202 Consenting Practice for Post-Cholecystectomy Diarrhoea After Laparoscopic Cholecystectomy – Are We Missing A Trick?

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Aim: The landmark case of Montgomery v Lanarkshire Health Board led to the defensive Bolam test being discredited and paved the way healthcare professionals (HCP) obtain informed consent. The recent GMC guidance on Decision Making and Consent 2020, states that the HCP should discuss recognised risks that they believe anyone in the patient's position would want to know. Laparoscopic cholecystectomy is one of the most common general surgical procedures performed in the UK. Chronic diarrhoea is a well-recognised complication with significant impact on patient quality of life (QoL). We aimed to assess quality of consent forms for laparoscopic cholecystectomies with emphasis on documentation of chronic diarrhoea being a consequence of the procedure.

Method: A retrospective review of all elective laparoscopic cholecystectomy consent forms over a 2-month consecutive period from July 1st 2020 to August 31st 2020 was carried out.

Results: 43 consent forms were audited. The majority of these consent forms were done by consultants (74.4%: 32/43) while 23.2% (10/43) by registrars. Overall, 39.5% (17/43) of patients were consented for experiencing chronic diarrhoea. Registrars more commonly mentioned diarrhoea (60%: 6/10) compared to consultants (31.2%: 10/32).

Conclusions: The majority of patients undergoing laparoscopic cholecystectomy are not consented for post-cholecystectomy diarrhoea which is a significant QoL-altering complication. Education combined with a standardised consent form and issuing of patient leaflets will improve consenting for chronic diarrhoea.