Government URN: Factal Prolapse Repair – Abdut (18 years and over) Family name: Government Aduit (18 years and over) Facility: Cobes the patient have capacity? Facility: Sex: Mode of bubble A Does the patient have capacity? Types 4 C0 TO section B Follapse repair – abdominal Obcotr/clinician to document specific risks in not having a rectal prolapse repair – abdominal): Coctor/clinician to document specific risks in not having a rectal prolapse repair – abdominal): Dector/clinician to document of the informed consent form in person. Falternative treatment options Interpreter code: Language: Doctor/clinician to document alternative treatment not forlation sheet): Coctor/clinician to document alternative treatment not forlation sheet): Optotrofinician to document additional nisks not included in the patient information sheet): Coctor/clinician to document alternative treatment not forlation to document alternative treatment not forlation to document alternative treatment not forlation to document additional nisks not included in the patient information sheet): </th <th>h) 2021 may be Health .gov.au</th> <th>Queensland</th> <th></th> <th colspan="3">(Affix identification label here)</th> <th></th>	h) 2021 may be Health .gov.au	Queensland		(Affix identification label here)			
Image: 1000000000000000000000000000000000000	d Healt is work ensland alth.qld	Government	URN:				
Image: Section of the information of the informed consent form in person Image: Section of the information of the informed consent form in person Image: Section of the information of the informed consent form in person Image: Section of the informed consent form ore the telephone Name of interpreter: Image: Section of the informed consent form ore the telephone Name of interpreter: Image: Section of the informed consent form in person Image: Section of the informed consent form ore the telephone Name of interpreter: Image: Section of the informed consent form ore the telephone Name of interpreter: Image: Section of the informed consent form ore the telephone Name of interpreter: Dector/clinician to document additional risks not included in the patient information sheet): Section of the patient information sheet): Section of the patient information in this consent form in is not intended to be additional risks not included in the patient information sheet): Output: Work of the patient in having a rectal prolapse repair – abdominal Dector/clinician to document additional risks not included in the patient information sheet): Section of the patient information sheet): Section of the patient in the patient in the patient information in the patient information in the information sheet): Output: Work of the patient information sheet): Section of the patient information in the pat	eenslar art of th om Que cer@he	Rectal Prolapse Repair –	Family name:				
Image: Section of the information of the informed consent form in person Image: Section of the information of the informed consent form in person Image: Section of the information of the informed consent form in person Image: Section of the informed consent form ore the telephone Name of interpreter: Image: Section of the informed consent form ore the telephone Name of interpreter: Image: Section of the informed consent form in person Image: Section of the informed consent form ore the telephone Name of interpreter: Image: Section of the informed consent form ore the telephone Name of interpreter: Image: Section of the informed consent form ore the telephone Name of interpreter: Dector/clinician to document additional risks not included in the patient information sheet): Section of the patient information sheet): Section of the patient information in this consent form in is not intended to be additional risks not included in the patient information sheet): Output: Work of the patient in having a rectal prolapse repair – abdominal Dector/clinician to document additional risks not included in the patient information sheet): Section of the patient information sheet): Section of the patient in the patient in the patient information in the patient information in the information sheet): Output: Work of the patient information sheet): Section of the patient information in the pat	and (Qu 88, no p ssion fro : ip_offi		Given name(s):				
Image: Section of the information of the informed consent form in person Image: Section of the information of the informed consent form in person Image: Section of the information of the informed consent form in person Image: Section of the informed consent form ore the telephone Name of interpreter: Image: Section of the informed consent form ore the telephone Name of interpreter: Image: Section of the informed consent form in person Image: Section of the informed consent form ore the telephone Name of interpreter: Image: Section of the informed consent form ore the telephone Name of interpreter: Image: Section of the informed consent form ore the telephone Name of interpreter: Dector/clinician to document additional risks not included in the patient information sheet): Section of the patient information sheet): Section of the patient information in this consent form in is not intended to be additional risks not included in the patient information sheet): Output: Work of the patient in having a rectal prolapse repair – abdominal Dector/clinician to document additional risks not included in the patient information sheet): Section of the patient information sheet): Section of the patient in the patient in the patient information in the patient information in the information sheet): Output: Work of the patient information sheet): Section of the patient information in the pat	ueensla <i>Act 196</i> t pemii in emai		Address:				
Image: 1000000000000000000000000000000000000	ate of Qu p <i>yright</i> 1 withou ermissic	Facility:	Date of	of birth:	Sex:	M _ F _ I	
