Patient information and consent to laparoscopic sterilisation

**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. 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.

- Please call your consultant’s secretary on telephone number 01223 245151 and ask to be put through to her/him if you have any questions or concerns about this procedure or your appointment.

After the procedure we will scan the consent part of this form into your electronic 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.

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

**About laparoscopic sterilisation**

This procedure involves blocking the two Fallopian Tubes, and can be done in several ways. Clips can be placed across the tubes (tubal occlusion), or both tubes can be removed completely (bilateral salpingectomy). Either method prevents the sperm from reaching the end of the tubes where fertilisation occurs.

Either method requires a laparoscope (like a telescope) to be inserted in a cut made at the umbilicus (tummy button).

Occlusion (clipping) usually involves a 1cm cut in the umblicius and an additional 7mm cut in the lower abdomen and the introduction of a device to close a clip around each tube in turn.

Salpingectomy will require the same 1cm cut in the umblicius and two small cuts in the lower abdomen and involves a device which uses electrical energy to remove the tubes.

It is known that the most common types of ovarian cancer originate in the end of the tubes. For this reason, it has been recommended that consideration be given to the removal of the tubes at the time of sterilisation, as this may reduce the risk of ovarian cancer in later life. (We will not have the absolute evidence for several years, but current information suggests that this reduction will be greater than 30%).

Both operations have low complication rates (see below).

Any operations to reverse sterilisation are not funded by the NHS and may not be successful. Furthermore, IVF after sterilisation is not funded by the NHS. You should, therefore, think of the operation as irreversible.

If you are currently taking hormonal contraception (the pill or implants) you may find that on stopping this contraception after the sterilisation procedure that your periods become a problem. In that situation some women will be advised to restart hormonal contraception to resolve those symptoms.
Intended benefits

- To prevent you from becoming pregnant.
- Possible 30% reduction in risk of ovarian cancer in later life

Who will perform my procedure?

This procedure will be performed by a consultant gynaecologist or a qualified doctor undergoing training under supervision

Preparing for your procedure

Discuss the operation with your GP and get him/her to review your medications. Medications such as low dose aspirin, non-steroidal anti-inflammatories (such as Ibuprofen, Diclofenac [voltarol]) need to be stopped at least seven days before the operation. Blood thinning medications such as Warfarin need to be converted to an alternative drug before the operation. If you are on high blood pressure medication you should arrange to have your blood pressure checked by your GP.

Before your procedure

In most cases you will have been given a date for your operation and have completed the necessary Day Surgery screening forms during your visit to the Sterilisation Assessment Clinic. The Pre-assessment nurses will review your completed form and may perform a telephone consultation or may invite you to attend a Pre-assessment clinic appointment. During this consultation, we will ask for details of your medical history and possibly arrange to 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 general anaesthesia. We explain about the different types of anaesthesia we may use at the end of this leaflet. You will see an anaesthetist before your procedure. We will tell you when to stop eating and drinking before the operation: be sure to follow those instructions, or your operation may be cancelled.

Most people who have this type of procedure have it performed as a day case. Your doctor will discuss the length of stay with you.

There is nothing you need to do between now and when you come into hospital, although being fit usually helps people recover more quickly from an operation.
Do not stop taking contraceptive precautions before the operation. If you have any suspicion that you might be pregnant, even a few days before the operation, you should let the doctor know when you come into hospital; a routine urine pregnancy test will be performed before the operation.

Your procedure is to happen under general anaesthesia, therefore you will need to starve for six hours before the operation and drink only clear fluids, water is best, for three hours before. The pre-admission staff will tell you what time to do this and also advise you of what time you are to come to the hospital.

**During the procedure**

Before your procedure, you will be given the necessary anaesthetic - see below for details of this.

Sterilisation is carried out using an instrument called a laparoscope, which is like a small telescope. Two or three small cuts (about 1.5cm long) are made in the abdomen. One cut is made just below the umbilicus and the other one or two are made lower down near the pubic hairline or to one side.

The laparoscope is inserted through the cut within the umbilicus. It is connected to a video camera and monitor so that the inside of the abdomen (tummy) can be seen on the screen. This enables the doctor is able to get a good view of your fallopian tubes.

Gas is pumped through one of the cuts into the abdomen to inflate it, because this makes it easier to see what is happening through the camera. The gas is let out through the cuts at the end of the operation.

