Patient information and consent to open inguinal hernia surgery

Key messages for patients

- Please read your admission letter carefully. It is important to follow the instructions we give you about not eating or drinking or we may have to postpone or cancel your operation.

- Please read this information carefully, you and your health professional will sign it to document your consent.

- It is important that you bring the consent form with you when you are admitted for surgery. You will have an opportunity to ask any questions from the surgeon or anaesthetist when you are admitted. You may sign the consent form either before you come or when you are admitted.

- Please bring with you all of your medications and its packaging (including inhalers, injections, creams, eye drops, patches, insulin and herbal remedies), a current repeat prescription from your GP, any cards about your treatment and any information that you have been given relevant to your care in hospital, such as x rays or test results.

- Simple painkillers such as paracetamol and ibuprofen may be required after surgery. Simple bowel medication such as senna and lactulose may be required after surgery. It is suggested that you discuss with your pharmacist and have a seven day supply of these medications at home to take as you need according to the instructions.

- Take your medications as normal on the day of the procedure unless you have been specifically told not to take a drug or drugs before or on the day by a member of your medical team. If you have diabetes please ask for specific individual advice to be given on your medication at your pre-operative assessment appointment.

- For any urgent medical concerns please contact the nurse specialist during working hours on 01223 596383 or through the hospital contact centre on 01223 245151 and ask for pager 154-348. During evenings or weekends please call Upper GI Enhanced recovery unit (ward M4) via contact centre.

- After the procedure we will file the consent form in your medical notes and you may take this information leaflet home with you.

Important things you need to know

Patient choice is an important part of your care. You have the right to change your mind at any time, even after you have given consent and the procedure has started (as long as it is safe and practical to do so). If you are having an anaesthetic you will have the opportunity to discuss this with the anaesthetist, unless the urgency of your treatment prevents this.

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We will also only carry out the procedure on your consent form unless, in the opinion of the health professional responsible for your care, a further procedure is needed in order to save your life or prevent serious harm to your health. However, there may be procedures you do not wish us to carry out and these can be recorded on the consent form. We are unable to guarantee that a particular person will perform the procedure. However the person undertaking the procedure will have the relevant experience.

All information we hold about you is stored according to the Data Protection Act 1998.

About open inguinal hernia surgery

Your surgeon has recommended that you undergo an operation to repair your inguinal hernia. This leaflet has been designed to provide you with information about the nature of the surgery, what to expect in the recovery period and the potential risks. It is produced in a question and answer format. If you are unsure about anything contained in it please ask one of the medical or nursing staff.

What is an inguinal hernia?

An inguinal hernia is an abnormal protrusion through the abdominal wall into the groin. The protrusion contains a cavity (the hernial sac) which can be empty or it can fill with abdominal contents such as bowel. Typically hernias are more obvious when standing or straining (such as coughing, heavy lifting and digging) as this forces bowel into the sac. Hernias usually develop over time for no obvious reason, although in some people there may be an inborn weakness in the abdominal wall. Occasionally a strenuous activity will cause a lump to appear suddenly. They may occur at any age and are more common in men than women.

Hernias may simply present as a painless bulge that enlarges with standing or coughing. Commonly though they cause an acheing discomfort or a dragging sensation. Occasionally a piece of bowel or fat can get stuck and twisted within the hernia. This is very painful and can lead to a strangulated hernia which is a life-threatening emergency. It is generally recommended, therefore, that hernias be repaired to prevent such complications arising and also help with the symptoms.

Intended benefits

To repair your hernia. This should reduce discomfort and prevent the hernia from bulging. It should also prevent the hernia from enlarging over time.

Hernias very rarely “strangulate”. This is when the hernia comes out and gets stuck. In this situation an emergency operation is required. If your hernia has been repaired it cannot strangulate, therefore this complication is prevented by repairing your hernia electively.
Who will perform my operation?

This operation will be performed by a suitably qualified and experienced surgeon or a trainee surgeon under the direct supervision of a suitably qualified and experienced surgeon.

Before your operation

Most patients attend a pre-admission clinic where we will ask for details of your medical history and carry out any necessary clinical examinations and investigations. Please ask us any questions about the procedure, and feel free to discuss any concerns you might have at any time.

