

BAPIOAC19-P07

Re-audit of variations in written consent for Laparoscopic Cholecystectomy and Inguinal Hernia Repair

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Background

Laparoscopic cholecystectomy and inguinal hernia repair are two very common elective operations performed in general surgery. General Medical Council guidance emphasises the process of informed consent and shared decision making. Failure to warn patients of a significant complication has ethical and medico-legal implications.

Aim

Re-audit the quality of written consent forms for elective Laparoscopic cholecystectomy and inguinal hernia repair at a District General Hospital, against procedure specific consent forms (PSCF) that are being adopted in trusts nationally.

Method

We performed a retrospective analysis of written consent forms for elective Laparoscopic cholecystectomies and inguinal hernia repairs for the month of November 2018, which included 28 and 23 cases respectively. We analysed each consent form and listed all complications consented for. This was benchmarked against studies listing all of the complications consented for in PSCFs.

Results

Laparoscopic cholecystectomy - Between 6 and 11 complications were listed out of a possible 17 seen in PSCF. Four complications were consented for in the above 90% of forms. The other 13 complications ranged from being present in 88% to 0%.

Inguinal Hernia Repair - Between 5 and 11 complications were listed out of a possible 14 seen in PSCF. Two complications were consented for in above 90% of forms. The other 12 complications ranged from being present in 69% of forms to 3%.

Discussion

Our results show huge variations between consent forms. Consent documentation may not have a direct effect on patient care and outcomes but has ethical and medico-legal implications. Information regarding the risks of a procedure is important to the patient-physician shared decision-making process about the procedure. Patients may have decided not to proceed having known about a certain risk and thus may have avoided a surgical complication deemed personally unacceptable. In response the surgical department has

plans to adopt formal PSCF provided by the Royal College of Surgeons. (1, 2)

References

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