Watching on the monitor, the surgeon either puts small clips onto the fallopian tubes to block them or removes the tubes. This will be discussed with you prior to your operation so that you can decide which is best for you.

Other procedures may be carried out at the same time (for example: coil removal) and, if so, your doctor will have discussed this with you in advance.

The small cuts will be stitched closed with a dissolvable suture, and covered with a glue dressing. The stitches do not need to be removed and you can have a shower as soon as you are mobile.

**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, oxygen levels, assess for vaginal bleeding and check your wound sites 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 the Day Surgery Unit ward.

It is unlikely, however 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.** Usually following surgery you will be able to drink fluids when you are ready. If you feel hungry, you can usually have something light to eat soon after the operation.

**Getting about immediately 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. Typically, you will be able to get up after one hour.

**Leaving hospital.** You will normally be discharged on the same day as your operation. You should not go home unaccompanied as the anaesthetic drugs will still be in your system and will make you feel sleepy. Occasionally you may have to stay overnight. You must have had something to eat and drink, been able to pass urine and have someone to take you home and be with you overnight.

**Resuming normal activities including work.** The general anaesthetic may make you feel lethargic for a few days and you may have some general muscular aching. Your throat may feel dry and sore but this will improve after a couple of days.

For 24 hours following general anaesthetic you should not:

- Drive a car or any other vehicle or cycle
- Operate any apparatus or machinery
- Do any strenuous exercise
- Drink any alcohol

You should take it easy for about a week after your operation and avoid lifting heavy items. Be guided by how strong you feel.
Usually you can resume normal activities after a day or so. When you will be ready to return to work will depend on your usual health, how fast you recover and what type of work you do, generally this will be after a few days and you should be able to self-certificate. If you feel you need longer you will have to see your GP his/her opinion and ask him/her to complete a ‘fitness to work’ certificate for you to take to your employer.

Special measures after the procedure:

Vaginal bleeding: It is possible you may experience some vaginal bleeding although not everyone does. Should this occur we recommend that you use sanitary towels and not tampons for the duration of the bleeding as this will minimise the risk of infection. We also suggest you avoid swimming or long soaks in the bath for two weeks or until any bleeding / discharge has stopped. Should you have concerns that any bleeding is not settling or you have a fever and ‘flu-like’ symptoms then contact your GP or contact us on the numbers below.

Pain: You may experience some soreness around the wounds, and a bloated feeling in your abdomen due to the gas used during the operation. The gas can also create pressure on an abdominal nerve that is connected to the shoulder area and make the shoulders ache. It is not unusual for the discomfort to last for up to a week. You may take painkillers, such as paracetamol, which will help to relieve it. Do not expect to feel normal straight away, and do not plan anything important for the evening after your day case operation. Occasionally the pain or sickness is severe enough for you to be kept in hospital, though that is unusual.

Wound care: The small wounds are closed with a dissolvable stitch and a glue dressing. We advise you to shower only - avoiding long soaks in the bath or swimming until the wounds are fully healed. Occasionally the stitches can cause an irritation of the skin and we advise that you visit your practice nurse or GP approximately five to seven days after your surgery to have these removed. If the area around your wounds becomes red, hot to touch or more painful than before this may be an indication of infection and we suggest you see your GP or contact Clinic 24 (The Emergency Gynaecology Unit) on the numbers listed below.

Sexual intercourse: There is no need to abstain from sexual intercourse however we do advise that you avoid this if you still have any vaginal bleeding or discharge. It is generally advisable to continue using your current form of contraceptive until your first period following surgery. Your doctor will discuss this with you. If you were taking the contraceptive pill before you were sterilised, you may notice changes in your menstrual cycle afterwards due to stopping the pill.

Menstrual cycle: Being sterilised will have no effect on your menstrual cycle. Eggs are still released from your ovaries but, as they are unable to travel down the Fallopian tubes, they are simply reabsorbed.
Check-ups and results: There is no need for you to return to the clinic for a check-up after the procedure. Should you have any concerns please contact Clinic 24 (The Emergency Gynaecology Unit) on the numbers below or consult your GP.

Significant, unavoidable or frequently occurring risks of this procedure

If you have a pre-existing medical condition, are obese, have significant pathology or have had previous surgery the quoted risks for serious or frequent complications will be increased.

The table below is designed to help you understand the risks associated with this type of procedure (based on the RCOG Clinical Governance Advice, Presenting Information on Risk). This is further explained in the following patient information leaflet available from the RCOG: Information for you: understanding how risk is discussed in healthcare.