We will ask if you take any tablets or use any other types of medication either prescribed by a doctor or bought over the counter in a pharmacy. Please bring all your medications and any packaging (if available) with you. Please tell us if you have any allergies or if you are allergic to any medications or dressings. Please tell the ward staff about all of the medicines you use. If you wish to take your medication yourself (self-medicate), please ask your nurse. Pharmacists visit the wards regularly and can help with any medicine queries.

This procedure involves the use of anaesthesia. We explain about the different types of anaesthesia or sedation we may use at the end of this leaflet. You will see an anaesthetist before your procedure.

Hernia surgery is usually performed as a day case procedure. Sometimes we will recommend you stay in hospital overnight after your operation. This will be discussed with you when you are seen in clinic.

Hair removal before an operation

For most operations, you do not need to have the hair around the site of the operation removed. However, sometimes the healthcare team need to see or reach your skin and if this is necessary they will use an electric hair clipper with a single-use disposable head, on the day of the surgery. Please do not shave the hair yourself or use a razor to remove hair, as this can increase the risk of infection. Your healthcare team will be happy to discuss this with you.

During the operation

The operation involves an incision in the groin over the hernia, freeing up of the hernia sac and replacing it inside the abdominal cavity. Next, the abdominal muscles in the groin are strengthened with the aid of an artificial mesh which is laid over the weakness and secured with stitches to prevent the hernia returning. The mesh is made of the same material as the stitches. You may not be aware that it is there. The wound is then closed with dissolving stitches under the skin. The dressing is shower-proof and patients have either skin glue applied or steristrips and if you have a dressing we ask you to keep it on for five days after surgery.

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After the operation

Once your surgery is completed you will usually be transferred to the recovery ward where you will be looked after by specially trained nurses, under the direction of your anaesthetist. The nurses will monitor you closely until the effects of any general anaesthetic have adequately worn off and you are conscious. They will monitor your heart rate, blood pressure and oxygen levels too. You may be given oxygen via a facemask, fluids via your drip and appropriate pain relief until you are comfortable enough to return to your ward.

If there is not a bed in the necessary unit on the day of your operation, your operation may be postponed as it is important that you have the correct level of care after major surgery.

Getting about after the procedure. It is safe to perform light duties immediately after the operation, but sensible to avoid heavy work for four to six weeks. However, the only thing to hold you back will be discomfort and, if the wound is not hurting, you can do whatever you like.

Driving: You are not insured to drive unless you are confident that you can brake in an emergency and turn to look backwards for reversing without fear of pain in the wound. This is usually about 7-14 days. If in doubt you should check with your insurers.

Leaving hospital. Usually you can home later the same day. Sometimes it is recommended that you stay in overnight.

Resuming normal activities including work. You should be able to return to office work by two weeks and manual work by about four weeks.

Special measures after the procedure.
Wound: There are no stitches to remove. Shower for the first five days and then you can soak in a bath and peel the plastic dressing off and leave the wound open to the air, if you have glue applied the glue will gradually come off in about two to three weeks and you do not need to remove anything. If the wound becomes red, hot or mucky see your GP immediately in case you have a wound infection and need antibiotics. Alternatively, you can ring the Day Surgery Unit for advice during office hours. Expect some numbness beneath the scar - this may be temporary or permanent. Bruising around the wound or tracking down into the scrotum is sometimes seen - this looks dramatic but is harmless and will settle spontaneously.
**Pain Relief:** Local anaesthetic is usually injected into the wound to minimise pain immediately after surgery and this lasts for four to six hours. You will be given pain killers to take home and should take these regularly for the first few days. As the discomfort subsides you will need less pain relief but you may not be fully comfortable for two to four weeks.

In the period following your operation you should seek medical advice if you notice any of the following problems:

- increasing pain, redness, swelling or discharge  
- severe bleeding  
- difficulty in passing urine  
- high temperature over 38° or chills  
- nausea or vomiting.

**Check-ups and results:**

We do not make routine appointments for follow up after inguinal hernia surgery. However, please do not hesitate to contact us or your GP.

