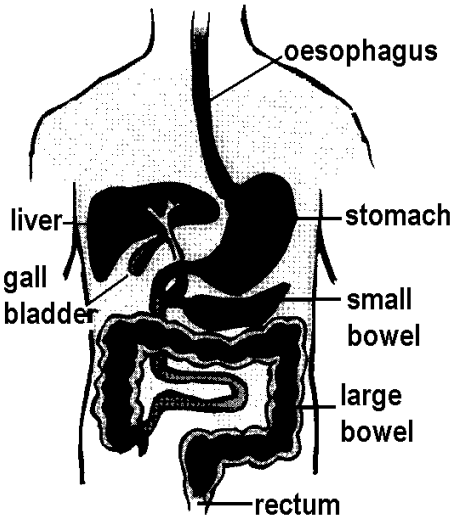
Managing At Home After Abdominal Surgery
Department Occupational Therapy

Managing At Home After Abdominal Surgery

Patient information - Department Occupational Therapy

Ideas for Managing at Home after your Abdominal Surgery

After your abdominal surgery you will find that your abdomen is tender, especially when reaching, bending or lifting objects. It is recommended that after your surgery you do not lift anymore than 2-3kg. Any more than this and it will cause strain on your wound.



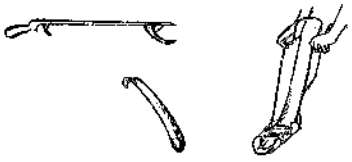
This booklet provides some useful tips on how to manage your pain during the everyday tasks that you do. You may find that some ideas work better than others or you may already have ways that work for you.

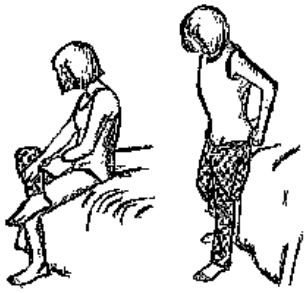
An Occupational Therapist will discuss with you the aids that you require. Most equipment is available for short-term loan from the Occupational Therapy Department. Should you have any problems
relating to daily living activities, an Occupational Therapist will advise and/or recommend practical assistance where necessary.

Always follow the advice of you Consultant, Surgeon or General Practitioner.

Dressing

- Sitting to get dressed decreases the distance to reach your feet for putting on shoes/socks.
- An easireach may help with dressing lower limbs if it is too painful to bend over to reach your feet.
- Sock aids can be used for putting on socks, so you do not have to bend to reach your feet.
- Long handled shoe horns.
- Wear slip on shoes or use elastic laces to prevent having to tie shoelaces.
- Move frequently worn clothes into drawers that are of waist height





Showering

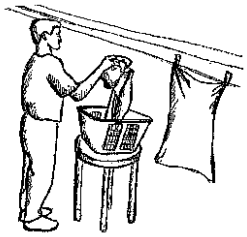
- Using long handled brushes and toe wipers can assist washing lower body.
- Sitting on a shower stool or bathboard to shower will make it easier and safer when reaching to wash legs.
- Place shampoos, conditioners and body wash at waist level
- If having difficulty drying your feet, place a towel on the floor and rub your feet on it. You can then get another person to pick it up or you could use your easireach.

Toilet

You may find getting on and off the toilet painful, particularly if the toilet is low and you need to lean forward to get off the toilet. You may find a raised toilet seat or an over toilet frame useful.

Laundry

- Wash clothes regularly so carrying large amounts of wet clothes is avoided.
- Only carry small amounts of wet washing at a time e.g. 2-3kg.
- Use a laundry basket on wheels, or place your washing basket on a stool, so you don't have to reach to the ground to pick up clothes *or* place your washing basket on a chair at the washing line to avoid repetitive bending.
- Adjust your washing line so you do not have to excessively stretch to reach it.
- If your washing line causes excessive reaching, use a clothes horse instead to hang washing on.



Bed

If you have difficulty or find it painful moving and getting out of bed. An Occupational Therapist can give advice about techniques on making the process easier. There is also equipment available such as bed loops which may help.

Kitchen

- Move food/plates/pots to waist height so reaching and bending are eliminated.
- Slide heavy objects along the bench whenever possible rather than lifting them.
- Place frequently used items on higher shelves in the fridge.

Driving

Ask your doctor when you will be able to resume driving as it will depend on the type of surgery that you have had (e.g. laparoscopic or open surgery). You may find it comfortable to place a small pillow on your stomach to stop the seatbelt from rubbing or pressing against your wound.

If you have any concerns or queries please do not hesitate to contact the

OCCUPATIONAL THERAPY DEPARTMENT

For more information about:

- your health and medication, go to www.healthinfo.org.nz
- hospital and specialist services, go to www.cdhb.health.nz

Canterbury District Health Board
Te Poari Hauora ō Waitaha

West Coast District Health Board
Te Poari Hauora a Rohe o Tai Poutini

(Attach Label here or Complete Details)

NAME:_____ NHI:_____

GENDER: ____ DOB:_____ AGE:_____ WARD:_____

REQUEST FOR TREATMENT BY OPERATION / PROCEDURE

I, ...

- Request and agree that the following operation/procedure (specify side by **writing** RIGHT or LEFT or BILATERAL)

.....

.....

.....

be performed on me / my child / ward .....
(delete as appropriate)

- I understand that if found essential, further or alternative operative/procedural measures may be undertaken during the course of the operation/procedure.
  In the course of the process of my making the decision to request this operation/procedure to be undertaken, one or more of the following methods was used to give me the details and information I expected and required. *(Tick appropriate boxes)*

☐ Verbal discussion	☐ Surgical Consultation letter
☐ Hand drawings/diagrams	☐ Anatomical model, bone specimen
☐ Illustrations from a surgical textbook or journal	☐ Implant or device to be inserted
☐ Printed handout/pamphlet *(affix detachable label below)*	☐ Video, CD Rom, DVD
☐ The showing of X-rays/scans either as films or on a computer (PACS)	☐ Other *(specify)*

.....

and in so doing, I was informed of both benefits and risks including possible rare but serious risks, these benefits and risks including:

.....

.....

.....

.....

.....

By Health Professional .....
(Print Name)

.....
(Print Designation)

This health professional whose signature appears below has explained to me the reasons for and other alternative treatments to this operation/ procedure. I have had adequate opportunity to ask questions and have received all the information that I want. I understand that I am welcome to ask for more information if I wish. I acknowledge that an assurance has not been given that the operation/procedure will be performed by a particular health professional, but that person will, however, have appropriate experience.

- **Blood Testing:** I agree to a blood sample being taken from me if a healthcare worker is directly exposed to my blood or other body fluids during the course of this operation/procedure and I am unable to provide specific consent at or shortly after the time of exposure due to the effect of anaesthesia or other drugs. Any sample taken will only be tested for such transmissible diseases that might be a risk to the healthcare worker, e.g. hepatitis B, hepatitis C and HIV. I understand that I will be informed if any such testing is undertaken and will be advised of the results have been re-assured that my decision will not have any influence on whether or not my operation/procedure will proceed:
  ☐ **Yes** ☐ **No**

- **Body Tissues, Body Parts or Prostheses:** Do you have any specific requirements for the return or disposal of body tissue, body parts or prostheses?
  ☐ **Yes** (complete Tissue Return and Disposal Form C230007) ☐ **No** ☐ **Not applicable**

Signed: ....
(Patient / Parent / Other) *(Date)*

Signed: ....
(Health Professional) *(Date)*

CONSENT FOR BLOOD OR BLOOD PRODUCT TRANSFUSION LOCATED OVERLEAF → → → → → →

REQUEST FOR TREATMENT QMR002A

(Attach Label here or Complete Details)

NAME:_____ NHI:_____

GENDER: ____ DOB:_____ AGE:_____ WARD:_____

Request for Treatment by Operation / Procedure

AGREEMENT FOR BLOOD OR BLOOD PRODUCT TRANSFUSION

Health Professional ....
(Print Name) *(Print Designation)*

whose signature appears below has advised me that I / my child / my ward may require a blood or blood product transfusion.
(delete as appropriate)

Having had the opportunity to ask questions and discuss the possible risks and benefits and the alternatives to a blood or blood product transfusion with him/her, I AGREE / DO NOT AGREE to blood products EXCEPT:

.....

being administered to me / my child / my ward should the use of such products be deemed necessary.
(delete as appropriate)

NZ Blood Service leaflet given to patient ☐ **Yes**

Signed: ....
(Patient / Parent / Other) *(Date)*

Signed: ....
(Health Professional) *(Date)*

If blood or blood products are not required, cross out and write N/A

DECISION TO TREAT MADE BY ATTENDING MEDICAL PRACTITIONER

The decision to undertake a procedure or administer blood or blood product to a patient who is unable to provide consent or for whom there is no legal representative is ultimately the responsibility of the doctors caring for the patient. However, it is the Canterbury District Health Board's policy to consult, where practical, members of the patient's family, significant others and/or anyone else with a legitimate interest in the care of the patient in order to help determine what the patient's wishes might be.

I, Dr ....
(Print Doctor's Name) *(Print Designation)*

hereby certify that the condition of .....
(Print Patient's Name)

is such that consent cannot be obtained prior to:

.....

..... which I further certify is, in my opinion, in her/his best interests.

In reaching this opinion, I have taken into account information provided to me by others with an interest in her/his welfare, the signature of one of whom appears below as witness.

AND / OR *(delete as appropriate)*

In reaching this opinion I have consulted with colleagues, the signature and name of one of whom appears below as witness.

Signed: ....
(Doctor) *(Date)*

Signed: ....
(Health Professional witness – sign and print name) *(Designation)* *(Date)*

Signed: ....
(Patient's witness – sign and print name) *(Relationship to patient)* *(Date)*

NOTES FOR STAFF

Procedure to be followed when the patient or legal guardian cannot/is not available to provide consent:

In these situations, medical staff can undertake those measures which are in their opinion necessary and in the patient's best interests to save life or prevent permanent physical and mental injury and/or to prevent prolonged unavoidable pain and suffering, provided that:

1. Reasonable attempts have been made to obtain consent taking the clinical situation and the time available into consideration.
2. They are in a position to document justification for proceeding without obtaining consent.
3. Where time permits the specialist having overall responsibility for the patient is aware of the proposed action.
4. Where appropriate and where time permits, the specialist-in-charge has sought a second opinion from another medical practitioner with appropriate experience.

In non-urgent situations, reasonable steps must be taken to ascertain what the patient's informed choice might be in the given circumstances. This may necessitate seeking opinion from others having an interest in the welfare of the patient. In this regard staff are referred to Right 7(4) of the Code of Health and Disability Services Consumers' Rights.

ROYAL AUSTRALASIAN COLLEGE OF SURGEONS

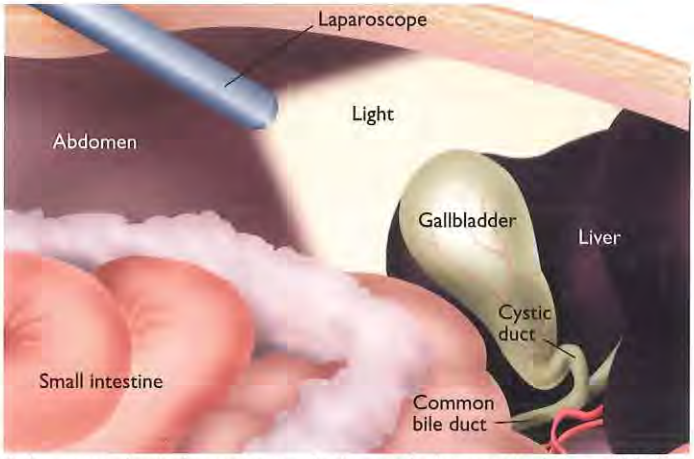
LAPAROSCOPIC GALLBLADDER SURGERY

A guide for patients with gallstones

The presence of gallstones is one of the most common problems of the digestive system. About one adult in every 10 has gallstones.

In people who have pain and other symptoms caused by gallstones, removal of the gallbladder is usually the best treatment. In people with complications due to gallstones, prompt treatment is important.

The most common way to remove the gallbladder is by using a modern surgical technique called laparoscopic surgery or "key-hole" surgery. As shown in the illustrations (right and on page 3), the surgeon inserts special instruments into the abdomen through small cuts and then removes the gallbladder. This is called a "laparoscopic cholecystectomy" (pronounced lap-ar-oh-skop-ic co-lee-sis-teck-toe-me). You will hear your surgeon use this term.



A laparoscopic cholecystectomy is the surgical removal of the gallbladder using laparoscopic (key-hole) techniques and has become the treatment of choice for most patients.

Laparoscopy is the technique of looking into the abdomen using a laparoscope and miniature video equipment. Cholecystectomy is the surgical removal of the gallbladder.

Laparoscopic cholecystectomy is generally a safe and effective treatment for most people who have symptoms due to gallstones. It has become the treatment of choice for most patients who need their gallbladder removed.

Surgical removal of the gallbladder is the safest way to treat serious gallbladder disease.

THE GALLBLADDER AND HOW IT WORKS

The gallbladder is a small, pear-shaped organ attached to the underside of the liver in the upper part of your abdomen. The gallbladder stores bile, a fluid produced by the liver. Bile aids digestion by breaking down fats in food.

When you eat, the gallbladder squeezes bile through the bile duct into the small intestine. Usually, bile moves smoothly from the gallbladder into the small intestine.

However, if gallstones form, the flow of bile may be blocked. This can cause pain and, sometimes, may lead to serious complications.

If your pain is likely to be due to gallstones and your gallbladder is not working properly, removal of the gallbladder is then usually recommended.

Symptoms may get worse and complications can develop if you do not have treatment.