Image: 1000000000000000000000000000000000000	The Sta the Co adapted quest pe	A. Does the patient have capacity?		E. Risks specific to	the patient in <i>no</i>	<i>t</i> having a rectal	
IN 0 - COMPLETE Section A Interview Section A Vor must adhere to the Advance Health Directive (AHD), or if there is no AHD, the consent obtained from a substitute decision-maker. Interview Section Advance Health Directive (AHD), or if there is no AHD, the consent obtained from a substitute decision-maker. B. Is an interpreter required? If yes, the interpreter has: If yes, the interpreter has: Decoder of the informed consent form over the telephone Interpreter code: Language: Interpreter code: Language: Interpreter code: Control initian to document additional insks not included in the patient information sheet): Control initian to document additional risks not included in the patient/substitute decision-maker the contents of this form add on the patient information sheet): Control initian to document additional risks not included in the patient/substitute for the doction-maker the content of the patient information sheet): Control initian to document additional risks not included in the patient/substitute for decision-maker the contents of this form and an other patient information sheet): Content information in this consent form is not intended to be a substitute for decision-maker. Difference Difference Difference Difference Control initian to document additional risks not included in the patient/substitute for decision-maker. Difference Difference Difference Difference Difference Difference						Ū	
Statutory Health Attorney. Name of substitute decision-maker: Category of substitute decision-maker: Category of substitute decision-maker: Category of substitute decision-maker: Decision-maker: Decision-maker: Category of substitute decision-maker: Decision-maker: Category of substitute decision-maker requests the following procedure(s) Rectal prolapse repair – abdominal Drolapse repair – abdominal Drolap	bermitte					in not having a	
3. Statutory Health Attorney. Name of substitute decision-maker: Category of substitute decision-maker requests the following procedure(s) Rectal prolapse repair – abdominal Drolapse repair – abdominal Drolapse repair – abdominal Drolapse repair – abdominal Category of substitute decision-maker requests the following structure decision-maker the data in the matient information sheet):	Except as produced com	or if there is no AHD, the consent obtained from a substidecision-maker in the following order: Category 1. Tribut					
Category of substitute decision-maker: B. Is an interpreter required? If yes, the interpreter has: provided a sight translation of the informed consent form person Texnslated the informed consent form over the telephone Name of interpreter: C. Patient/substitute decision-maker requests the following procedure(s) Rectal prolapse repair – abdominal D. Risks specific to the patient in having a rectal prolapse repair – abdominal D. Cotor/clinician to document additional risks not included in the patient information sheet): C. Patient/substitute decision-maker requests the following procedure(s) Rectal prolapse repair – abdominal D. Risks specific to the patient in having a rectal prolapse repair – abdominal D. Drive sequiated in the patient information sheet): C. Have explained to be action and the patient/substitute decision-maker the contents of this form and and of the opinion that the information has been understood. Name of doctor/clinician:	de	3. Statutory Health Attorney.					
B. Is an interpreter required? If yes, the interpreter has: person translated the informed consent form over the telephone Name of interpreter: Interpreter code: Language: Decord/clinician to document alternative treatment not included in the patient information sheet): C. Patient/substitute decision-maker requests the following procedure(s) Rectal prolapse repair – abdominal D. Risks specific to the patient in having a rectal prolapse repair – abdominal D. Octor/clinician to document additional risks not included in the patient information sheet): B. Information for the doctor/clinician C. Information for the doctor/clinician C. Information in this consent form is not intended to be a substitute decision-maker. I have explained to the patient/substitute decision-maker. I have explained to the patient/substitute decision-maker. I have explained to the patient/substitute decision-maker. Name of doctor/clinician:							
If yes, the interpreter has: provided a sight translation of the informed consent form in person F. Alternative treatment options Iterpreter code: Language: Coctor/clinician to document alternative treatment not included in the patient information sheet): C. Patient/substitute decision-maker requests the following procedure(s) Rectal prolapse repair – abdominal D. Risks specific to the patient in having a rectal prolapse repair – abdominal D. Risks specific to the patient information sheet): C. Patient/substitute decision-maker requests the following procedure(s) Rectal prolapse repair – abdominal D. Risks specific to the patient in having a rectal prolapse repair – abdominal D. Risks consent form is not included in the patient information sheet): Upcomposition Control for the doctor/clinician Decorr/clinician to document additional risks not included in the patient information sheet): Upcomposition D. Risks specific to the patient additional risks not included in the patient information sheet): Decorr/clinician Upcomposition Decorr/clinician to document additional risks not included in the patient/substitute decision-maker. The information in this consent form is not intended to be a substitute for its form and an of the opinion that the information has been understood. Name of doctor/clinician: Name of doctor/clinician:		Category of substitute decision-maker:					
Decomposition Dec		B. Is an interpreter required?					
