

## Surgical Associates

30 Perimeter Park Drive  
Suite 200

Atlanta, GA 30341

Phone: 800-987-6543

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Website: [www.surgicalassociates.com](http://www.surgicalassociates.com)

Patient Medical Record (write in or apply sticker)

Name \_\_\_\_\_

Med Record No. \_\_\_\_\_

DOB \_\_\_\_\_

Admitting MD \_\_\_\_\_

### Gallbladder - Cholecystectomy with Common Duct Exploration (Laparoscopic) (Cholecystectomy with Possible Common Duct Exploration (Laparoscopic))

#### The Procedure

I request John Smith to do the following procedure: Gallbladder - Cholecystectomy with Common Duct Exploration (Laparoscopic) (Cholecystectomy with Possible Common Duct Exploration (Laparoscopic))

#### Communication with my Doctor

John Smith has explained the following information:

- **Operation/procedure :**

This procedure involves removing the gallbladder. The gallbladder is a small organ that stores bile which helps with digestion. It is not necessary for digestive function.

The surgery may be done laparoscopically. Laparoscopic surgery is done using a scope and hollow tube(s) called ports. These are inserted through small cuts in the abdomen. A scope is a thin, lighted instrument with a camera attached. It lets the surgeon see inside the abdomen. The surgeon can pass tools through the ports. Carbon dioxide gas is pumped into the abdomen. This helps the surgeon see inside the abdomen. It also gives more room to work. Your surgeon may not be able to complete the procedure using a scope. If the surgery is not done with a scope, it may be done through a larger cut.

Your surgeon will free the gall bladder from the liver, bile duct, and surrounding arteries. The bile ducts may be explored with the use of a flexible scope during this surgery. Your surgeon may take an x-ray of the bile ducts during the procedure. Contrast dye is injected into the ducts. The dye lets your surgeon see any stones that may be blocking the bile ducts. If stones are found, more surgery may be done to remove them.

Your surgeon will remove the gallbladder. A drain may be inserted to keep fluid from building up in the treatment area. Your surgeon will close the cut with stitches, staples, or other methods. Your surgeon will remove the drain some time after the surgery.

- **Illness or medical condition :**

Pain, gallstones, disease, inflammation, or other problems with the gallbladder.

- **Treatment options** :
  - \* Watching and waiting with your doctor.
  - \* Removing the gallbladder through one large incision made in the abdomen.
  - \* Endoscopic retrograde cholangiopancreatography (ERCP). This uses an endoscope and real-time x-ray to view the bile ducts, gallbladder, pancreas, and other nearby structures.
  - \* Placement of a cholecystostomy tube.
  - \* You may choose not to have any treatment at all.
- **Prognosis** and possible risks if I do not have the operation/procedure:

If you choose not to have this procedure, pain, infection, inflammation, and/or stones may continue or get worse.
- **Risks** of the operation/procedure:
  - \* Exposure to radiation. Pregnant women and women of childbearing age should talk with their doctor about this.
  - \* Pain, numbness, swelling, weakness or scarring where tissue is cut.
  - \* The gas used in laparoscopic procedures to inflate the abdomen can become trapped in tissues. Gas in the bloodstream can dangerously affect blood flow and heart function.
  - \* The procedure may not cure or relieve your condition or symptoms. They may come back and even worsen.
  - \* You may need additional tests or treatment.
  - \* Your doctor may not be able to complete the procedure using a scope or robotics. Your doctor may have to make a bigger cut to do the procedure.
  - \* Bleeding. You may need blood transfusions or other treatments. This may be discovered during the procedure, or later.
  - \* Embolism. An embolism is an object that moves through your body in your bloodstream. It can be an air bubble, a blood clot, a piece of fat or other material. It can block a blood vessel. This can lead to stroke, pulmonary embolism (blockage of the main artery of the lung), or injury to organs or extremities.
  - \* Reactions to dye used for imaging. These may include hives, swelling of the face and/or throat, difficulty breathing, and kidney failure.
  - \* Retained stones in bile ducts.
  - \* The device, equipment, or material used to do the procedure or implanted may not work correctly, fail or cause problems during the procedure or later. The procedure may not be completed. You may need additional treatment now or later.
  - \* Wound infection, poor healing or reopening. Blood or clear fluid can also collect at the wound site(s).
  - \* Damage to the bile ducts or nearby structures. This may be discovered during the procedure, or later.
  - \* Incisional hernia. Weak scar tissue may allow tissue to bulge through the cut.
  - \* The instrument(s) placed in your abdomen can cause injuries to nearby structures. The equipment used to control bleeding can cause burning injuries.
  - \* Death.