Once your gallbladder has been removed, bile will still flow (as it always has) from the liver to the small intestine.

TALK TO YOUR SURGEON

The aim of this pamphlet is to provide you with general information. It is not a substitute for advice from your surgeon and does not contain all the known facts about gallbladder surgery or every possible risk and benefit. Some medical terms in this pamphlet may need explanation by your surgeon. It may be helpful to make a list of concerns or questions. Your surgeon will be pleased to answer them.

Your surgeon cannot guarantee that treatment will meet all of your expectations and that it has no risks. If you are uncertain about the advice you are given, you may wish to seek a second opinion from another surgeon.

Consent form: If you decide to have surgery, the surgeon will ask you to sign a consent form. Read it carefully. If you have any questions about the consent form, the procedure, risks or anything else, ask your surgeon.

IMPORTANT: FILL IN ALL DETAILS ON THE STICKER BELOW

DEAR SURGEON: When you discuss this pamphlet with your patient, remove this sticker, and put it on the patient's medical history or card. This will remind you and the patient that this pamphlet has been provided. Some surgeons ask the patient to sign the sticker to confirm receipt of the pamphlet.

TREATMENT INFORMATION PAMPHLET

PROCEDURE:.....

PATIENT'S NAME:.....

DOCTOR'S NAME:.....

EDITION NUMBER:..... DATE: (day).....(month).....(year).....

YOUR SURGEON

Edition number: 5

Consumer and Carer Feedback: To provide feedback about this pamphlet, send comments to: feedback@mitec.com.au or by post to Mi-tec, PO Box 24, Camberwell, VIC, 3124, Australia.

GALLSTONES AND THE PROBLEMS THEY CAN CAUSE

When the amounts of bile and other fluids inside the gallbladder become unbalanced, some of the chemicals solidify and form gallstones. Most gallstones are made primarily of cholesterol.

Although doctors do not know exactly why some people get gallstones and others do not, gallstones are linked to:

- multiple pregnancies
- obesity or rapid weight loss
- ageing
- some ethnic groups
- gender (more women than men get gallstones).

There is no known treatment or diet that can prevent gallstones.

If the gallstones stay deep within the gallbladder, they may not cause major problems.

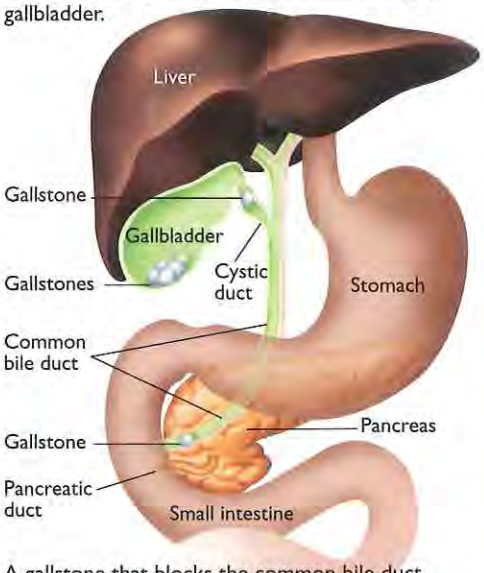
If the gallstones move and block ducts, bile can back up, causing symptoms and leading to inflammation, infection and disease of the gallbladder, liver or pancreas. These include cholecystitis, jaundice or pancreatitis, which can quickly become surgical emergencies.

Symptoms typically occur after a meal. They include a steady, severe pain in the upper abdomen (commonly called "gallstone colic") that often wakes the person at night.

Pain may extend to the back. The patient may have bloating, nausea or vomiting.

Although symptoms due to gallstones may go away, they tend to come back if the condition is left untreated. Such patients are more likely to develop complications.

A gallstone that blocks the cystic duct can cause pain in the upper abdomen, back pain, nausea, vomiting, heartburn and infection of the gallbladder.



A gallstone that blocks the common bile duct can cause pain, jaundice (yellowing of the skin) and pancreatitis (inflammation of the pancreas).

PRINCIPLES OF TREATMENT

After you have a thorough examination, your surgeon can discuss the diagnosis with you. The decision to have treatment is made after discussion with your surgeon. If gallstones are present and are thought to be causing trouble, your surgeon will recommend the best treatment for you.

If surgery is suggested, laparoscopic cholecystectomy may be an option. However, laparoscopic cholecystectomy may not be appropriate for a number of reasons, including, among others:

- major scarring from previous surgery
- bleeding disorders (such as haemophilia)
- pregnancy (especially in the third trimester)
- any condition that will make it hard for your surgeon to see with the laparoscope. Your surgeon can give you more information about whether a laparoscopic cholecystectomy is suitable for you.

