CONSENT FOR I & D PERIANAL ABSCESS

MODULE: GENERAL SURGERY

TARGET: CT1 – ST4

BACKGROUND:

Junior surgical trainees are often expected to take consent for procedures in theatre - it is seldom that a senior watches and listens to their consent taking nor provides feedback on the process. Taking consent is fraught with communication difficulties as the patient may have questions that the junior surgeon is unable to answer, additionally the trainee must discuss the risks of the procedure, providing accurate information to guide informed patient choice without causing undue anxiety to the patient.

RELEVANT AREAS OF THE CURRICULUM

Module 4: The assessment and management of the surgical patient

Case workup and evaluation; risk management
Taking consent for intermediate level intervention; emergency and elective
Written clinical communication skills
Interactive clinical communication skills: patients

Module 5: Perioperative care

To assess and manage perioperative risk
INFORMATION FOR FACULTY

This scenario is about information giving and taking informed consent from a patient. The trainees will be instructed that they do not need to examine the patient.

LEARNING OBJECTIVES

- Learners will discuss management strategies of a possible peri-anal fistula
- Learners will experience taking consent for incision and drainage of a peri-anal abscess
- Learners will discuss 'best practice' with regard to taking consent from patients

SCENE SETTING

Location: Day Surgery Unit

Expected duration of scenario: 15 mins  
Expected duration of debriefing: 15 mins

EQUIPMENT AND CONSUMABLES

Two chairs  
Patient notes  
Patient ID wrist bracelet and allergy band  
Consent form  
Hospital gown  
TED stockings

PERSONNEL-IN-SCENARIO

Patient/Actor (e.g. The Harry Partnership ~£250)

PARTICIPANT BRIEFING

Mr. Fleming was seen in A&E yesterday with an abscess adjacent to his anus. The doctor spoke to the on-call surgical team who asked for the patient to come up to the Day Surgery Unit at 7.30am the next morning starved and ready for an operation. The Registrar has already seen the patient and examined him but has asked you to explain the procedure to him and to do the consent form.

FACULTY BRIEFING

When making up this patient's notes it is important that it is documented that the patient has had a previous peri-anal abscess at the same position that has been previously incised and drained.

It is also important there is an entry by the surgical registrar dated that morning with a diagram indicating the presence of a possible external fistula opening as well as the concurrent abscess.
Mr. Brian Fleming 02/11/56 – is 56 years old. He is married to Doreen Fleming. He is being seen in the Adult Day Surgery Unit – it is 8am and he is being prepared for an operation that morning.

The last 2 days he has had anal pain and then in the last day noticed a swelling at the left side of the anus. It has discharged a small amount of smelly pus but the lump has not gone away. He saw the GP yesterday who started antibiotics – Augmentin. Because the pain was increasing Brian was worried and went to A and E and was seen by and A and E doctor who thought that the abscess needed surgical drainage. The A and E doctor discussed with the surgical team yesterday who instructed Brian to go home and come back today at 7.30am starved for Incision and Drainage under general anaesthetic in theatres.

Brian has had one abscess next to the anus before. This was 6 months ago and it was incised and drained under general anaesthetic. The spot never completely healed up but wasn’t painful and didn’t bother him.

Brian has now come to the ADSU (Adult Day Surgery Unit) as instructed, he has not had anything to eat or drink since 2am – as instructed. The surgical registrar saw him very briefly 15 minutes ago and inspected the abscess and confirmed that it needed incision and drainage. She said that she would send back a colleague to do the paperwork and the consent form.

In the past he has had an ankle fracture and had an operation to fix it. He had no problems with anaesthetic. He is completely fit and well on no medications.

He is allergic to shell-fish and iodine.

The trainee is instructed to take consent for this procedure. They will likely explain that Brian Fleming will need examination under anaesthetic of the anus and then a cut to allow the pus to escape.

The trainee may mention a fistula – this may be why the previous abscess did not heal up completely.
The trainee may mention a seton – this is a stitch that may be needed if during the operation a fistula is found.

Brian Fleming has some questions (2 or 3) but is agreeable and compliant and is happy to sign the form. Please try to ask appropriate questions responsive to what the trainee has explained – feel free to add anything else that comes to mind. For example if they start talking about a fistula or seton and you do not know what that means – then ask them to explain what it is.

Possible questions for the trainee:

How long will this take to heal up?
How long do I need to be off work?
Why did the previous abscess not heal up completely?
Will I be able to open my bowels normally?
Is there any chance of being made incontinent by this procedure?
Will I need any further surgery?
Do I need more antibiotics?
EXAMPLE OF SIMULATION SET UP
DEBRIEFING

Debriefing should be led by an external observer surgeon faculty

Use the patient (actor) to give feedback upon communication skills

POINTS FOR FURTHER DISCUSSION

Trainee should check patient identity verbally with patient and against identity band - with multiple turnover of patients in a high volume unit such as ADSU it is easy to mix patients up.

Trainees should note iodine allergy on wrist band - note not to use betadine in theatres

Discuss rationale for seton
  - How might the surgeon explain to a patient what a fistula and seton is

Discuss with learner when and why you may not choose to lay any fistula tract open in the acute setting

Empathy - the patient may be sitting uncomfortably

Ability to answer questions

DEBRIEFING RESOURCES

GMC document on Taking Consent
  http://www.gmc-uk.org/static/documents/content/Consent__English_0911.pdf

See Informed Consent for Elective Surgery in Journal of Royal Society of Medicine
Surgery > Immersive Scenario 8

SURGERY > IMMERSIVE SCENARIO 8 > CONSENT FOR I&D

INFORMATION FOR PARTICIPANTS

Informed consent is a patient’s right to be presented with sufficient information, by either the physician or their representative, to allow the patient to make an informed decision regarding whether or not to consent to a treatment or procedure. Patients generally are recognized as having the right to refuse medical care for any reason. Their reasons may include religious grounds as well as any other personal grounds they choose, even if you as physician consider their grounds to be frivolous or in poor judgment.

In order for the patient to be presented with sufficient information to make an informed decision, several elements must be included. These include discussion of the following:

1. Diagnosis
2. Purpose of proposed treatment / procedure
3. Possible risks and benefits of proposed treatment / procedure
4. Possible alternatives to proposed treatment / procedure
5. Possible risks of not receiving treatment / procedure

Before starting the consent process it is wise to check the patient’s details. Summarise the history with the patient to ensure that you as the consenting doctor believe that this is the correct cause of action. Ensure that all relevant test results are in the notes.

Provide the patient with a contact number in case they have any further questions.

PARTICIPANT REFLECTION

What have you learned from this experience? (Please try and list 3 things)

How will your practice now change?

What other actions will you now take to meet any identified learning needs?
PARTICIPANT FEEDBACK

Date of training session:.....................................................................................................................

Learner Grade:....................................................................................................................................

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<tr>
<th></th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neither agree nor disagree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
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<tbody>
<tr>
<td>I found this scenario useful</td>
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<tr>
<td>I understand more about the scenario subject</td>
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<td>I have more confidence to deal with this scenario</td>
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<td>The material covered was relevant to me</td>
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How could this scenario be improved for future participants? This is especially important if you have ticked anything in the disagree/strongly disagree box.

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FACULTY DEBRIEF – TO BE COMPLETED BY FACULTY TEAM

What went particularly well during this scenario?

What did not go well, or as well as planned?

Why didn’t it go well?

How could the scenario be improved for future participants?