Patient information and consent to surgical termination of pregnancy (7-13 weeks gestation)

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 any medications you use and its packaging (including patches, creams, inhalers, insulin and herbal remedies) and any information that you have been given relevant to your care in hospital, such as x rays or test results.

- 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 clinic appointment.

- Please call the staff in clinic 24 (Pregnancy Advisory Service & Early Pregnancy Unit) on telephone number 01223 217636 if you have any questions or concerns about this procedure or your appointment.

After the procedure we will scan the consent form into your electronic medical notes and you may take this information leaflet home with you for reference.

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). As 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. Surgical termination of pregnancy (7 - 13 weeks gestation) CF235, Version 5, September 2015
About surgical termination of pregnancy (7-13 weeks gestation)

Surgical termination of pregnancy is an operation that is performed under a general anaesthetic in the Day Surgery Unit (DSU) located in the Addenbrookes Treatment Centre (ATC). You will be asked to come to the unit at a pre-arranged date and time. During the operation your pregnancy will be removed by gentle suction whilst you are asleep. Generally women who have this performed are with us for the morning or afternoon depending on the timing of the operation. You will need someone to collect you and to be with you overnight.

Intended benefits

- The benefit of a surgical termination is that you only have one visit to the hospital for the termination itself aside from the clinic appointment. Some women feel that surgery “gets it over and done with” whilst they are asleep and it can be a “less painful procedure”.
- You will not have to see the fetus or any tissue as the procedure takes place whilst you are asleep.

Who will perform my procedure?

This procedure will be performed by either:

- A consultant gynaecologist who has been trained in the procedure
- A junior doctor who has been trained or is training in this field under supervision of a consultant gynaecologist.

Before your procedure

You will have been seen at the pregnancy advisory clinic (PAS), where you will meet nurses and/or doctors who are specialists in reproductive health. 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.

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. You will need to starve for six hours before the operation and drink only clear fluids, water is best, for three hours before. The clinic 24 staff will tell you what time to do this and also advise you of what time you are to come to the hospital.
Most people who have this type of procedure will need to stay in hospital for most of a morning or afternoon depending on when you are scheduled for your operation. Your doctor/nurse will discuss the length of stay with you.

Depending upon the gestation (number of completed weeks) of your pregnancy and your previous obstetric history (the story of any previous pregnancies you have had) you may be given a vaginal pessary (a tablet placed into your vagina close to the cervix [opening of the womb]) of a drug called misoprostol. This is a prostaglandin (hormone) that stimulates uterine contractions and softens the cervix which will make the procedure easier. Once this is inserted you will have to stay on the bed; if you walk around gravity may cause it to dislodge and be less effective. The main side effects of misoprostol are pain and bleeding. Other side effects may include diarrhoea (10-30 in 100 women), vomiting (10-45 in 100) and nausea (40-70 in 100). Dizziness, chills, shivering and fever are also reported.

What do I need to bring in with me?

- Bring some basic toiletries with you, such as a toothbrush and some sanitary towels.
- Bring a dressing gown and some slippers.
- Wear only a minimal amount of jewellery. Only small rings, which will be taped, are allowed into the theatre suite.
- Do not wear makeup, and ensure any nail polish is removed from your finger and toe nails.
- If you wear contact lenses, they will need to be removed prior to your going into theatre.

May I bring someone with me?

Yes. Your partner, friend or family member is welcome to stay with you for the day. However, there are no facilities to care for children on the unit, therefore please make your own arrangements for childcare before attending the hospital.

During the operation

- Before your procedure, you will be given the necessary anaesthetic - see below for details of this and the role of the anesthetist in your care.
- When you are asleep, first the cervix is stretched, and then a soft plastic tube is inserted into the uterus (womb) and the contents are removed by suction (this does not involve the cutting of any tissue).
- While you are still under anaesthetic you will be given a specific antibiotic called metronidazole to reduce the risk of infection; this antibiotic is the best for gynaecological conditions and is given to you rectally (into the back passage) as taking it orally (by mouth) can cause you to vomit. If you are allergic to any antibiotics it is important you tell us.
- If you have consented to further treatments such as the insertion of an intrauterine coil (IUCD) this will also be undertaken while you are asleep.
After the operation

Once your operation 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 vaginal loss (any bleeding from the vagina) regularly in addition to your oxygen levels. You may be given oxygen via a facemask, fluids via a drip in your arm 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 surgery.

Eating and drinking. After this procedure, you can eat and drink as soon as you are awake.

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. Most women are able to go home a minimum of four hours after the operation, on the same day. 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. You must have had something to eat and drink, been able to pass urine, have minimal pain and manageable vaginal bleeding and have someone to take you home and be with you overnight.

Resuming normal activities including work. Plan to take it easy at home the day after your operation, although you will probably feel well enough to go to work the day after that. You are able to self-certify for up to five days.