YOUR FULL MEDICAL HISTORY

Inform your surgeon about any health problems you may have had. Some may interfere with surgery, anaesthesia and aftercare. This information is confidential. Tell the surgeon, before surgery, if you have had:

- allergies or bad reactions to antibiotics, anaesthetic drugs, any other medicines, surgical tapes or dressings
- a recent or long-term illness or digestive disorder
- keloid scars or poor healing after previous surgery.

Give the surgeon a list of ALL medicines you are taking or have recently taken. Include all prescription medicines and those bought over-the-counter. Some medicines increase the risk of bleeding during and after surgery. Tell your surgeon if you take aspirin, anti-inflammatory medications (such as ibuprofen), vitamin E, herbal medications or garlic tablets. If you are taking a medication to help prevent a blood clot (aspirin, warfarin, clopidogrel or similar medicines), ask your surgeon and prescribing doctor whether the dose should be changed or the medication stopped. Discuss this carefully with your surgeon.

BEFORE SURGERY

Before admission to hospital, you may be asked to attend the preadmission clinic for a health check. You will meet the staff looking after you in hospital, including the anaesthetist.

Most people are admitted to hospital on the day of surgery. You must not eat for six hours before surgery. This reduces the risk of vomiting before surgery or when you are under general anaesthesia. It is safe to drink clear fluids up to two hours before surgery, but first, you should check this with your surgeon and anaesthetist.

Your doctor may prescribe intravenous fluids to prevent dehydration and intravenous antibiotics to help prevent infection.

Smoking: Smoking increases the risk of surgical complications (such as blood clots in deep veins and breathing problems) and impairs healing. Stop smoking at least two weeks before surgery. It is best to quit.

ANAESTHESIA

Surgery to remove the gallbladder is performed under general anaesthesia. Modern anaesthesia is safe and effective, but can pose risks. Rarely, side effects from an anaesthetic can be life threatening. Ask your surgeon and anaesthetist for more information. Give your anaesthetist a list of all medicines you are taking or have taken. The anaesthetist will discuss pain relief after surgery.

DIET

Most people who have their gallbladder removed can return to a normal diet following recovery. Avoid fatty foods at first and slowly add them to the diet, as you prefer. In a few people, too much fatty food may contribute to loose bowel movements and stomach discomfort. In such cases, a low-fat diet may be helpful.

REMOVAL OF THE GALLBLADDER USING LAPAROSCOPIC SURGERY

The surgery is performed through several (usually four) very small incisions in the abdomen. As shown in the illustrations (right), a laparoscope (a thin telescope-like tube) is inserted through an incision in the navel. A small video camera attached to the laparoscope allows your doctor to view your gallbladder on a video monitor and excise it. The gallbladder is then withdrawn through one of the incisions.

Benefits of Laparoscopic Cholecystectomy

For most people, laparoscopic cholecystectomy has benefits over open surgery, including:

- less discomfort after surgery
- less time in hospital
- a recovery of days instead of weeks
- small incisions instead of a large incision
- small scars instead of a long scar.

OPEN SURGERY (LAPAROTOMY)

Although your surgeon has recommended laparoscopy to remove the gallbladder, the surgeon may find, after starting the procedure, that a laparoscopy is not safe due to unexpected findings or events.

If your surgeon believes that it is not safe to continue with the laparoscopic procedure, your gallbladder will be removed through a larger incision in the abdomen. This is known as open surgery or laparotomy.

Conversion to open surgery may become necessary in some patients with:

- chronic or acute infection of the gallbladder
- a gangrenous gallbladder
- abnormal anatomy
- many scar-tissue adhesions due to previous surgery
- other problems that obscure the view of, and access to, the gallbladder.

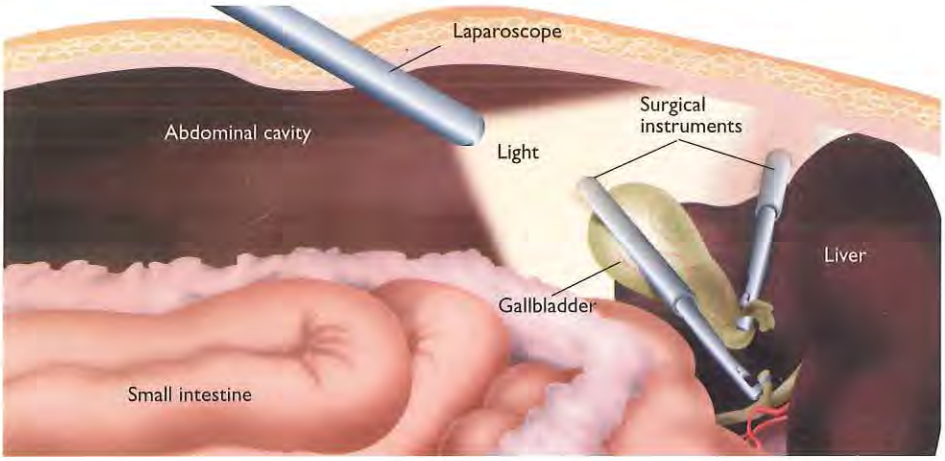
Open surgery is safe and effective, but does have risks (see page 4 for possible complications).