**Does my hernia really need to be repaired?**

Not all hernias need to be repaired. If a hernia is not causing symptoms or enlarging it may not need to be repaired:

- hernias that are not causing symptoms are unlikely to develop serious complications such as strangulation.  
- sometimes people have pain in the groin but no lump. This condition would usually not benefit from a hernia repair.  
- ultrasound scans frequently diagnose hernias that cannot be seen or felt. We would usually be cautious to offer surgery if a hernia has not been seen or felt by you and cannot be identified when your surgeon examines you. This is because a hernia repair in this situation is less likely to make you any better as the pain may be due to another cause.  
- if you have other serious medical problems or are frail, then the risks of repairing the hernia may outweigh the benefits.

Your surgeon will advise you whether he or she recommends surgery. You need to decide whether you wish to go ahead with surgery. This is usually a decision best made in conjunction with your surgeon.

**Significant, unavoidable or frequently occurring risks of this procedure**

Hernia repair is generally a very safe operation with few risks, but can be a complex surgical procedure and complications can occur.
Recognised complications include:

- **Bleeding** – this very rarely occurs after any type of operation. Your pulse and blood pressure are closely monitored after your operation as this is the best way of detecting this potential problem. If bleeding is thought to be happening, you may require a further operation to stop it. This can usually be done through the same scar(s) as your first operation. It is possible that you also may require a blood transfusion.

- **Wound infection** – This affect your scars (‘wound infection’). If the wound becomes red, hot, swollen and painful or if it starts to discharge smelly fluid then it may be infected. Wound infections are very uncommon following laparoscopic (“key hole”) surgery. It is normal for the wounds to be a little sore, red and swollen as this is part of the healing process and the body’s natural reaction to surgery. It is best to consult your doctor if you are concerned. A wound infection can happen after any type operation. Simple wound infections can be easily treated with a short course of antibiotics.

- **Wound haematoma** - Bleeding under the skin can produce a firm swelling of blood clot (haematoma), this may only become apparent several days after the surgery. This may simply disappear gradually or leak out through the wound. Any bruising that occurs tends to be on the lower abdomen and track down into the scrotum and base of the penis in men. This can look rather worrying. Do not be alarmed if this happens to you, it will resolve spontaneously over two to three weeks. A degree of visible bruising occurs in up to 25% of people having this surgery. If this is causing a lot of pain or you are worried, you should see your general practitioner or contact the Upper GI surgical Unit of the numbers listed in this information sheet.

- **Recurrence** – There is no method of hernia repair that can give a 100% guarantee that you will never develop another hernia in the same place after your operation. Fortunately, recurrence after hernia surgery should be rare. The lowest reported risk is with the mesh repair technique we use and is about one to three cases per hundred.

- **Urinary retention** – There is a small risk (5%) that immediately following your operation you will not be able to pass urine. This is usually more likely in men than in women. The reason is that a combination of medications and performing surgery near the bladder can cause muscular spasm of the region and block the outflow of the bladder. Additionally, if you have underlying prostate problems, such as poor stream or you have to frequently get up overnight to pass urine, you may be at increased risk of suffering urinary retention. If you become uncomfortable trying to pass urine after the operation, a catheter needs to be passed into the bladder. This is done under local anaesthetic. Normally, you stay overnight and the catheter is removed the following day after things have settled. Very rarely the catheter may need to stay in for one to two weeks, after which the practice nurse at your GP surgery will remove it for you.

- **Seroma** – An accumulation of fluid adjacent to mesh that is used to repair a hernia is called a seroma. This is actually part of the body’s normal healing response. It may actually feel as if the hernia lump is still there!
If the hernia is large it is expected that a seroma will develop. Fortunately, in itself, a seroma is not serious and most people do not notice it. If a seroma causes discomfort it may need to be drained under local anaesthetic in the X-ray department. This is where a small drain is placed into the fluid and the fluid is removed.

- **Mesh infection** – All artificial materials that are placed into the body carry a risk of becoming infected. This is very rare (estimated 1 in 500 chance). If this were to occur you would notice redness and pain around the hernia site, you may also have a fever and some smelly fluid escaping from the wound.

Often this problem can be treated with powerful antibiotics, although a course of four to six weeks may be required. If the infection does not resolve then the mesh may have to be removed with an operation. This would mean that the hernia may eventually come back and several months or years later it may need to be repaired again.