For 24 hours following general anaesthetic you must not:

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

Special measures after the procedure:

Bleeding: You will have some bleeding for up to 14 days following this procedure. The bleeding should gradually become less. You should use sanitary towels, not tampons, during this time to reduce the risk of infection, so make sure you have some at home. The bleeding is like a heavy period for the first day or so but this will lessen over time and you may even have a brown discharge before it stops completely.
Should the bleeding last longer than two weeks, become heavier, or smell offensive then please either contact us on the numbers below or see your General Practitioner (GP) as this may be a sign of an infection. If you are changing your sanitary towels more than every half an hour then contact us as soon as possible or attend the emergency department (ED).

**Pain:** At first you may have some pain (like period pains); these may last for a few days – again make sure you have some paracetamol/ibuprofen or similar pain killers at home. If the pain is not settling and becoming distressing then contact us or see your GP.

**Hygiene:** As previously mentioned please use sanitary towels and do not use tampons. You are able to shower following the procedure but do not have the water temperature too hot as this may make you feel faint and dizzy. It may be advisable to ensure there is a responsible adult in the house when you do this.

**Swabs:** Swabs are taken from your vagina at the PAS clinic to check for infection. Usually the results will be available at the time of your operation and you will have been offered antibiotics if necessary. If you were found to have an infection called chlamydia you will also have been advised that your sexual partner needs to be investigated and, if necessary, treated. You will have been given information about the genito-urinary medicine clinic. If your partner is not treated then he may re-infect you with chlamydia. Occasionally the swab results are not back from the laboratory by the time you have your operation. In this situation we will offer you antibiotics ‘just in case’. If, when we later get the results, we find you had a chlamydia infection we will write to you about getting treatment for your sexual partner.

**Next period and future pregnancies:** Your next period may happen in four to six weeks after the procedure. Prior to this you will have ovulated and therefore will be able to become pregnant again. You may therefore wish to consider some form of contraception.

**Anti-D:** Women whose blood group is rhesus negative will be given an injection called anti-D before leaving. This is to protect future pregnancies from being affected by rhesus incompatibility.

**Resuming sexual relations:** Because of the risk of infection you are advised not to have sexual intercourse until several days after the bleeding has stopped. If you do have intercourse during this time, it is advisable to use a condom to reduce the risk of infection, even if you are using another method of contraception.
**Contraception:** Following a termination of pregnancy many women are worried that if their method of contraception has let them down once and it may happen again. Others decide this is an appropriate time to change their method of choice. A preliminary discussion about future contraception will have taken place at the PAS clinic. A new pregnancy can be conceived very soon after a termination and you should start your chosen method of contraception straight away:

- The injection method (Depo-Provera)
- Intra Uterine Contraceptive Device (IUD - coil)
- Nexplanon (progesterone implant)

These can be organised for you before you leave the unit if you have discussed this with the nurse/doctor at the clinic visit and it has been prescribed for you. Alternatively you can make an appointment at your GP surgery or at the Family Planning Clinic.

If you have decided to take the oral contraceptive pill, you should start it that same evening or the following morning dependent upon your preference. If the pill is to be the progesterone only pill (POP) you must take it at the same time every day.

**Emotionally:** Women react in different ways to a termination. The decision to have the procedure can be difficult and you may experience a range of differing emotions such as sadness, relief, guilt, anger etc. These are all normal reactions. It is not unusual to feel low. If however, you are still having these feelings after a few months, we suggest you make an appointment to see your GP.

**Check-ups and results:** Unless you are otherwise told, you will not be contacted following the procedure. However, if you have any concerns or questions you can telephone clinic 24 on the number listed below.

**Do I need to inform anyone about my termination?** No. Generally the practitioner you saw in the PAS clinic will send a letter to your GP to inform them of the procedure. If you do not wish this to occur then please let the staff know.

**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 surgery (based on the RCOG Clinical Governance Advice, Presenting Information on Risk).

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It is reassuring to know that this operation is very safe. However, no procedure is absolutely safe, and it is important that you know what the risks are.

**Serious risks**

- **Injury to the cervix or uterus**: may occur in less than 1-4 in 1000 cases (uncommon) for the uterus and less than 0.2 in 100 for the cervix (rare). In the majority of these, the injury heals itself. If it is thought such an injury may have occurred at the time of your operation, the surgeon may go on to perform a laparoscopic examination - looking into the abdomen (tummy) through a laparoscope (telescope) to check whether any damage has occurred which requires further intervention. If further treatment is necessary you may have to be admitted to hospital overnight.

As mentioned previously to reduce the risk of injury to the cervix some women are given vaginal tablets, which start to soften the cervix, before the operation.

- **Bleeding**: that requires blood transfusion can occur in about 1 in 1000 women (uncommon). We take blood at your clinic visit and this is held by the laboratory in case you need to have blood urgently cross matched.