<table>
<thead>
<tr>
<th>Term</th>
<th>Equivalent numerical ratio</th>
<th>Colloquial equivalent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very common</td>
<td>1/1 to 1/10</td>
<td>A person in family</td>
</tr>
<tr>
<td>Common</td>
<td>1/10 to 1/100</td>
<td>A person in street</td>
</tr>
<tr>
<td>Uncommon</td>
<td>1/100 to 1/1000</td>
<td>A person in village</td>
</tr>
<tr>
<td>Rare</td>
<td>1/1000 to 1/10 000</td>
<td>A person in small town</td>
</tr>
<tr>
<td>Very rare</td>
<td>Less than 1/10 000</td>
<td>A person in large town</td>
</tr>
</tbody>
</table>

In a small number of cases, the sterilisation procedure cannot be completed through the laparoscope (keyhole). This may be due to technical reasons or there are factors such as dense scarring or you have a body mass index (BMI) greater than 30. These factors will make it difficult for the surgeon gain access to your fallopian tubes. In such circumstances, the doctors may need to perform open surgery (laparotomy) through a larger cut on your abdomen to complete the operation. Alternatively, the doctor may decide that it is not safe to proceed and the sterilisation may have to be abandoned. If this were to happen, alternatives will be discussed with you.

Serious risks:

- There is a small risk of complications from any operation. Laparoscopy carries a small risk of injury to organs inside your abdomen, such as the bowel, bladder or blood vessels. This occurs on average about once in 300 cases (Rare).
- If complications occur the doctor may decide to perform open surgery (laparotomy). This means making a cut in your abdomen and possibly major surgery to correct any damage caused. Every effort is made to reduce the chances of this happening.
- Being sterilised is one of the safest forms of contraception but still has a small failure rate of 1 in 200 cases (Uncommon). This is thought to be higher in younger women (under 30). If you miss a period, contact your GP as soon as possible since, if pregnancy does occur, there is more chance of pregnancy occurring in the fallopian tubes (ectopic pregnancy). Failure can occur in the months following the operation or many years later.
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.

**Alternative procedures that are available**

Other contraceptive methods are available and some of these are equally or more effective than female sterilisation. These options would have been discussed with you in detail at the sterilisation clinic.

An alternative to this surgery is a decision not to have surgery. We will discuss with you the implications of deciding not to have surgery.

**Information and support**

You might be given some 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 staff including the nursing staff at the DSU.

- Clinic 24 (The Emergency Gynaecology Unit/ Early Pregnancy Unit)
  Telephone number 01223 217636
  08:00 to 20:00 Monday to Friday
  08:30 to 14:00 at weekend
  Closed Bank holidays

- Daphne ward (The inpatient gynaecology ward)
  Telephone number 01223 257206 or 01223 349755
  Any other time

**Further information**

Additional information is available from the following organisation

- Royal College of Obstetricians and Gynaecologists
  [www.rcog.org.uk](http://www.rcog.org.uk)
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.

**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 biomedical 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 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**

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Version number/Ref: V6/CF232/1825
Laparoscopic Sterilisation – Tubal Occlusion/Bilateral Salpingectomy

Consultant or other health professional responsible for your care

Name and job title: _____________________________________________________________

\[ \square \] Any special needs of the patient (e.g. help with communication)?

Please use ‘Procedure completed’ stamp here on completion: _______________________

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

1. 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)
      Prevention of pregnancy
      Possible 30% reduction in risk of ovarian cancer

   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
      - Regret (Common),
      - Failure of contraception to prevent pregnancy, 1 in 200 cases (Uncommon). Failure to gain entry or complete the intended procedure
      - Injury to organs (bowel, bladder or blood vessels etc), 1 in 500 cases (Uncommon).
      - Hernia at site of entry (uncommon). Blood clots (rare). Death (very rare)

   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

Laparoscopic Sterilisation– Tubal Occlusion/Bilateral Salpingectomy

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:
   Laparoscopic Sterilisation,

   Version, reference and date:  Version 6, CF232, April 2018

   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
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: D.D./M.M./Y.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: D.D./M.M./Y.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: D.D./M.M./Y.Y.Y.Y.
Name of witness (PRINT): _____________________________________
Address: ___________________________________________________
Consent Form

Laparoscopic Sterilisation – Tubal Occlusion/Bilateral Salpingectomy

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.. / ..M.. / ..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:

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

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