AB141. SOH21AS075. Consent quality for emergency laparotomy at a district general hospital

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Background: Emergency laparotomy is a major operation for life-threatening acute abdominal pathologies. It can be associated with significant morbidity and mortality. General Medical Council guidelines state that all serious risks with incidence >1% should be discussed with patients during informed consent provided they have capacity. This study aims to assess the discussion of morbidity and mortality in the current consenting process for emergency laparotomy.

Methods: Prospective review of all consent forms for emergency laparotomy between May and September 2020. Data on morbidity and mortality risk documentation, as well as seniority of the consenting surgeon was collected.

Results: Total of 21 consent forms were assessed. All patients had capacity for consent. All consent forms were completed by registrars, and none by consultants. Bleeding and wound infection were documented in 100% of consent forms, pulmonary embolism and deep vein thrombosis was mentioned in 91% and 81% respectively. Damage to relevant surrounding structures was documented in 91%, incisional hernias in 57%, and chest or cardiac complications in 33%. Mortality risk was documented in 48% of consent forms. These patients had higher median p-possum scores (10.4% vs. 6.9%, P=0.048), were older (median age 75.2% vs. 62.5%, P=0.041), and have higher proportion of patients with ≥3 co-morbidities (34.2% vs. 13.8%, P=0.033).

Conclusions: Documentation of morbidity and mortality is variable when consenting for emergency laparotomies. This may increase the risks of breaches in consent guidance and subsequent complaints and litigation. Documentation of informed consent can be improved through use of consent form proformas, with constant efforts to enhance compliance.

Keywords: Informed consent; emergency laparotomy; morbidity; mortality; documentation

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Footnote

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Ethical Statement: The author is accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

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