- **Deep vein thrombosis (DVT) and pulmonary embolus.** All surgery carries varying degrees of risks of thrombosis (clots) in the deep veins of your legs. Keyhole surgery has a lower risk of this, and we also are able to get patients up and about much quicker after these procedures than after conventional ‘open’ procedures. We do, however, give you some injections to ‘thin’ the blood. We also ask you to wear compression stockings on your legs before and after surgery and also use a special device to massage the calves during the surgery.

- **Nerve damage** - Several nerves cross the operative field in hernia surgery. It is usually possible to preserve them but some minor nerve injury, rather like a bruise, is common and usually returns to normal in time. Permanent numbness may sometimes occur.

- **Chronic pain** – Rarely, some patients develop chronic pain after hernia surgery, in the region of surgery. It is not clear why some patients develop this and not others. It may be due to a nerve getting trapped in scar tissue. This pain can be treated with medications or injecting local anaesthetic or anti-inflammatory medications into the area.

- **Damage to testicular blood vessels** - in men inguinal hernias are very close to the spermatic cord which contains the blood supply to the testis. Damage to the blood supply can lead to swelling, pain and later shrinkage of the testis.

- **Testicular damage** - Hernias in men develop very close to where the major structures to and from the testicle lie. These structures include the blood vessels to the testicles (arteries and veins) and the Vas deferens that carries sperm from the testicle. Hernia repair, whether carried out as a keyhole or open procedure is associated with a very small risk of damage to these structures. This can lead to development of pain in the testicle post-operatively or problems with having children in the future.

- **Scarring** – Any surgical procedure that involves making a skin incision carries a risk of scar formation. A scar is the body’s way of healing and sealing the cut. It is highly variable between different people.
All surgical incisions are closed with the utmost care, usually involving several layers of sutures (almost always the sutures are dissolvable and do not have to be removed). The larger an incision the more prominent it will be. Despite our best intentions, there is no guarantee that any incision (even those 1-2 cm long) will not cause a scar that is somewhat unsightly or prominent. Scars are usually most prominent in the first few months following surgery, however, tend to fade in colour and become less noticeable after a year or so.

- **Reaction to surgical material** – There is a very small chance of developing reaction/allergy to surgical material and glue and if you develop redness, itchiness or discharge please let us or your GP know.
- **Other complications** – We have tried to describe the most common and serious complications that may occur following this surgery. It is not possible to detail every possible complication that may occur following any operation. If another complication that you have not been warned about occurs, we will treat it as required and inform you as best we can at the time.

If there is anything that is unclear or risks that you are particularly concerned about, please ask us.

If you experience any concerns requiring **urgent medical advice** please contact:

- Nurse specialist (Monday – Friday 09:00 to 17:00) on 01223 596383 or through the hospital contact centre on 01223 245151 and ask for pager 154-348.
- During evenings or weekends please call Upper GI Enhanced recovery unit (ward M4) via contact centre.

**Alternative procedures that are available**

One alternative is not to have your hernia repaired.

An inguinal hernia can often be repaired via a key hole approach where several small incisions are made in the tummy, rather than a single cut in the groin. Not all hernias are suitable to be repaired using a key hole approach and some medical conditions make key hole surgery more complex. Please discuss this option with your surgeon if you would like a more detailed explanation as to why you have been recommended to have surgery using this technique.

**Information and support**

If you have any questions or anxieties about your procedure, do not hesitate to discuss these with your surgeon, one of the senior trainees.
Anaesthesia

Anaesthesia means ‘loss of sensation’. There are three types of anaesthesia: general, regional and local. The type of anaesthesia chosen by your anaesthetist depends on the nature of your surgery as well as your health and fitness. Sometimes different types of anaesthesia are used together.

Before your operation

Before your operation you will meet an anaesthetist who will discuss with you the most appropriate type of anaesthetic for your operation, and pain relief after your surgery. To inform this decision, he/she will need to know about:

- your general health, including previous and current health problems
- whether you or anyone in your family has had problems with anaesthetics
- any medicines or drugs you use
- whether you smoke
- whether you have had any abnormal reactions to any drugs or have any other allergies
- your teeth, whether you wear dentures, or have caps or crowns.