Rectal prolapse repair – abdominal D.Risks specific to the patient in having a rectal prolapse repair – abdominal (Doctor/clinician to document additional risks not included in the patient information sheet):	Z	If yes, the interpreter has:					
Rectal prolapse repair – abdominal D.Risks specific to the patient in having a rectal prolapse repair – abdominal (Doctor/clinician to document additional risks not included in the patient information sheet):	ARG		orm				
Rectal prolapse repair – abdominal D.Risks specific to the patient in having a rectal prolapse repair – abdominal (Doctor/clinician to document additional risks not included in the patient information sheet):	д С						
Rectal prolapse repair – abdominal D.Risks specific to the patient in having a rectal prolapse repair – abdominal (Doctor/clinician to document additional risks not included in the patient information sheet):	NIQ	Name of interpreter:]				
Rectal prolapse repair – abdominal D.Risks specific to the patient in having a rectal prolapse repair – abdominal (Doctor/clinician to document additional risks not included in the patient information sheet):							
Rectal prolapse repair – abdominal D.Risks specific to the patient in having a rectal prolapse repair – abdominal (Doctor/clinician to document additional risks not included in the patient information sheet):						eatment not	
Rectal prolapse repair – abdominal D.Risks specific to the patient in having a rectal prolapse repair – abdominal (Doctor/clinician to document additional risks not included in the patient information sheet): COUNTY OUT		C. Patient/substitute decision-maker requests t	the				_
Compared repair - abcomman (Doctor/clinician to document additional risks not included in the patient information sheet): Compared repair - abcomman (Doctor/clinician to document additional risks not included in the patient information sheet): Compared repair - abcomman (Doctor/clinician to document additional risks not included in the patient information sheet): Compared repair - abcomman (Doctor/clinician to document additional risks not included in the patient information sheet): Compared repair - abcomman (Doctor/clinician to document additional risks not included in the patient information sheet): Compared repair - abcomman (Doctor/clinician (Doctor/clinician (Doctor/clinician) Compared repair - abcomman (Doctor/clinician) Compared repair (Doctor/clinician) Compared repair - abcomman (Doctor/clinici							П
Compared repair - abcomman (Doctor/clinician to document additional risks not included in the patient information sheet): Compared repair - abcomman (Doctor/clinician to document additional risks not included in the patient information sheet): Compared repair - abcomman (Doctor/clinician to document additional risks not included in the patient information sheet): Compared repair - abcomman (Doctor/clinician to document additional risks not included in the patient information sheet): Compared repair - abcomman (Doctor/clinician to document additional risks not included in the patient information sheet): Compared repair - abcomman (Doctor/clinician (Doctor/clinician (Doctor/clinician) Compared repair - abcomman (Doctor/clinician) Compared repair (Doctor/clinician) Compared repair - abcomman (Doctor/clinici		Rectal prolapse repair – abdominal					
G. Information for the doctor/clinician G. Information for the doctor/clinical Clinical content of the content form is not intended to be a substitute for direct communication between the doctor/ clinician and the patient/substitute decision-maker. I have explained to the patient/substitute decision-maker the contents of this form and am of the opinion that the information has been understood. Name of doctor/clinician:		prolapse repair – abdominal					
G. Information for the doctor/clinician G. Information for the doctor/clinical Clinical content of the content form is not intended to be a substitute for direct communication between the doctor/ clinician and the patient/substitute decision-maker. I have explained to the patient/substitute decision-maker the contents of this form and am of the opinion that the information has been understood. Name of doctor/clinician:			ed in				
Comparison of the content of the patient/substitute decision-maker. I have explained to the patient/substitute decision-maker. I have explained							≱
G. Information for the doctor/clinician G. Information in this consent form is not intended to be a substitute for direct communication between the doctor/ clinician and the patient/substitute decision-maker. I have explained to the patient/substitute decision-maker. I have explained to the patient/substitute decision-maker. Name of doctor/clinician:	~						
I have explained to the patient/substitute decision-maker the contents of this form and am of the opinion that the information has been understood. Name of doctor/clinician:	/: 201 0						
I have explained to the patient/substitute decision-maker the contents of this form and am of the opinion that the information has been understood. Name of doctor/clinician:	eview 1/202 21						
I have explained to the patient/substitute decision-maker the contents of this form and am of the opinion that the information has been understood. Name of doctor/clinician:	tent r ck: 11 01/20						A
I have explained to the patient/substitute decision-maker the contents of this form and am of the opinion that the information has been understood. Name of doctor/clinician:	l cont l cher ied: (G. Information for the	he doctor/clinicia	เท	
I have explained to the patient/substitute decision-maker the contents of this form and am of the opinion that the information has been understood. Name of doctor/clinician:	3.00 linica linica ublish					A	
	¥∪⊡₫						
				the contents of this form and am of the opinion that the			
							A
Öğ Designation: Q Signature: Date:	38						
Signature: Date:	306M		Designation:]		
	<u>ر</u>			Cianatura		Data	U П
				Signature:			Z