In addition to the risks listed above, any health or disease factors that I/my child has that could increase my risks has been explained.
- **Benefits** of the operation/procedure:

This procedure may relieve or prevent infection, inflammation, and/or pain from stones or blockage of bile ducts.

- **Site or location** of the operation/procedure:

See description of treatment/procedure.

- **Expectations – how to prepare** for my operation:

Medications:

- \* Tell your doctor if you make any changes in your medicines before your surgery.
- \* If you take prescription medicines, vitamins, herbal supplements, blood thinners (Coumadin, Plavix, Lovenox, heparin, aspirin), or pain relievers, please notify your doctor. You should stop taking blood thinners, anti-inflammatory medicines, Vitamin E, and St. John's Wort five to seven days before the procedure.
- \* If you are on insulin, ask your primary doctor about your dosage change the morning of your operation.

Before your operation:

- \* Tell your doctor if your health changes before your surgery. This includes any skin problems, illnesses, or infection. If your health changes, your surgery may be postponed.
- \* Please bathe the night before. Wash the affected area with antibacterial soap.
- \* Do not eat or drink from midnight the night before your operation.
- \* Most often, you will take your morning medication with a sip of water. Ask your doctor.
- \* Wear loose, comfortable clothes. Leave all jewelry at home.
- \* General anesthesia is usually given during this procedure. You should not drive or make critical decisions for 24 hours after the procedure. You will need someone to drive you home. You should have a responsible adult available to help you the rest of the day.

- **Expectations – recovery** – including information on medication, nutrition, pain control, return to activity and wound care:

Activity:

- \* You may go home in a few days.
- \* Do not lift anything over 10 – 15 pounds, unless your doctor says otherwise. Do not do strenuous physical activity for 14 days, including lifting or straining.
- \* You may return to your regular routine when you feel well enough. Most patients can return to their regular routine in one to three weeks as long as no lifting or straining is involved.

Diet:

- \* Start with soft foods and slowly return to your regular diet. It may take you up to 3 days to return to a regular diet.
- \* Eat high-fiber foods and drink plenty of water to avoid straining during bowel movements.

Wound care:

- \* Your wound may be covered with a bandage or a sterile dressing. Change the dressing if it becomes wet or soiled.
- \* Do not soak in a bathtub until your wound cover is removed. Taking a shower is OK. Avoid getting the bandage, or your wound, wet.

- \* If your wound is closed with strips of tape, leave them in place until they fall off.
- \* A small amount of drainage is normal. If the drainage is red, has a bad odor, or covers your entire dressing, call your surgeon.

Follow-up care:

- \* Call your surgeon to schedule your follow-up visit.
- \* You will recover faster if you get up and start walking within hours after your operation.
- \* Observe your wound for any signs of infection.
- \* Take medication for pain as needed. For a laparoscopic procedure, you may feel some chest or upper abdominal pain within the first several hours after your operation. This is normal and is from the gas pumped into your abdomen. It usually goes away by the end of the day.
- \* Do not drive, operate machinery or make important decisions if you are taking narcotic pain medication.
- \* Placing a pillow over your abdominal wound and applying gentle pressure may help relieve pain when moving or if you are coughing.