Conversion from a laparoscopic cholecystectomy to open surgery is not a complication of the procedure but rather is done to protect the patient. The decision to convert to open surgery should be considered to be sound judgement.

A patient may be very disappointed that he or she had open surgery instead of laparoscopy, but open surgery is done in the interests of the patient's safety and well-being.

Conversion to open surgery occurs in about five patients in 100.

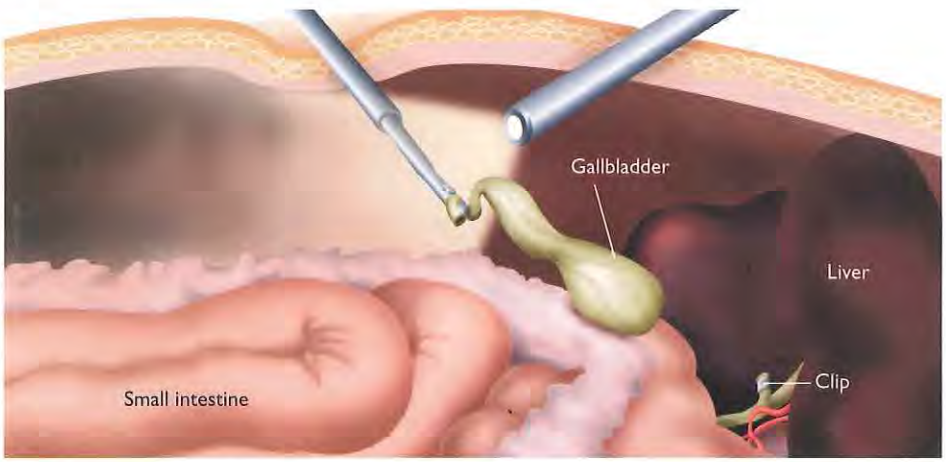
Carbon dioxide gas is blown into the abdominal cavity to lift the abdominal wall clear of the liver, gallbladder, small intestine, pancreas, stomach and other organs. The objective is to improve the surgeon's access to, and vision of, the area.



A laparoscope (a thin telescope-like tube) is inserted through an incision near or in the navel. A small video camera attached to the laparoscope allows your surgeon to view the abdominal organs on a video monitor. Surgical instruments are inserted into the abdomen through the other small incisions.

Using the laparoscope and other instruments, the surgeon inspects the area and carefully dissects tissue away from the gallbladder, isolating it from other nearby organs.

A small tube called a catheter may be inserted into the cystic duct. The catheter allows an X-ray examination (called a "cholangiogram") of the bile ducts so your surgeon can tell whether any gallstones have passed out of the gallbladder. If gallstones are in the bile ducts, they may be removed at this time or during a later procedure.



Clips are used to close off the cystic duct and the cystic artery at the base of the gallbladder. These clips stay in your body. The surgeon will detach the gallbladder using electrocautery or a laser.

When the gallbladder is empty, it is like a deflated balloon. The surgeon can then pull it through one of the incisions, with the gallstones still inside it. All instruments are removed from the abdomen, and the carbon dioxide gas is allowed to escape. The incisions are closed with sutures or surgical tape, and protected with small bandages.

RECOVERY AFTER LAPAROSCOPIC SURGERY

While recovering in hospital, you may have some temporary discomfort in your right shoulder from the carbon dioxide used during surgery.

Several hours after surgery, you can drink and eat a light meal if you wish. After a general anaesthetic, your nurse will ask you frequently to cough and breathe deeply to keep your lungs clear.

You will be asked to take a short walk several hours after surgery to keep your blood circulating smoothly through your body. This helps prevent blood clots from forming in the legs.

Most people go home the morning after laparoscopic surgery and recover well within a week or so.

As no muscles are cut and the incisions are small, you are likely to experience less postoperative pain than from open surgery.

Recovering at home: After you return home, you can usually resume most normal activities in three to five days. You can help yourself recover comfortably by observing the following.

- No heavy lifting.
- No vigorous exercise.
- Follow your surgeon's advice on showering, driving and returning to work.
- Be aware that pain medications can cause temporary changes in bowel habits.

