Patient information and consent to Whipple’s resection (pancreatico-duodenectomy)

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 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.

• Laxatives and painkillers may be required after your hospital stay; please ensure you have appropriate supplies at home.

• 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.

• Please call one of the hepatobiliary (HPB) nurses specialist nurses on 01223 256147 if you have any questions or concerns about this procedure.

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

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.

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.

Whipple’s resection, CF145, V7, January 2017
All information we hold about you is stored according to the Data Protection Act 1998.

**About Whipple’s resection**

This is a complex and major operation to remove the head (the 'right end') of the pancreas gland. This procedure is carried out in patients who:

- have a lump in the head of the pancreas gland (including cancer);
- have a blockage in the terminal part of the bile duct (often first becoming apparent after the patient develops jaundice).
- have chronic pancreatitis (inflammation) in the pancreas gland

The pancreas is an organ in your abdomen close to your stomach, liver, spleen and bowel. It helps you digest food by producing pancreatic fluids. It also produces insulin (a hormone which is deficient in diabetics). This operation aims to remove the problem area of the pancreas but preserve some of its function.

There is a strong possibility that the lump in the head of the pancreas will be a cancer. This operation involves the removal of the head of the pancreas, the outlet of the stomach, a segment of the small bowel including the duodenum, the bile duct and the gall bladder.

The surgeon will then carry out four or more anastomoses (joins) between the stomach, bile duct and the pancreas gland with the remaining small intestine. This will restore the normal functioning of the gut. This operation typically takes four to six hours.

**Intended benefits**

This procedure allows the lump in the head of the pancreas gland to be removed so that the pathologist can look at the tissue under the microscope, for example, to look for cancer cells.

When we have the pathology report, we can plan and offer you further treatment (if required).

The operation will allow bile to drain normally into the gut and get rid of jaundice.

This operation is the only curative option for cancer in this part of the body (pancreas, bile duct, etc). The likelihood of cure will depend on the findings reported from the pathology department after your operation. This report will not usually be available until several days after your operation.

If this operation is being carried out for chronic pancreatitis, then the alternative procedures that might be considered are:

a) pancreatic drainage surgery (Frey’s procedure)
b) coeliac/splanchnic sympathectomy (cutting certain nerves to get rid of the pain)
c) continue medical treatment of the pain.

Whipple’s resection, CF145, V7, January 2017
The Whipple’s resection would be offered to you only after the above mentioned procedures have been discussed and ruled out.

**Who will perform my procedure?**

This procedure will be performed by a team of surgeons who have the appropriate experience.

**Before your procedure**

Most patients attend an outpatient clinic, when you will meet a senior member of the surgical staff who will explain all the options to you in detail. Most patients would also attend a pre-admission clinic, where you will meet a member of pre-assessment nursing staff. At this clinic, 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 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.

Most people who have this type of procedure will need to stay in hospital for a period of 10 to 14 days following the operation. Sometimes we can predict whether you will need to stay for longer than usual - your doctor will discuss this with you before you decide to have the procedure.

During surgery, you may lose blood. If you lose a considerable amount of blood your doctor may want to replace the loss with a blood transfusion as significant blood loss can cause you harm. The blood transfusion can involve giving you other blood components such as plasma and platelets which are necessary for blood clotting. Your doctor will only give you a transfusion of blood or blood components during surgery, or recommend for you to have a transfusion after surgery, if you need it.

Compared to other everyday risks the likelihood of getting a serious side effect from a transfusion of blood or blood component is very low. Your doctor can explain to you the benefits and risks from a blood transfusion. Your doctor can also give you information about whether there are suitable alternatives to blood transfusion for your treatment. There is a patient information leaflet for blood transfusion available for you to read.
During the procedure

The anaesthetist will place several lines (tubes) into blood vessels in your neck and arms, which allows us to give you fluids and monitor your blood pressure etc during the operation. In addition, a fine anaesthetic tube might also be placed in your back, which allows us to give you pain-killers after the operation (an epidural similar to that used during childbirth).