- **Blood clots**: in the veins can occur after most surgical operations, but this is unusual after early terminations.

- **Death**: Overall, the risk to your life of a surgical termination of pregnancy in the first 12 weeks is very low at about 1 in 100,000 (very rare). The risks to life of a full term pregnancy are about eight times higher than the risks of an early termination.

- **Failure to terminate the pregnancy**: may occur in 0.2 in 100 (rare). This is more likely before seven weeks of pregnancy, which is why the operation is not normally done before this time. However, it can rarely happen at later dates and so it is important that you consult your GP or Family Planning Clinic for a checkup if you continue to feel pregnant. You should expect to have a period about four to six weeks after the operation. (Pregnancy tests may continue to show positive for several days after a successful termination).
Frequent risks

- **Infection:** can occur in about up to 1 in 100 women (uncommon). Most infections occur in those women who have a pre-existing infection. If it is left untreated it may make it difficult to get pregnant at a later date. If you experience an increase in bleeding, lower abdominal pain, a raised body temperature or a smelly vaginal discharge after your operation you should see your GP immediately so that you can be started on antibiotics. Occasionally, women have to be readmitted to hospital for an infection to be treated more intensively.

- **Retained tissue:** Occasionally there may be some tissue left behind – less than 5 in every 100 women (common).

Alternative procedures that are available

Any alternative procedures to surgical termination depend on the stage of your pregnancy. These options will be discussed with you in detail at the clinic.

- Early medical termination as a day case: [Patient information and consent to termination of early pregnancy with mifepristone and prostaglandin](#)
- Medical termination at home: [Patient information and consent to home termination of early pregnancy with Mifepristone and Prostaglandin](#)
- You may be eligible for manual vacuum aspiration (MVA) for termination of early pregnancy if you meet certain criteria. This is undertaken in clinic 25 which is based on Daphne ward within the Rosie. The procedure is performed under local anaesthesia.
- If your pregnancy is more than 13 weeks gestation (number of completed weeks of pregnancy) you will not be eligible for a surgical termination and you will be advised to have a medical termination of pregnancy: Patient information and consent to medical mid-trimester termination of pregnancy (thirteen to eighteen weeks gestation).
- You could choose to keep the pregnancy.

Disposal of fetal tissue

All fetal tissue is sent to the mortuary. There are standard procedures in place for the disposal of fetal remains; they are buried in a local woodland burial site. Further information concerning this is available in the leaflet: [Barton Glebe – woodland burial site](#), please ask a member of staff to discuss this with you or to give you a copy of the leaflet.

You may decide to make arrangements for yourself, either at home or in a local cemetery/crematorium using a funeral director. To arrange this please contact one of the people listed below, prior to the procedure.
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:

  - Clinic 24 (The Pregnancy Advisory Service, The Early Pregnancy Unit & Emergency Gynaecology Unit)
    01223 217636
    08:00 – 20:00 Monday to Friday
    08:30 – 14:00 at weekends
    Closed Bank holidays

  - Daphne ward (Inpatient Gynaecology ward)
    01223 257206
    At all other times

You can also attend the ED at any time if you are concerned about the amount of bleeding you have and clinic 24 is closed.

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 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.

**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.
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 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
Lisa Prentice & Sandra Kent
Department
Cambridge University Hospitals NHS Foundation Trust, Hills Road, Cambridge, CB2 0QQ www.cuh.org.uk
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Surgical termination of pregnancy (7-13 weeks gestation)

• One visit to the hospital. Some women feel that surgery “gets it over and done with” whilst they are asleep and it can be a “less painful procedure”. Do not see the fetus or any tissue.
• Injury to the cervix or uterus (womb).
• Bleeding.
• Blood clots.
• Death.
• Failure to terminate the pregnancy.
• Infection.
• Retained tissue.

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)
   • One visit to the hospital. Some women feel that surgery “gets it over and done with” whilst they are asleep and it can be a “less painful procedure”. Do not see the fetus or any tissue.

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
   • Injury to the cervix or uterus (womb).
   • Bleeding.
   • Blood clots.
   • Death.
   • Failure to terminate the pregnancy.
   • Infection.
   • Retained tissue.

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:

   Surgical termination of pregnancy (seven to thirteen weeks gestation)

   Version, reference and date:  CF235 version 5 September 2015
   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: ____________

Name (PRINT): ___________________________ Time (24hr): _______

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
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. ☐ 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: ..................................................

Patient safety – at the heart of all we do

Addenbrooke's Hospital | Rosie Hospital

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File: in the procedures and consents section of the casemotes
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: ...........................................
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: ...................................................
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: ....................................................

Signed (Health professional): ........................................ Date: ....................................................
Name (PRINT): ............................................................ Job title: ....................................................