Call your doctor if you:

- \* Are unable to urinate.
- \* Have a fever greater than 101.5 degrees Fahrenheit.
- \* Have increased pain or pain that will not go away.
- \* Have difficulty breathing.
- \* Vomit.
- \* Notice swelling, redness, bleeding, or drainage with a bad odor from your wound site.
- \* Stop having bowel movements.
- \* Have watery diarrhea lasting more than 3 days.

### Consent for Treatment

By signing below, I agree that:

- I have read this form or it was read to me.
- I understand the explanation of the benefits and possible risks.
- I understand my other options and what would happen if I have no treatment.
- I was able to ask questions and they have been answered to my satisfaction.
- I was given the opportunity to have a support person/interpreter present
- I choose to have this procedure/operation done and authorize John Smith to complete the procedure and his/her designated associates to assist with the operation.
- I consent to any other emergency procedure required to treat a life-threatening event during the operation.
- I consent to the disposal of any tissues or parts that may be removed during the procedure.
- I understand that no guarantee has been made that the procedure/operation will improve the condition.

\_\_\_\_\_  
Signature of patient or person authorized to give consent

\_\_\_\_\_  
(Relationship to patient)

\_\_\_\_\_  
Date 12/9/10

\_\_\_\_\_  
Witness to Patient signature

12/9/10  
Date

I believe that the patient/substitute decision-maker fully understood the review of the operation.

\_\_\_\_\_  
Signature of physician

12/9/10  
Date

SAMPLE - FOR REVIEW ONLY

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# Medical Record Note

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**Surgical Associates**  
30 Perimeter Park Drive  
Suite 200  
Atlanta, GA 30341

Patient Medical Record (write in or apply sticker)

Name \_\_\_\_\_

Med Record No. \_\_\_\_\_

DOB \_\_\_\_\_

Admitting MD \_\_\_\_\_

Date: 12/9/10    Time: \_\_\_\_\_    Patient present:  Yes     No

Patient's representative (if applicable): \_\_\_\_\_

Planned procedure/treatment: Gallbladder - Cholecystectomy with Common Duct Exploration (Laparoscopic) (Cholecystectomy with Possible Common Duct Exploration (Laparoscopic))

Anatomical location/surgical site: See description of treatment/procedure.

On the above date and time John Smith discussed with the patient/patient's representative all relevant aspects of the procedure/operation, including indications, benefits, risks, and alternatives including no treatment were discussed in language that he/she could understand. The patient (or the patient's representative) indicated understanding of the discussion.

The patient (or the patient's representative) was given an opportunity to ask questions and those questions were satisfactorily answered.

I have given the patient (or the patient's representative) the opportunity to review/receive a printed copy of the consent form.

Other relevant notes from the informed consent discussion:

\_\_\_\_\_  
\_\_\_\_\_

I have reviewed and approved this note.

Note prepared by: John Smith

# Pre-Procedure Instructions

## Gallbladder - Cholecystectomy with Common Duct Exploration (Laparoscopic) (Cholecystectomy with Possible Common Duct Exploration (Laparoscopic))

### Please be aware of the following, prior to your procedure/operation:

#### Medications:

- \* Tell your doctor if you make any changes in your medicines before your surgery.
- \* If you take prescription medicines, vitamins, herbal supplements, blood thinners (Coumadin, Plavix, Lovenox, heparin, aspirin), or pain relievers, please notify your doctor. You should stop taking blood thinners, anti-inflammatory medicines, Vitamin E, and St. John's Wort five to seven days before the procedure.
- \* If you are on insulin, ask your primary doctor about your dosage change the morning of your operation.

#### Before your operation:

- \* Tell your doctor if your health changes before your surgery. This includes any skin problems, illnesses, or infection. If your health changes, your surgery may be postponed.
- \* Please bathe the night before. Wash the affected area with antibacterial soap.
- \* Do not eat or drink from midnight the night before your operation.
- \* Most often, you will take your morning medication with a sip of water. Ask your doctor.
- \* Wear loose, comfortable clothes. Leave all jewelry at home.
- \* General anesthesia is usually given during this procedure. You should not drive or make critical decisions for 24 hours after the procedure. You will need someone to drive you home. You should have a responsible adult available to help you the rest of the day.

Other important things you need to do to prepare for your procedure/operation:

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### If you have any questions or concerns please contact our office:

Phone: 800-987-6543  
Email: [jsmith@surgicalassociates.com](mailto:jsmith@surgicalassociates.com)  
Website (if applicable): [www.surgicalassociates.com](http://www.surgicalassociates.com)  
Your surgeon: John Smith

### For More Information

For more information on your procedure/operation, ask your surgeon or contact the following organizations:

**The American College of Surgeons**

633 North Saint Clair Street  
Chicago, IL 60611-3211  
Patient Phone: 1-800-621-4111  
Fax: 312-202-5029  
<http://www.facs.org/patienteducation/>

**National Institutes of Health**

9000 Rockville Pike  
Bethesda, Maryland 20892  
Phone: Please see the **NIH Toll-Free Information Lines** and **Toll-Free Health Hotlines** on the main page of the NIH Health Information Website – see link below.  
<http://health.nih.gov/>

SAMPLE - FOR REVIEW ONLY



## Post-Procedure Instructions

### Gallbladder - Cholecystectomy with Common Duct Exploration (Laparoscopic) (Cholecystectomy with Possible Common Duct Exploration (Laparoscopic))

#### Please be aware of the following after your procedure/operation:

##### Activity:

- \* You may go home in a few days.
- \* Do not lift anything over 10 – 15 pounds, unless your doctor says otherwise. Do not do strenuous physical activity for 14 days, including lifting or straining.
- \* You may return to your regular routine when you feel well enough. Most patients can return to their regular routine in one to three weeks as long as no lifting or straining is involved.

##### Diet:

- \* Start with soft foods and slowly return to your regular diet. It may take you up to 3 days to return to a regular diet.
- \* Eat high-fiber foods and drink plenty of water to avoid straining during bowel movements.

##### Wound care:

- \* Your wound may be covered with a bandage or a sterile dressing. Change the dressing if it becomes wet or soiled.
- \* Do not soak in a bathtub until your wound cover is removed. Taking a shower is OK. Avoid getting the bandage, or your wound, wet.
- \* If your wound is closed with strips of tape, leave them in place until they fall off.
- \* A small amount of drainage is normal. If the drainage is red, has a bad odor, or covers your entire dressing, call your surgeon.

##### Follow-up care:

- \* Call your surgeon to schedule your follow-up visit.
- \* You will recover faster if you get up and start walking within hours after your operation.
- \* Observe your wound for any signs of infection.
- \* Take medication for pain as needed. For a laparoscopic procedure, you may feel some chest or upper abdominal pain within the first several hours after your operation. This is normal and is from the gas pumped into your abdomen. It usually goes away by the end of the day.
- \* Do not drive, operate machinery or make important decisions if you are taking narcotic pain medication.
- \* Placing a pillow over your abdominal wound and applying gentle pressure may help relieve pain when moving or if you are coughing.

##### Call your doctor if you:

- \* Are unable to urinate.
- \* Have a fever greater than 101.5 degrees Fahrenheit.
- \* Have increased pain or pain that will not go away.
- \* Have difficulty breathing.
- \* Vomit.

- \* Notice swelling, redness, bleeding, or drainage with a bad odor from your wound site.
- \* Stop having bowel movements.
- \* Have watery diarrhea lasting more than 3 days.

