

**TITLE**

**Prophylactic Mesh Placement Reduces  
the Incidence of Incisional Hernia in  
HBP Surgery.**

# INFORMED CONSENT FOR OPEN HEPATOBILIARY SURGERY AND PLACEMENT OF PROPHYLACTIC MESH IN ABDOMINAL WALL. CICAT PROTOCOL ON THE PREVENTION OF INCISIONAL HERNIA IN SUBCOSTAL LAPAROTOMY

## IDENTIFICATION DATA

Patient's name and surname:

....., History No.: .....

Name and surname of the representative (if applicable):

.....

## REQUEST FOR INFORMATION

I wish to be informed about my illness and the procedure that will be performed on me:

Yes

Yes

I want information about my illness and intervention to be provided to:

.....

## DESCRIPTION OF THE PROCEDURE

The surgeon has explained to me that, using this technique, I will have an exploration of the bile duct to confirm the level and cause of the obstruction and removal of the gallbladder if it has not been done previously. Depending on the cause and location, a cleaning, removal or drainage of the bile duct will be performed. In some cases, surgery on the liver, duodenum or pancreas may be associated. If the bile duct has to be removed, it will be reconstructed with the interposition of a segment of small intestine. These procedures involve in some cases the performance of anastomosis and the placement of drains. It is possible that during the surgery modifications of the procedure may have to be made due to the intraoperative findings, to provide me with the most appropriate treatment.

The procedure requires anesthesia whose risks will be informed by the anesthesiologist, and it is possible that during or after the intervention the use of blood and/or blood products may be necessary.

Prophylactic mesh will be placed under the muscle, to avoid the high incidence of incisional hernia.

Part of the fabrics obtained for scientific purposes may be used, in no case commercially, unless I state otherwise.

The performance of my procedure may be filmed for scientific or didactic purposes, unless I state otherwise.

## BENEFITS OF THE PROCEDURE

The surgeon has informed me that, through this procedure,  
It is intended to resolve the hepatobiliary pathology that I present

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## ALTERNATIVES TO THE PROCEDURE

Sometimes endoscopic or transhappic endoscopy can be used to remove stones, place prostheses or dilate the bile duct, but in this case we think that the best therapeutic alternative is surgery.....

.....

.....

#### GENERAL AND PROCEDURE-SPECIFIC RISKS

I understand that, despite the appropriate choice of technique and its correct performance, undesirable effects may occur, both the common ones derived from any intervention and which can affect all organs and systems and

others specific to the procedure, which may be:

Rare and common risks: Infection or bleeding from the surgical wound, acute urine retention, phlebitis, bowel rhythm disorders. Long-term pain at the surgery site.

Rare and serious risks: Laparotomy dehiscence (wound opening). Biliary fistula that in most cases resolves with medical treatment (medications, serums, etc.), but sometimes requires other treatments

tests (ERCP and/or bile drainage). Bleeding or intra-abdominal infection. Bowel obstruction. Narrowing of the bile duct. Cholangitis (infection of the bile ducts). Reproduction of the disease. These complications usually resolve with medical treatment (medications, serums, etc.), but may require reoperation, usually urgently, and exceptionally death may occur.

#### CUSTOM RISKS AND OTHER CIRCUMSTANCES:

.....

.....

#### CONSEQUENCES OF SURGERY

The gallbladder will usually be removed unless it has been done beforehand. If the bile duct is removed, anastomosis and drains will have to be placed.....

.....

.....

#### DO YOU WANT TO MAKE A MANIFESTATION IN RELATION TO THE INTERVENTION?:

.....

.....

#### Declarations and signatures:

D./Mrs: .....  
with ID: .....

• DECLARE: That I have been informed in advance and satisfactorily by the doctor of the procedure

(OPEN HEPATOBILIARY SURGERY)

that is going to be performed on me as well as its risks and complications.

• That I know and assume the risks and/or sequelae that may be produced by the surgical act itself, due to the location of the lesion or complications of the intervention, despite the fact that doctors put all the means at their disposal.

• That I have read and understood this writing. I am satisfied with the information received, I have asked all the questions I thought appropriate and all the doubts raised have been clarified.

• That I have been informed of the possibility of using the procedure in a teaching or research project without it entailing additional risk to my health.

- I also understand that, at any time and without the need to give any explanation, I can revoke the consent I am now giving, just by notifying the medical team.

Signature of the reporting physician

Patient's signature

Dr/a: .....

D./Mrs: .....

Collegiate No. ....

Date

:

.....

D./Mrs: .....,

with ID: .....

as a ..... because of ..... I

consent to the proposed procedure.

Signature of the representative

Date: .....

Revocation of consent:

D./Mrs: .....,

with ID: .....

I REVOKE consent previously

given for the realization of this procedure

edification of my own free will, and I assume

the consequences derived from this in the evolution of the disease that I suffer from/that the patient suffers.

Patient's signature

Signature of the representative

Date .....