Patient information and consent to diagnostic laparoscopy (may include additional procedures)

**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 pre-operative assessment appointment.

- **Please call the gynaecology specialist nurse or your consultant on the telephone number you have been given if you have any questions or concerns about this procedure or your appointment.**

After the procedure we will scan the consent form in 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.

Diagnostic laparoscopy CF252, Version 4 June 2015
About diagnostic laparoscopy
The aim is to use key-hole surgery (a small incision) to examine the outside of the uterus (womb), ovaries and fallopian tubes using a small telescope (laparoscope/telescope).

It is often done to look for conditions that might cause pain or infertility and will help the doctors plan your treatment. However, this procedure will not, on its own, alter your pain or your ability to conceive.

Additional procedures: In some cases, the following procedures may be performed at the same time as the laparoscopy if the doctor feels they are appropriate in your case:

- **Dye test:** A blue dye is passed into the uterus through the neck of the womb (cervix) and the spillage of dye through the tubes is checked by looking at them through the laparoscope. This indicates that the fallopian tubes are open and not blocked.
- **Division of adhesions:** This may be done if adhesions (sticky tissue) are thought to be the cause of your pain or infertility.
- **Ovarian cyst aspiration:** Simple small cysts in the ovaries may be aspirated. ‘Aspiration’ means that the fluid in the cyst is sucked out, causing the cyst to disappear.
- **Endometriosis treatment:** