Aim: To assess consent forms in the new urgent laparoscopic cholecystectomy theatre (ESAC) list in the University Hospital of Wales. With procedure-specific consent forms becoming more regularly utilised, we assess the need for them in our Trust.

Method: We prospectively assessed the consent forms of the first 20 patients who were enrolled in ESAC. We measured the complications list against national standards to assess completeness, including any use of abbreviations and the overall legibility. To complete our assessment and for posterity, we called each patient and gave them an official questionnaire to ensure their understanding before, during and after surgery.

Results: We found that of the complications included in the ESAC consent forms, there was a high degree of variability. For example, 75% contained 'bile leak' and 55% 'post-cholecystectomy syndrome'; both named examples in national guidelines. Additionally, while the vast majority were legible, 50% of the consent forms utilised abbreviations in their written sections. Lastly, patient understanding surrounding the details of the operation was sound, with the majority correctly identifying their surgery, what it entailed and what they were expected to do post-operatively. However, just over half were able to provide a moderately detailed list of the associated complications that may have occurred.
Conclusions: That the trust would benefit from a procedure-specific consent form (PSCF) to provide exhaustive information on procedure details, complications, and their rates, as well as mortality rates. Additionally, this would eliminate issues of legibility and usage of abbreviations. We anticipate that it will also improve patient understanding.