#### Evaluating the Quality of Laparoscopic Cholecystectomy Consenting in a UK DGH William Shen<sup>1</sup>, Adeeb Rehman<sup>2</sup>, Caitlin Anderton<sup>1</sup>, Ashutosh Tandon<sup>1</sup> <sup>1</sup>General Surgical Department, Warrington Hospital, Warrington, United Kingdom <sup>2</sup>General Surgical Department, Royal Liverpool University Hospital, Liverpool, United Kingdom

Corresponding author: willshen1997@gmail.com

## Background

**NHS Foundation Trust** 

Gallstones are extremely common in the UK, with a prevalence of 15% in adults. 61,220 laparoscopic cholecystectomies are performed every year. Although generally safe, there are potentially devastating complications. Informed consent is paramount to ensure that patients understand the procedure and risks involved.

# Aims

This primary aim of this study examines whether all major risk factors for laparoscopic cholecystectomy are explained to patients during consenting. Secondary aims assessed whether patients were given EIDO leaflets explaining the procedure, the grade of clinician consenting and whether any complications which did occur were consented for.

### **Methods**

A retrospective study examining all patients receiving laparoscopic cholecystectomy between September and November 2022 at Warrington Hospital. Major risk factors assessed are those listed on the NHS laparoscopic cholecystectomy website. Full data for 22 patients used for analysis.

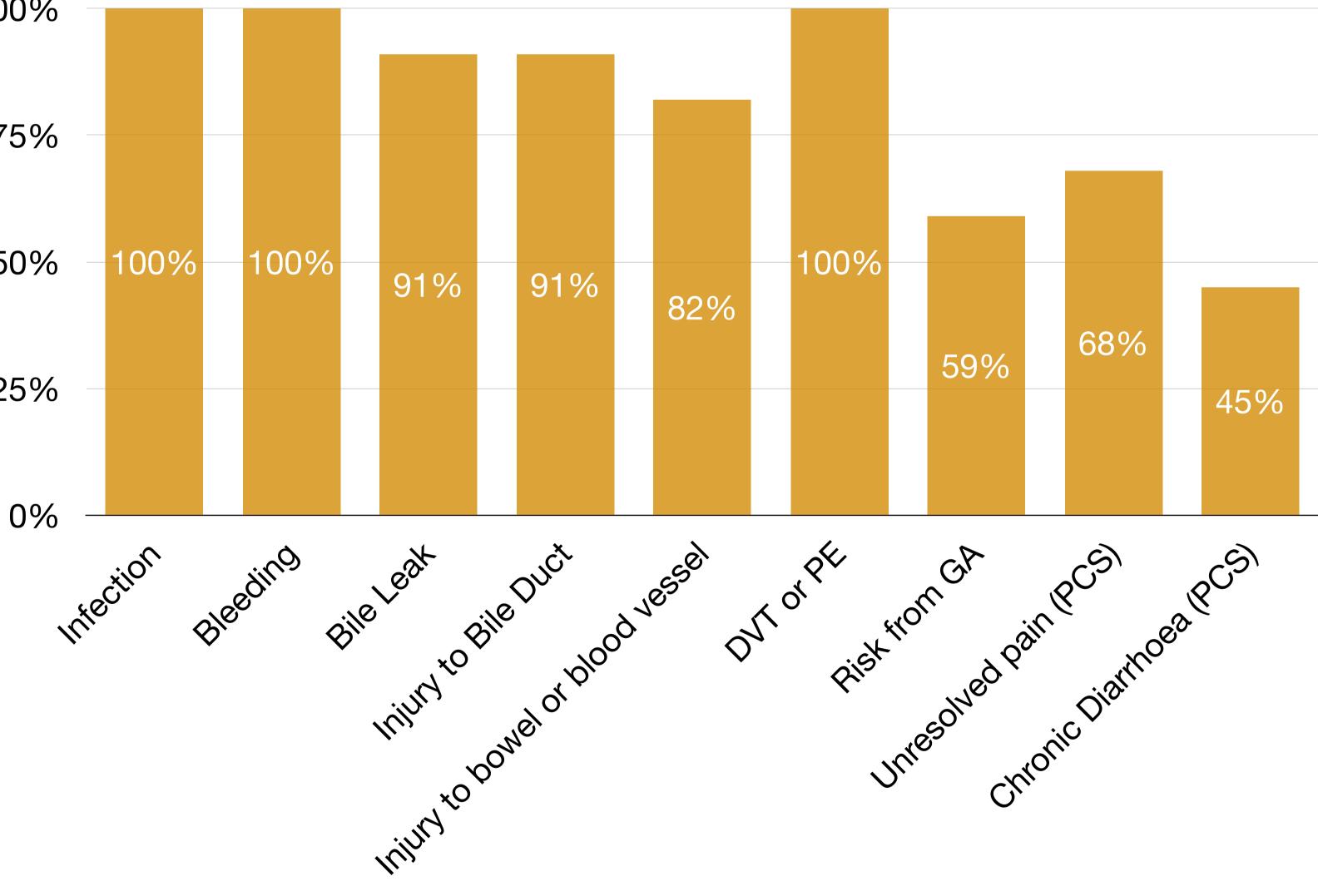
#### **Results**

The majority of major risk factors were well

Figure 1 - The proportion of major risk factors explained during

explained during consenting (figure 1), however, post cholecystectomy syndromes  $^{100\%}$ (PCS): unresolved pain and chronic diarrhoea  $_{75\%}$ were only explained in 68% and 45% of patients respectively. Likewise, risks from GA  $_{50\%}$ (general anaesthetic) were only explained for 59% of patients.  $^{25\%}$ 

Only 45% of patients received an EIDO leaflet prior to surgery. Similarly, 50% of patients who suffered a relevant post operative complication had theirs explained during consenting. 45% of consenting was obtained by consultants. consenting



### Conclusions

Consenting for laparoscopic cholecystectomy remains inconsistent. Informed choice is vital in improving patient care and reducing dissatisfaction when complications occur. We have started using a standardised sticker listing all major risk factors. Likewise, procedure specific consent forms and electronic consenting will also provide a standardised consenting process. This will help ease the consenting process for the clinician while ensuring that all relevant information is supplied to the patient.