How do patient demographics and clinical factors affect the quality of consent in patients undergoing cholecystectomy?

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Background

With 70,000 cholecystectomies in England a year, laparoscopic cholecystectomy (LC) is the most frequently performed laparoscopic procedure by general surgeons. Subtotal cholecystectomy (STC) is considered an alternative procedure in 'difficult gallbladders' but is associated with significantly increased morbidity, secondary interventions, extended hospitalisations but often not disclosed to patients as an option in the consenting process. We aimed to determine the quality of informed consent for patients who underwent STC and the factors affecting its completeness.

Methods

The study included the analysis of 174 informed consent forms. A total of 57 components of information were identified and classified accordingly. Percentage proportions were calculated to demonstrate the degree of completeness of consenting. Binary regression was utilised for subgroup analysis to determine whether age, sex, ASA grade, surgery setting (emergency/elective), operation mode (open/laparoscopic), and the responsible surgeon impacted on the quality of consenting.

Results

Amongst 17 surgeons, the overall completeness of consenting was 27.6%. Patients undergoing emergency surgery were more likely than elective patients to be warned of perioperative complications such as cardiac disorders (46.6% versus 25.9%, p=0.038), fluid collection (46.6% versus 25.9%, p=0.010), and bile spillage (8.6% versus 1.7%, p=0.049). ASA 2–3 patients were more likely to be counselled about the occurrence of pulmonary embolism (87.2% versus 68.1%, p=0.024). Patients were more likely to receive a patient information leaflet if they were under 60 (OR 3.98, 95%CI: 1.13–8.93, p=0.03), females (OR 3.18, 95%CI: 1.13–8.93, p=0.03) or undergoing laparoscopic operation (OR 10.58, 95%CI: 3.03–36.9, p<0.001). 165 patients receiving STC (94.8%) were not notified about the possibility of STC as an alternative surgical management to LC.

Conclusion

The suboptimal quality of consent highlighted by this study emphasise the need for a more transparent and detailed consenting process that is not influenced by patient factors, clinical setting, and operation mode.

References:

1. Lidsky ME, Speicher PJ, Ezekian B, Holt EW, Nussbaum DP, Castleberry AW, et al. Subtotal cholecystectomy for the hostile gallbladder: failure to control the cystic duct results in significant morbidity, HPB, 2017; 19: 547–556.

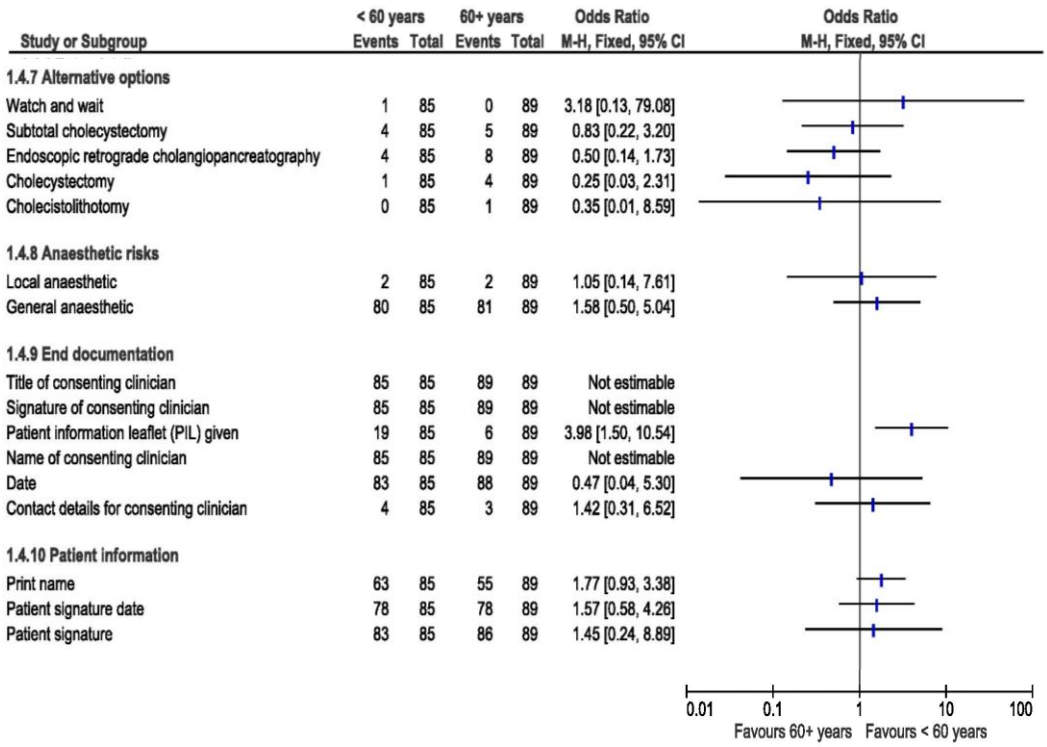


Figure 1. Forest plot demonstrating the effect of age on the quality of consent.

Biography



Proactive, enthusiastic and reliable core surgical trainee, with a particular interest in trauma and global health. I am hoping to undertake general surgery. I have a strong background in education, research and quality improvement in a variety of medical disciplines and have shown that I can manage my time effectively to continue these interests alongside my clinical commitments.