Your anaesthetist may need to listen to your heart and lungs, ask you to open your mouth and move your neck and will review your test results.

Pre-medication

You may be prescribed a ‘premed’ prior to your operation. This is a drug or combination of drugs which may be used to make you sleepy and relaxed before surgery, provide pain relief, reduce the risk of you being sick, or have effects specific for the procedure that you are going to have or for any medical conditions that you may have. Not all patients will be given a premed or will require one and the anaesthetist will often use drugs in the operating theatre to produce the same effects.

Moving to the operating room or theatre

You will usually change into a gown before your operation and we will take you to the operating suite. When you arrive in the theatre or anaesthetic room and before starting your anaesthesia, the medical team will perform a check of your name, personal details and confirm the operation you are expecting.

Once that is complete, monitoring devices may be attached to you, such as a blood pressure cuff, heart monitor (ECG) and a monitor to check your oxygen levels (a pulse oximeter). An intravenous line (drip) may be inserted. If a regional anaesthetic is going to be performed, this may be performed at this stage. If you are to have a general anaesthetic, you may be asked to breathe oxygen through a face mask.
General anaesthesia

During general anaesthesia you are put into a state of unconsciousness and you will be unaware of anything during the time of your operation. Your anaesthetist achieves this by giving you a combination of drugs.

While you are unconscious and unaware your anaesthetist remains with you at all times. He or she monitors your condition and administers the right amount of anaesthetic drugs to maintain you at the correct level of unconsciousness for the period of the surgery. Your anaesthetist will be monitoring such factors as heart rate, blood pressure, heart rhythm, body temperature and breathing. He or she will also constantly watch your need for fluid or blood replacement.

Regional anaesthesia

Regional anaesthesia includes epidurals, spinals, caudals or local anaesthetic blocks of the nerves to the limbs or other areas of the body. Local anaesthetic is injected near to nerves, numbing the relevant area and possibly making the affected part of the body difficult or impossible to move for a period of time. Regional anaesthesia may be performed as the sole anaesthetic for your operation, with or without sedation, or with a general anaesthetic. Regional anaesthesia may also be used to provide pain relief after your surgery for hours or even days. Your anaesthetist will discuss the procedure, benefits and risks with you and, if you are to have a general anaesthetic as well, whether the regional anaesthesia will be performed before you are given the general anaesthetic.

Local anaesthesia

In local anaesthesia the local anaesthetic drug is injected into the skin and tissues at the site of the operation. The area of numbness will be restricted and some sensation of pressure may be present, but there should be no pain. Local anaesthesia is used for minor operations such as stitching a cut. Usually a local anaesthetic will be given by the doctor doing the operation.

Sedation

Sedation is the use of small amounts of anaesthetic or similar drugs to produce a ‘sleepy-like’ state. Sedation may be used as well as a local or regional anaesthetic. The anaesthesia prevents you from feeling pain, the sedation makes you drowsy. Sedation also makes you physically and mentally relaxed during an investigation or procedure which may be unpleasant or painful (such as an endoscopy) but where your co-operation is needed.

You may remember a little about what happened but often you will remember nothing. Sedation may be used by other professionals as well as anaesthetists.
What will I feel like afterwards?
How you will feel will depend on the type of anaesthetic and operation you have had, how much pain relieving medicine you need and your general health.

Most people will feel fine after their operation. Some people may feel dizzy, sick or have general aches and pains. Others may experience some blurred vision, drowsiness, a sore throat, headache or breathing difficulties.

You may have fewer of these effects after local or regional anaesthesia. When the effects of the anaesthesia wear off you may need pain relieving medicines.

What are the risks of anaesthesia?
In modern anaesthesia, serious problems are uncommon. Risks cannot be removed completely, but modern equipment, training and drugs have made it a much safer procedure in recent years. The risk to you as an individual will depend on whether you have any other illness, personal factors (such as smoking or being overweight) or surgery which is complicated, long or performed in an emergency.