		(Affix identification label here)				
		URN:				
Rectal Prolapse Repair –	Family	Family name:				
Abdominal Consent	Given	Given name(s):				
Adult (18 years and over)	Addres	Address:				
	Date o	te of birth: Sex: M F I				
H. Patient/substitute decision-maker consent		2)	Student examination/procedure for professional	 The State of Qu Except as permitted under the Copyright A reproduced communicated or adapted without To request permission 		
I acknowledge that the doctor/clinician has explained:			training purposes:	©] under ed or <i>a</i> To req		
• the "Rectal prolapse repair – abdominal" patient			For the purpose of undertaking training, a clinical student(s)	mitted		
information sheetthe medical condition and proposed treatment, includir	na the	may observe medical examination(s) or procedure may also, subject to patient/substitute decision-ma		as per comm		
possibility of additional treatment	ig the	consent, assist with/conduct an examination or procedure				
• the specific risks and benefits of the procedure			on a patient while the patient is under anaesthetic.	E		
 the prognosis, and risks of not having the procedure alternative treatment options 			I/substitute decision-maker consent to a clinical student(s) undergoing training to:			
• that there is no guarantee the procedure will improve the	he		• observe examination(s)/procedure(s)			
medical conditionthat the procedure may involve a blood transfusion			assist with examination(s)/procedure(s) Yes No			
 that the proceeding may involve a blood transitistion that tissues/blood may be removed and used for diagn 	osis/		conduct examination(s)/procedure(s) Yes No			
management of the condition						
that if a life-threatening event occurs during surgery, I v treated based on documented discussions (e.g. AHD o						
[Acute Resuscitation Plan])				N N		
 that a doctor/clinician other than the consultant/speciali may assist with/conduct the clinically appropriate proce 				ARG		
treatment/investigation/examination; this may include a						
 doctor/clinician undergoing further training under super that if the doctor/clinician wishes to record video, audio 				NIC		
images during the procedure where the recording is no	t			BIN		
required as part of the treatment (e.g. for training or research				l SH		
purposes), I will be asked to sign a separate consent form. If I choose not to consent, it will not adversely affect my						
access, outcome or rights to medical treatment in any way.						
I was able to ask questions and raise concerns with the doctor/clinician.				WRITE IN THIS BINDING MARGIN		
I understand I have the right to change my mind regarding						
consent at any time, including after signing this form (this should be in consultation with the doctor/clinician).				DO NOT		
I/substitute decision-maker have received the follow	ina					
consent and patient information sheet(s):	ing					
🗌 "Rectal prolapse repair – abdominal"						
☐ "About your anaesthetic"						
"Fresh blood and blood products transfusion"						
On the basis of the above statements, 1) Vsubstitute decision maker consent to having a						
1) I/substitute decision-maker consent to having a rectal prolapse repair – abdominal.						
Name of patient/substitute decision-maker:						
Signature: Date:						

Rectal prolapse repair – abdominal



Adult (18 years and over) | Informed consent: patient information

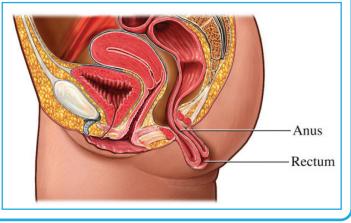
A copy of this form should be given to the patient/substitute decision-maker to read carefully and allow time to ask any questions about the procedure. The consent form and patient information sheet should be included in the patient's medical record.

1. What is a rectal prolapse repair – abdominal and how will it help me/the patient?

A rectal prolapse occurs when the rectum exits the body and comes out through the anus (the slipping or falling of an organ from its normal position).

Surgical repair of a rectal prolapse involves the removal of a segment of the bowel and the bowel is then hitched by stitches to the pelvic bone through a cut in the abdomen.

Image 1: Rectal prolapse. Illustration Copyright © 2019 Nucleus Medical Media, All rights reserved. <u>www.nucleusmedicalmedia.com</u>



2. What are the risks?

There are risks and complications with this procedure. There may also be risks specific to each person's individual condition and circumstances. Please discuss these with the doctor/clinician and ensure they are written on the consent form before you sign it. Risks include but are not limited to the following:

Specific risks

- especially in a male there may be difficulty passing urine and a tube (catheter) may need to be inserted into the bladder
- deep bleeding in the abdominal cavity could occur and this may need fluid replacement or further surgery
- damage of the bowel may occur which may cause leakage of bowel fluid. This may need further surgery
- infections such as pus collections can occur in the abdominal cavity. This may need surgical drainage
- the small bowel may be very slow to regain its movement after surgery with a possibility of a swollen abdomen and vomiting
- a weakness can occur in the wound with complete or incomplete, bursting of the wound in the short-term, or a hernia in the long-term
- in some people healing of the wound may be abnormal and the wound can be thickened and red and the wound may be painful
- adhesions (bands of scar tissue) may form and cause bowel obstruction. This can be a shortterm or a long-term complication and may need further surgery
- · constipation after the surgery may be a major problem and may need treatment
- the muscles at the anus may be weak and may need local surgical treatment
- · the prolapse may recur

• increased risk in smokers of wound and chest infections, heart and lung complications, and thrombosis.

General risks

- infection can occur, requiring antibiotics and further treatment
- bleeding could occur and may require a return to the operating room. Bleeding is more common if you have been taking blood thinning drugs, such as warfarin, aspirin, clopidogrel (Plavix, Iscover, Coplavix), prasugrel (Effient), dipyridamole (Persantin or Asasantin), ticagrelor (Brilinta), apixaban (Eliquis), dabigatran (Pradaxa), rivaroxaban (Xarelto) or complementary/alternative medicines, such as fish oil and turmeric
- small areas of the lung can collapse, increasing the risk of chest infection. This may need antibiotics and physiotherapy
- increased risk in obese people of wound infection, chest infection, heart and lung complications, and thrombosis
- heart attack or stroke could occur due to the strain on the heart
- blood clot in the leg (DVT) causing pain and swelling. In rare cases part of the clot may break off and go to the lungs
- death as a result of this procedure is possible.

This procedure will require an anaesthetic.

For more information about the anaesthetic and the risks involved, please refer to the anaesthetic information sheet that has been provided to you. Discuss any concerns with the doctor/clinician.

If you have not been given an anaesthetic information sheet, please ask for one.

What are the risks of not having a rectal prolapse repair - abdominal?

There may be consequences if you choose not to have the proposed procedure/ treatment/investigation/examination. Please discuss these with the doctor/clinician.

If you choose not to have the procedure, you will not be required to sign a consent form.

If you have signed a consent form, you have the right to change your mind at any time prior to the procedure/treatment/ investigation/examination. Please contact the doctor/clinician to discuss.

3. Are there alternatives?

Making the decision to have a procedure requires the patient/substitute decisionmaker to understand the options available. Please discuss any alternative treatment options with your doctor/clinician before signing the consent form.

4. What should I expect after the procedure?

Your healthcare team will talk to you about what to expect after your procedure and upon discharge from hospital.

5. Who will be performing the procedure?

A doctor/clinician other than the consultant/ specialist may assist with/conduct the clinically appropriate procedure/treatment/ investigation/examination. This could be a doctor/clinician undergoing further training, however all trainees are supervised according to relevant professional guidelines.

If you have any concerns about which doctor/ clinician will be performing the procedure, please discuss with the doctor/clinician.

For the purpose of undertaking professional training in this teaching hospital, a clinical student(s) may observe medical examination(s) or procedure(s) and may also, subject to your consent, assist with/ conduct an examination or procedure on a patient while the patient is under anaesthetic.

If you choose not to consent, it will not adversely affect your access, outcome or rights to medical treatment in any way. You are under no obligation to consent to an examination(s) or a procedure(s) being undertaken by a clinical student(s) for training purposes.

6. Where can I find support or more information?

Hospital care: before, during and after is available on the Queensland Health website www.gld.gov.au/health/services/hospitalcare/before-after where you can read about your healthcare rights.

You can also see a list of blood thinning medications at www.health.gld.gov.au/ consent/bloodthinner.

Staff are available to support patients' cultural and spiritual needs. If you would like cultural or spiritual support, please discuss with your doctor/clinician.

Queensland Health recognises that Aboriginal and Torres Strait Islander patients will experience the best clinical care when their culture is included during shared decision-making.



Please ask the doctor/clinician if you do not understand any aspect of this patient information sheet or if you have any questions about your/the patient's medical condition, treatment options and proposed procedure/treatment/investigation/ examination.



8. Contact us

In an emergency, call Triple Zero (000).

If it is not an emergency, but you have concerns, contact 13 HEALTH (13 43 25 84), 24 hours a day, 7 days a week.

Rectal prolapse repair – abdominal patient information