Surgeon Attitudes on Consent Discussion for Laparoscopic Cholecystectomy and Video Recorded Consents: A Multicenter Survey

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Introduction

Consent for Laparoscopic Cholecystectomy

- Occurs everyday
- Limited consensus between providers on what 'informed consent' entails

Survey Aims

To capture surgeon attitudes regarding:

1. Content of consent discussion
2. Comfort level with video recording consent discussions
3. Impact of common bile duct injury

Methods

Data Collection & Study Population

- Survey of practicing surgeons regularly performing laparoscopic cholecystectomies assessing importance & frequency of consent elements using 5-pt Likert scale
- Distributed via SAGES on X (Twitter) and at Washington-U (St. Louis); UCSF; UTSW; Mayo-Florida; Mayo-Rochester; MedStar; Indiana Health; Buffalo

Analysis Methods

- χ^2 and Fisher's exact testing performed
- Rapid thematic analysis performed on open-ended responses.

Results

Study Population:

- 87 surgeons; 35% are SAGES members
- 31% report a prior common bile duct (CBD) injury; 14% had subsequent legal proceedings
- 60% are comfortable video recording their consent discussion with patients for later review

Analysis: Assigned Importance of Discussing Different Consent Elements:

Median Assigned Importance	Consent Elements
Not Important	Additional Port Placement
Moderately Unimportant	Pneumonia, DVT/PE, Stroke, MI, Out of Pocket Expense
Neutral	Hepaticojejunostomy, Drain Placement, Chronic Pain, Incisional Hernia, Hematoma, Death
Moderately Important	Bleeding Requiring Transfusion, Subtotal Cholecystectomy, Bowel Injury, Post-op Hospital Stay, ERCP, Skin Infection, Abdominal Infection, No Symptom Relief, Post Cholecystectomy Syndrome, Impact of Comorbidities
Very Important	Conversion to Open, Bile Leak, CBD Injury, Impact of Prior Abdominal Surgery

The Impact of a prior CBD injury:

- Surgeons with CBD injury assigned increased importance to and more frequently discussed additional risks compared to Surgeons without a CBD Injury
  - Including the potential for bowel injury, postoperative chronic pain, hematoma development and need for additional port placement during surgery ($p<0.05$)
- 71% of respondents with CBD injury were comfortable with video recording their consent discussions with patients compared to 52% of surgeons without a CBD injury ($p=0.082$)

Discussion

- The most important elements to discuss included: Conversion to open; CBD injury; bile leak and the impact of prior abdominal
- Prior CBD injury was associated with greater frequency and perceived importance of discussing additional risks
- Majority of surgeons (60%) are comfortable with video recording their consent process with a patient, including those with prior CBD injury

Conclusion

- Further consensus development around the most crucial elements of the informed consent process will contribute to greater clarity, consistency, and transparency for the benefit of patients and surgeons alike

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