Other important things you need to do to after your procedure/operation:

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**If you have any questions or concerns please contact our office:**

Phone: 800-987-6543  
Email: [jsmith@surgicalassociates.com](mailto:jsmith@surgicalassociates.com)  
Website (if applicable): [www.surgicalassociates.com](http://www.surgicalassociates.com)  
Your surgeon: John Smith

**For More Information**

For more information on your procedure/operation, ask your surgeon or contact the following organizations:

**The American College of Surgeons**

633 North Saint Clair Street  
Chicago, IL 60611-3211  
Patient Phone: 1-800-621-4111  
Fax: 312-202-5029  
<http://www.facs.org/patienteducation/>

**National Institutes of Health**

9000 Rockville Pike  
Bethesda, Maryland 20892  
Phone: Please see the **NIH Toll-Free Information Lines** and **Toll-Free Health Hotlines** on the main page of the NIH Health Information Website – see link below.  
<http://health.nih.gov/>

## **SIGN IN**

**PATIENT HAS CONFIRMED**

- IDENTITY
  - SITE
  - PROCEDURE
  - CONSENT
- 

**SITE MARKED/NOT APPLICABLE**

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**ANAESTHESIA SAFETY CHECK COMPLETED**

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**PULSE OXIMETER ON PATIENT AND FUNCTIONING**

**DOES PATIENT HAVE A:**

**KNOWN ALLERGY?**

- NO  
 YES

**DIFFICULT AIRWAY/ASPIRATION RISK?**

- NO  
 YES, AND EQUIPMENT/ASSISTANCE AVAILABLE

**RISK OF >500ML BLOOD LOSS (7ML/KG IN CHILDREN)?**

- NO  
 YES, AND ADEQUATE INTRAVENOUS ACCESS AND FLUIDS PLANNED

**For Confirmation and Cross-Check**

Procedure listed on the consent form: Gallbladder - Cholecystectomy with Common Duct Exploration (Laparoscopic) (Cholecystectomy with Possible Common Duct Exploration (Laparoscopic))

Anatomical location/surgical site listed on the consent form: See description of treatment/procedure.

## TIME OUT

- CONFIRM ALL TEAM MEMBERS HAVE INTRODUCED THEMSELVES BY NAME AND ROLE**
- 

- SURGEON, ANAESTHESIA PROFESSIONAL AND NURSE VERBALLY CONFIRM**
- PATIENT
  - SITE
  - PROCEDURE
- 

### ANTICIPATED CRITICAL EVENTS

- SURGEON REVIEWS:** WHAT ARE THE CRITICAL OR UNEXPECTED STEPS, OPERATIVE DURATION, ANTICIPATED BLOOD LOSS?
- ANAESTHESIA TEAM REVIEWS:** ARE THERE ANY PATIENT-SPECIFIC CONCERNS?
- NURSING TEAM REVIEWS:** HAS STERILITY (INCLUDING INDICATOR RESULTS) BEEN CONFIRMED? ARE THERE EQUIPMENT ISSUES OR ANY CONCERNS?
- 

### HAS ANTIBIOTIC PROPHYLAXIS BEEN GIVEN WITHIN THE LAST 60 MINUTES?

- YES
- NOT APPLICABLE

### IS ESSENTIAL IMAGING DISPLAYED?

- YES
- NOT APPLICABLE

#### For Confirmation and Cross-Check

Procedure listed on the consent form: Gallbladder - Cholecystectomy with Common Duct Exploration (Laparoscopic) (Cholecystectomy with Possible Common Duct Exploration (Laparoscopic))

Anatomical location/surgical site listed on the consent form: See description of treatment/procedure.

## **SIGN OUT**

**NURSE VERBALLY CONFIRMS WITH THE TEAM:**

- THE NAME OF THE PROCEDURE RECORDED**
  - THAT INSTRUMENT, SPONGE AND NEEDLE COUNTS ARE CORRECT (OR NOT APPLICABLE)**
  - HOW THE SPECIMEN IS LABELLED (INCLUDING PATIENT NAME)**
  - WHETHER THERE ARE ANY EQUIPMENT PROBLEMS TO BE ADDRESSED**
- 
- SURGEON, ANAESTHESIA PROFESSIONAL AND NURSE REVIEW THE KEY CONCERNS FOR RECOVERY AND MANAGEMENT OF THIS PATIENT**