Eating: You may have some gas pains and other discomfort while your digestive system returns to normal. During this period, eat healthy food that was easy to digest before your gallbladder surgery.

Follow-ups: During the first week to 10 days after surgery, your surgeon will check on your progress and answer any questions. If you have stitches, they will be removed along with any tubes. More appointments will be scheduled if you need them.

POSSIBLE COMPLICATIONS OF LAPAROSCOPIC GALLBLADDER SURGERY

All surgery has some risk, despite the highest standards of practice. It is not usual for a surgeon to dwell at length on every possible side effect or rare but serious complication of any operation. However, it is important that you have enough information to weigh up the benefits, risks and limitations of surgery.

If you have concerns about possible complications, discuss them with your surgeon. The following possible complications are listed to inform you, not to alarm you. There may be other complications that are not listed.

General risks of surgery

- Heavy bleeding may require a blood transfusion and, uncommonly, a return to theatre to control bleeding.
- Short-term nausea following general anaesthesia.
- Allergic reaction to medications, dressings or antiseptic solutions.
- Formation of a large blood clot (haematoma) near the operative site may require further surgery.
- Cardiovascular complications such as heart attack, pulmonary embolism or stroke can be life threatening.
- Deep vein thrombosis (DVT) in a leg. To reduce the risk, you may be given a blood-thinning medication while in hospital. Exercising your legs regularly can help to prevent DVT.
- Chest infection; deep breathing exercises, physiotherapy and antibiotic treatment can help.
- Delayed healing of the wound.
- Raised, itchy and reddened scars (keloid or hypertrophic scars). These can be annoying but are not a threat to health. Scarring from the small incisions is variable. Most incisions heal well, and few people will develop keloid or hypertrophic scars.

Specific risks of laparoscopic cholecystectomy

- An injury to a bile duct can cause leakage or obstruction of the duct. A return to theatre and more surgery may be needed to repair the problem.
- Infection of the wound may occur due to bacteria, resulting in redness and pain. Pus and an abscess may form. Antibiotic treatment is needed. Some sutures or staples may need to be renewed, and the pus drained. Care of the wound and clean dressings are important.
- During the procedure, injury can uncommonly occur to nearby organs, such as the small intestine, pancreas, stomach, major blood vessels or spleen. This risk is slightly greater with laparoscopic surgery than open surgery.
- Bile may leak from the remnant of the cystic duct or the common bile duct.
- Rarely, a bubble of carbon dioxide may get into a blood vessel (gas embolism) and may travel to the heart; this can be life threatening but is treated quickly and effectively.

Re-operation

If a complication after surgery does not resolve, your surgeon may have to operate again to control the situation. The reoperation may be done with the laparoscope or using open surgery.

REPORT TO YOUR SURGEON

Let your surgeon know at once if you have any of the following signs or symptoms:

- fever greater than 38°C or chills
- redness, swelling, increasing pain or bleeding, or discharge from the incisions
- yellow skin or eyes, or dark urine
- cough, shortness of breath, chest pain, severe nausea or vomiting
- pain or swelling in your feet, calves or legs
- inability to eat or drink
- persistent weakness or dizziness
- any other pains or concerns.

COSTS OF TREATMENT

Your surgeon can advise you about the costs of surgery and follow-up treatment. You may want to ask for an estimate of the likely costs, including medical and hospital fees, out-of-pocket costs and any other items. Ask which costs can be claimed on private health insurance. As the course of actual treatment may differ from what is proposed, the total costs may vary from the estimate. It is better to discuss costs with your surgeon before surgery rather than afterwards.

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Canterbury District Health Board
Te Poari Hauora ō Waitaha

Reducing the Risk of Bood Clots
Department General Surgery

Reducing the Risk of Blood Clots

Patient information - Department General Surgery

Why you need to know about clots

If a blood clot forms in your leg (deep vein thrombosis), it can affect blood flow, and may cause severe pain and swelling. It may also cause permanent damage to your leg. If a blood clot forms, some of it may travel through your veins to your lungs and block their blood supply (pulmonary embolism). Without blood, your lungs cannot send oxygen to the rest of your body. You may have trouble breathing or, in rare cases, you may die.

