



## What to expect in an Informed Consent Form: Pyloromyotomy

*Patient and family information, brought to you by the Education Committee of APSA*

What is an “Informed Consent”?

This is a document that is designed by a hospital to guide the conversation between a surgeon and their patient (or their patient’s guardian or parent, as with children less than 18yrs old). This document ensures that you and the surgeon have talked about the important facts, including risks of surgery. While hernia operations are some of the most common operations that surgeons do and are generally very safe, this document ensures that you have had the opportunity to discuss the details of surgery and all your questions have been answered. Informed consent must be completed before surgery can happen.

Here are the items that are generally covered in operation consent forms. There may be some minor differences specific to each hospital.

1. Who is doing what:
  - a. Patient name
  - b. Operation to be performed: “open pyloromyotomy” or “laparoscopic pyloromyotomy”
  - c. Side of the operation: “not applicable”
  - d. Diagnosis: “hypertrophic pyloric stenosis”
  - e. Surgeon’s name
  - f. If your surgeon works in a teaching hospital, trainees (doctors in training for surgery, nurses in training) might also participate in the operation or be present during the operation as part of their education. Your surgeon still supervises the operation and is present at all times. If you have questions about the role of education and trainees at your hospital, ask your surgeon to explain this to you.
2. If something different is found during surgery:
  - a. If your surgeon finds something unforeseen or unexpected during surgery, they will do what is best for your child according to their professional judgement. For example, if they find that something else is causing your child’s vomiting, they would not perform a pyloromyotomy. Instead, they would safely fix that problem. The surgeon would then discuss this with you as soon as possible.
3. Risks of surgery
  - a. Skin scar where the incision(s) is/are made
  - b. Bleeding
  - c. Wound infection: The skin may get infected around the incisions. Antibiotics are given before surgery to minimize this risk.

- d. Incisional hernia: The incision(s) are closed with stitches or skin glue depending on the incision size and surgeon's preference. Despite this, a hernia can develop if tissue or organs from inside the abdomen bulge out at the incision site. If this happens, another surgery would be needed to repair it.
  - e. Perforation: The cut in the pylorus (muscle ring at the exit of the stomach) should only go through the outer muscle layers. If it goes through the whole intestinal wall, there will be a hole, or perforation. If the hole is not closed, the leakage of stomach contents through this hole can make your child very sick. Your surgeon will check for a perforation during the surgery and fix it if found.
  - f. Incomplete myotomy: This happens when the cut to open the muscle is not deep or long enough. In this case, your child might keep vomiting and require a second operation to finish the myotomy.
  - g. Recurrence: In very rare cases (less than 1 in 1000), pyloric stenosis will happen again even after a successful surgery.
4. Alternatives:
- a. Pyloric stenosis can go away on its own, but this process takes weeks to months. A baby would require fluids and calories intravenously in the hospital during this time. Some studies have shown that a medication called atropine can help decrease the vomiting, but this also takes several weeks and doesn't always work. Surgery is the standard of care.
5. Tissue or specimen removal:
- a. No tissue is removed during a pyloromyotomy. If your surgeon finds something unexpected (see #2 above) and some tissue needs to be removed, it will be handled according to the hospital's policies. It might be evaluated by the pathologists, disposed of, or kept for teaching purposes. In the last case, your child's identity would not be revealed.
6. Pictures or photography:
- a. If photographs are taken during surgery for the purpose of advancing medical knowledge, they can be used for scientific purposes. Your child's identity would not be revealed.
7. Blood transfusion:
- a. If a blood transfusion is needed to save your child's life or prevent harm to your child, blood may be given before, during or after surgery. This is very unlikely to happen during a pyloromyotomy, but this is often a standard part of the informed consent form.
8. Anesthesia:
- a. There may be a section describing the anesthesia that will be given during surgery. You will meet your child's anesthesiologist before surgery and they will explain how your child will be kept safely asleep during surgery.
9. Signatures and a witness:
- a. When you and your surgeon have finished discussing all these details and any questions you may have, you sign the informed consent form. Depending on the hospital's policies, it may also be signed by a witness, like a nurse, and/or your surgeon.