A catheter will also be placed into your bladder to drain your urine. We will pass a tube through your nose to keep your stomach empty during and after the operation. To allow access to the pancreas and upper abdomen for the operation, the surgeon will make a large incision (cut) in the upper part of your abdomen (tummy).

After the procedure

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. There are likely to be further soft drains (tubes) placed into your abdomen to remove the tissue fluids that can collect at the operation site.

Sometimes, people feel sick after an operation, especially after a general anaesthetic, and might vomit. You will have a tube placed in your stomach via the nose (nasogastric tube) in order to keep the stomach empty overnight. If you feel sick, please tell a nurse and you will be offered medicine to make you feel more comfortable.

After certain major operations you may be transferred to the intensive care unit (ICU/ITU), high dependency unit (HDU), intermediate dependency area (IDA) or fast track/overnight intensive recovery (OIR). These are areas where you will be monitored much more closely because of the nature of your operation or because of certain pre-existing health problems that you may have. If your surgeon or anaesthetist believes you should go to one of these areas after your operation, they will tell you and explain to you what you should expect.

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.

Eating and drinking. Your stomach may not work for a few days after the operation. However, provided you do not vomit, you will be allowed to drink the next day and gradually start eating. It is normal for the bowels not to work for a few days after this operation.
**Getting about after the procedure.** We will help you to become mobile as soon as possible after the procedure. This helps improve your recovery and reduces the risk of certain complications. We will encourage you to move, sit up and get out of bed, do some deep breathing exercises, cough and generally be active. If you have any mobility problems, we can arrange nursing or physiotherapy help.

**Leaving hospital.** Most people who have had this type of procedure under general anaesthetic will be able to go home in 10 to 14 days after the operation. The actual time that you stay in hospital will depend on your general health, how quickly you recover from the procedure and your doctor’s opinion.

**Resuming normal activities including work.** It will be some time before you regain your energy and fitness and most people will need at least three months off work after this operation.

**Special measures after the procedure:** We will give you more detailed information about any special measures you need to take after the procedure. We will also give you information about things to watch out for that might be early signs of problems (for example, infection).

**Check-ups and results:** Before you leave hospital, we will give you a clinic appointment for the results of your surgery. At this time, we can check your progress and discuss any further treatment that may be recommended.

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

Whipple’s operation is a complex procedure for surgeons to perform and it carries some significant risks.

You have a 1 to 3% risk of dying within the first 30 days after the operation.

Peripheral nerve injury due to Prolonged immobilisation.

There is a 1 in 10 chance of a leak of pancreatic fluid from the pancreas gland. This complication occurs as a result of pancreatic fluid leaking from the join between the pancreas gland and the small intestine. If this complication occurs, you may need to stay in hospital for several weeks. However, in the majority of patients, the leak is minor and can be controlled by the drains placed at the time of the operation. If the patients remain well, they can often be sent home with the drain which can be looked after by district nurses. If you were to be discharged with a drain you would be seen in the surgical clinic on a frequent basis to monitor your progress. In case of a severe leak, it will be necessary to carry out several scans and you might require further surgery to control the leak.
There is also a 1 in 10 chance that you might experience sickness in the early period following this procedure. This is due to the stomach slowing down which then empties poorly. Though this is not a life threatening complication, it can take several days or weeks before it settles down.

After this operation, there is a small risk of internal bleeding, leakage from the internal joins, and formation of fluid collections. These complications would require further treatment as an inpatient.

As with any other major operation, complications such as infection, bleeding, chest infections, adhesions, hernia, deep vein thrombosis (DVT) and pulmonary embolus (PE) can occur.

Rarely, you can develop diabetes after the operation which will require treatment.

One of the normal functions of the pancreas glands is to make enzymes to help digest food. Following surgery, it is possible that your remaining pancreas may not provide the required amount of these enzymes. This could lead to loose bowel motions with frothy stools (steatorrhoea). If this happens, additional enzymes can be taken by mouth with food at meal times in the form of capsules.