Studies have shown that treatment will reduce the chance of you developing a blood clot. The following list shows the main things that put you at risk of developing a blood clot in the leg or lung:

- Hip or knee replacement
- Prolonged surgery
- Stroke
- Heart Failure
- Cancer
- Severe lung disease
- Severe infection or inflammation
- Having a previous blood clot in the leg or lung

What your health care team will do

At your pre-admission appointment or at the time of admission, the risk of a blood clot forming in your legs or lungs will be assessed. Your level of risk will depend on:

- Your age
- Your type of surgery
- Any other health problems you have had in the past

Ask your doctor or nurse about your level of risk for developing a blood clot. If you are at risk, your health care team will discuss treatment options with you. Treatment may include:

- Wearing compression stockings
- Using a compression pump on your lower legs during surgery
- Taking tablets or injections to help prevent a blood clot
- Gently exercising your feet and legs while in bed
- Getting out of bed and walking as soon as possible

- Some of these treatments may not be suitable for some people. If you are at high risk, your healthcare team may recommend more intensive treatment.

Ask your doctor or nurse what treatments they recommend for you.

What you can do to reduce the risk of blood clots forming

While you are in hospital you should:

1. Make sure you get any tablets or injections your doctor has prescribed to reduce your risk
2. Keep your compression stockings on
3. Read the patient information pamphlet on TED stockings
4. Avoid sitting or lying in bed for long periods
5. Walk as often as your doctor advises
6. Drink plenty of fluid if allowed.

Before you leave hospital, ask your doctor or nurse what to do when you go home. Find out:

- How long to wear your compression stockings
- Whether you must use any medicines
- What physical activity you need to do
- Whether you have to avoid alcohol
- What else you and your family can do to reduce the risk of a blood clot.

What to watch for

If you experience any of the following while you are in hospital, call a nurse immediately:

- Pain or swelling in your legs
- Pain in your lungs or chest
- Difficulty breathing

If you have any of these signs after you have left hospital, telephone your doctor immediately or go straight to the Emergency Department (Ph: 364 0270). In the case of an emergency dial 111 for an ambulance

Acknowledgement:

Adapted from *Stop the Clot Programme*, National Institute of Clinical Studies, Australia, April 2009

For more information about:

- your health and medication, go to www.healthinfo.org.nz
- hospital and specialist services, go to www.cdhb.health.nz

Canterbury District Health Board
Te Poari Hauora ō Waitaha

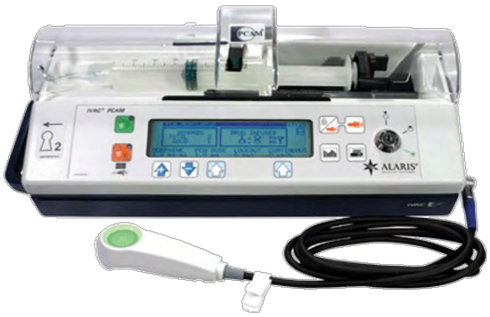
Patient Controlled Analgesia
Anaesthesia

Patient Controlled Analgesia

Patient information - Department of Anaesthesia

www.healthinfo.org.nz

What is a PCA?



PCA stands for 'Patient Controlled Analgesia'. It is a special pump that gives you pain relief (analgesia) when you want it.

Who gets a PCA?

This will depend on the type of surgery you are having. Your Anaesthetist will talk to you about this.

How does a PCA pump work?

The pump contains strong pain relief (e.g. morphine, fentanyl).

The pump is connected to a drip which goes into a vein in your hand or arm. When you press the green button, the pump delivers pain relief to you through the drip.

You control how much pain relief you get by pressing the button when you need it.
The pain relief takes about five minutes to work.

How do I use a PCA?

You will be shown how to use your PCA before it is given to you by your nurse.

Press the button on the PCA when you are sore, or five minutes before doing something that will cause pain or discomfort like moving or getting out of bed.

To help you know when the next dose is available, the green button will light up when it is ready to press.

To prevent an overdose, you must not let anyone else press the button!

What if my pain relief doesn't work?

If your pain is not being helped by your PCA, please tell your nurse. Your nurse and the Acute Pain Management Service will oversee your pain relief.

How safe is PCA?

Your PCA has safety features to stop you overdosing on pain relief and it is programmed to release a safe amount of pain relief each hour.

Nurses will be closely monitoring you while you use the PCA.

Do not press the PCA button if you are comfortable or sleepy, and don't let others press the button.

Can I become addicted?

Strong pain killers can be addictive however when taken for pain after surgery, this risk is very small.

Are there any side effects?

All medications can produce side effects. Possible side effects include nausea, vomiting, constipation, drowsiness, difficulty concentrating, hallucinations, itchiness and difficulty passing urine.

Please let your nurse know if you get any side effects so you can be treated for them quickly. If you have questions or problems with your PCA tell your nurse. Rarely your breathing can be slowed down to a dangerous level however you will be monitored for this.

How long will I have a PCA?

This will depend the amount of pain you have after your surgery. Your nurse and the Acute Pain Management Service will oversee this.

Finally….

We think the PCA will suit you. It lets you control your pain because you know best how you feel.