Very common (1 in 10 people) and common side effects (1 in 100 people)
Feeling sick and vomiting after surgery
Sore throat
Dizziness, blurred vision
Headache
Bladder problems
Damage to lips or tongue (usually minor)
Itching
Aches, pains and backache
Pain during injection of drugs
Bruising and soreness
Confusion or memory loss

Uncommon side effects and complications (1 in 1000 people)
Chest infection
Muscle pains
Slow breathing (depressed respiration)
Damage to teeth
An existing medical condition getting worse
Awareness (becoming conscious during your operation)

Rare (1 in 10,000 people) and very rare (1 in 100,000 people) complications
Damage to the eyes
Heart attack or stroke
Serious allergy to drugs
Nerve damage
Death
Equipment failure

Deaths caused by anaesthesia are very rare. There are probably about five deaths for every million anaesthetics in the UK.

For more information about anaesthesia, please visit the Royal College of Anaesthetists’ website: [www.rcoa.ac.uk](http://www.rcoa.ac.uk)
Information about important questions on the consent form

1  Creutzfeldt Jakob Disease (‘CJD’)

We must take special measures with hospital instruments if there is a possibility you have been at risk of CJD or variant CJD disease. We therefore ask all patients undergoing any surgical procedure if they have been told that they are at increased risk of either of these forms of CJD. This helps prevent the spread of CJD to the wider public. A positive answer will not stop your procedure taking place, but enables us to plan your operation to minimise any risk of transmission to other patients.

2  Photography, Audio or Visual Recordings

As a leading teaching hospital we take great pride in our research and staff training. We ask for your permission to use images and recordings for your diagnosis and treatment, they will form part of your medical record. We also ask for your permission to use these images for audit and in training medical and other healthcare staff and UK medical students; you do not have to agree and if you prefer not to, this will not affect the care and treatment we provide. We will ask for your separate written permission to use any images or recordings in publications or research.

3  Students in training

Training doctors and other health professionals is essential to the NHS. Your treatment may provide an important opportunity for such training, where necessary under the careful supervision of a registered professional. You may, however, prefer not to take part in the formal training of medical and other students without this affecting your care and treatment.

4  Use of Tissue

As a leading bio-medical research centre and teaching hospital, we may be able to use tissue not needed for your treatment or diagnosis to carry out research, for quality control or to train medical staff for the future. Any such research, or storage or disposal of tissue, will be carried out in accordance with ethical, legal and professional standards. In order to carry out such research we need your consent. Any research will only be carried out if it has received ethical approval from a Research Ethics Committee. You do not have to agree and if you prefer not to, this will not in any way affect the care and treatment we provide. The leaflet ‘Donating tissue or cells for research’ gives more detailed information. Please ask for a copy.

If you wish to withdraw your consent on the use of tissue (including blood) for research, please contact our Patient Advice and Liaison Service (PALS), on 01223 216756.
Privacy & Dignity

Same sex bays and bathrooms are offered in all wards except critical care and theatre recovery areas where the use of high-tech equipment and/or specialist one to one care is required.

We are now a smoke-free site: smoking will not be allowed anywhere on the hospital site. For advice and support in quitting, contact your GP or the free NHS stop smoking helpline on 0800 169 0 169.

Other formats:

If you would like this information in another language or audio, please contact Interpreting services on telephone: 01223 348043, or email: interpreting@addenbrookes.nhs.uk For Large Print information please contact the patient information team: patient.information@addenbrookes.nhs.uk.

Document history

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Open inguinal hernia surgery with mesh

A  Patient’s side  left / right  or  N/A

Consultant or other health professional responsible for your care

Name and job title:  

☐ Any special needs of the patient (e.g. help with communication)?  

Please use ‘Procedure completed’ stamp here on completion:  

B  Statement of health professional (details of treatment, risks and benefits)

I confirm I am a health professional with an appropriate knowledge of the proposed procedure, as specified in the hospital’s consent policy. I have explained the procedure to the patient. In particular, I have explained:

a) the intended benefits of the procedure (please state)  
To repair your hernia

b) the possible risks involved. Addenbrooke’s always ensures any risks are minimised. However all procedures carry some risk and I have set out below any significant, unavoidable or frequently occurring risks including those specific to the patient

Increasing pain, redness, swelling; bleeding; difficulty in passing urine; nausea; wound haematoma; infection; damage to testicular vessels; nerve damage; recurrence, chronic groin pain, allergic reaction to surgical material.

c) what the treatment or procedure is likely to involve, the benefits and risks of any available alternative treatments (including no treatment) and any particular concerns of this patient:
Consent Form

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d) any extra procedures that might become necessary during the procedure such as:
   □ Blood transfusion  □ Other procedure (please state)

2 The following information leaflet has been provided:

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or  □ I have offered the patient information about the procedure but this has been declined.

