

# IMPROVING CONSENTING FOR LAPAROSCOPIC SURGERY DURING THE COVID-19 PANDEMIC

B. Oyewole, A. Patel, A. Elzaafarany, A. Gordon, A. Belgaumkar

## Background

Patients undergoing surgery during the Covid pandemic are exposed to increased risks of pulmonary complications and mortality.

These novel risks need to be documented on the consent form.

We carried out various interventions to ensure appropriate consenting and documentation following an initial audit that revealed poor compliance with published guidelines

## Methods

The initial audit reviewed consent forms of patients undergoing emergency laparoscopic surgery over two-weeks in May 2020 while the re-audit was over a two-week period in June 2020 following implementation of interventions.

Inclusion Criteria: Age >18-years, urgent or emergency laparoscopic surgery.

Exclusion criteria: Age <18-years, Open surgery, 'Covid-light' areas, NELA.

## Results

Consent	Pre intervention (%)	Post intervention (%)
COVID Pneumonia	60	94
Potential ITU admission	20	63
Mortality	7	69

*A total of 31 consent forms were assessed during the audit loop;*

*18 laparoscopic appendicectomies,  
8 laparoscopic cholecystectomies,  
4 diagnostic laparoscopies,  
1 laparoscopic hernia repair.*

## Conclusions

The covid pandemic changed our surgical practice.

There are many unknowns regarding the risks to surgical patients, however, evidence shows increased risks of covid pneumonia, ITU admission and death in the perioperative period.

Our consenting and the documentation of such conversations with patients must reflect our new reality.

## Key Statement

Interventions by medical education, critical analysis of published articles at surgical journal clubs and meetings, covid information booklets for surgical patients and relevant posters can help increase compliance in the discussion and documentation of covid related risks as required by national guidelines.