**Alternative procedures that are available**

If we discover that the lump is a cancer, this surgical procedure is the only known curative option. Studies have shown that if you have chemotherapy and radiotherapy alone, you are unlikely to achieve a cure for your pancreas cancer. However, chemotherapy and radiotherapy might be recommended in addition to the surgical procedure. The oncologist (cancer specialist) will discuss this with you after the operation.

Other surgical methods of treatment include a biliary bypass operation to get rid of the jaundice and a stomach bypass to get rid of vomiting.

Jaundice alone can be treated by placing a stent (a plastic or metal tube) in the bile duct using an endoscope (a special telescope) passed into the duodenum via the mouth or through the skin.

Occasionally, at the time of operation, we might find that the lump (or cancer) is more advanced than we thought. If this is the case, we might not carry out the procedure as originally planned, but only take a smaller sample of tissue (a biopsy) and/or carry out a bypass operation to get rid of jaundice and vomiting. After this biopsy has been tested, we will discuss the options with you, which might include further surgery or other treatment.
Information and support

We may give you additional patient information before or after the procedure for example leaflets that explain what to do after the procedure and what problems to look out for. If you have any questions or anxieties, please feel free to ask a member of the surgical team. We would be pleased to answer any queries you might have including the more detailed technical aspects of this procedure.

If you have further questions please contact one of the HPB specialist nurses, on 01223 256147. Outside normal working hours, please contact ward C7 on 01223 217300 and ask to speak to the nurse in charge.

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. 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, but may also be injected around the surgical site to help with pain relief. 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 and 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 although 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
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, large print or audio, please ask the department where you are being treated, to contact the patient information team: patient.information@addenbrookes.nhs.uk.

Please note: We do not currently hold many leaflets in other languages; written translation requests are funded and agreed by the department who has authored the leaflet.

Document history
Authors
HPB consultant
Department
Cambridge University Hospitals NHS Foundation Trust, Hills Road, Cambridge, CB2 0QQ www.cuh.org.uk
Contact number
01223 245151
Publish/Review date
January 2017 / January 2020 (amendment made October 2017)
File name
CF145_hpb_whipple_v7.doc
Version number/Ref
7 / CF145/Document ref 885
Whipple’s resection (pancreatoco-duodenectomy)

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)
   - the lump in the head of the pancreas gland to be removed
   - allow bile to drain normally into the gut and get rid of jaundice

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.

Full details are set out in the information leaflet and include:

<table>
<thead>
<tr>
<th>Condition</th>
<th>Risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bleeding</td>
<td>Infections</td>
</tr>
<tr>
<td>Pancreatic leak</td>
<td>Bile leak</td>
</tr>
<tr>
<td>Return to operating theatre for re-operation</td>
<td>Slow stomach emptying</td>
</tr>
<tr>
<td>Fluid collections</td>
<td>Chest infection</td>
</tr>
<tr>
<td>Diabetes</td>
<td>Steatorrhoea</td>
</tr>
<tr>
<td>Clot in legs (deep vein thrombosis: DVT)</td>
<td>Clot in lungs (pulmonary embolus: PE)</td>
</tr>
<tr>
<td>peripheral nerve injury due to prolonged immobilisation</td>
<td></td>
</tr>
</tbody>
</table>

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:

Patient safety – at the heart of all we do

Addenbrooke’s Hospital | Rosie Hospital

File: in the procedures and consents section of the casenotes

CF 145 hpb whipple January 2017 version 7
Consent Form

Whipple’s resection (pancreatice-duodenectomy)

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:
   Whipple’s resection (pancreatice-duodenectomy)

   Version, reference and date: CF145 Version 7 January 2017
   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.
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
Consent Form

Whipple’s resection (pancreatice-duodenectomy)

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. □ Yes □ No

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. □ Yes □ No

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: __________/_____/______
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: __________/_____/______
Relationship to patient:

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

Signed (Witness): ___________________________ Date: __________/_____/______
Name of witness (PRINT): ___________________________
Address: ___________________________
Whipple’s resection (pancreatice-duodenectomy)

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: .................................................................