3 This procedure will involve:
   □ General and/or regional anaesthesia  □ Local anaesthesia  □ Sedation  □ None

Signed (Health professional):  Date:  D.D / M.M / Y.Y.Y.Y.

Name (PRINT):  Time (24hr):  H.H : M.M

Designation:  Contact/bleep no.:  

C Consent of patient / person with parental responsibility

I confirm that the risks, benefits and alternatives of this procedure have been discussed with me and that my questions have been answered to my satisfaction and understanding.

Important: please read the patient information about this procedure and then put a tick in the relevant boxes for the following questions:

1 Creutzfeldt Jakob disease (CJD)
Have you ever been notified that you are at risk of CJD or variant CJD for public health purposes? If yes, please inform your health professional.
   □ Yes  □ No

2 Photography, Audio or Visual Recording
a) I agree to the use of any of the above type of recordings for the purpose of diagnosis and treatment.
   □ Yes  □ No

b) I agree to unidentified versions of any of the above recordings being used for audit and medical teaching in a healthcare setting.
   □ Yes  □ No

3 Students in training
I agree to the involvement of medical and other students as part of their formal training.
   □ Yes  □ No

Patient safety – at the heart of all we do

Addenbrooke’s Hospital  Rosie Hospital

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Consent Form

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4 Use of Tissue
   a) I agree that tissue (including blood) not needed for my own diagnosis or treatment can be used and stored for ethically approved research which may include ethically approved genetic research.
   
   b) Where additional clinical information is needed for the purposes of ethically approved research, I agree that relevant sections of my medical record may be looked at by researchers or by relevant regulatory authorities. I give permission for these individuals to have access to my records.

I have listed below any procedures that I do not wish to be carried out without further discussion.

I have read and understood the Patient Information about this procedure and the above additional information. I agree to the procedure or treatment.

Signed (Patient): ................................................................. Date: __.__./.M.M./.Y.Y.Y.
Name of patient (PRINT): .................................................................

If signing for a child or young person; delete if not applicable.
I confirm I am a person with parental responsibility for the patient named on this form.

Signed: ................................................................. Date: __.__./.M.M./.Y.Y.Y.
Relationship to patient:

If the patient is unable to sign but has indicated his/her consent, a witness should sign below.

Signed (Witness): ................................................................. Date: __.__./.M.M./.Y.Y.Y.
Name of witness (PRINT): .................................................................
Address:

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Consent Form

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D Confirmation of consent

Confirmation of consent (where the treatment/procedure has been discussed in advance)
On behalf of the team treating the patient, I have confirmed with the patient that she/he has no further questions and wishes the treatment/procedure to go ahead.

Signed (Health professional): .......................... Date: ...D.D./M.M./Y.Y.Y.Y.
Name (PRINT): .............................................. Job title: ............................................

Please initial to confirm all sections have been completed:

E Interpreter’s statement (if appropriate)

I have interpreted the information to the best of my ability, and in a way in which I believe the patient can understand:

Signed (Interpreter): ........................................ Date: ...D.D./M.M./Y.Y.Y.Y.
Name (PRINT): ...........................................
Or, please note the language line reference ID number:

F Withdrawal of patient consent

☐ The patient has withdrawn consent (ask patient to sign and date here)

Signed (Patient): ............................................. Date: ...D.D./M.M./Y.Y.Y.Y.

Signed (Health professional): ................................ Date: ...D.D./M.M./Y.Y.Y.Y.

Name (PRINT): ............................................. Job title: ............................................

For staff use only:
Hospital number:
Surname:
First names:
Date of birth:
NHS no: _ _ _ / _ _ _ / _ _ _
Use hospital identification label

Patient safety – at the heart of all we do

Open inguinal hernia, CF 136, v6, September 2018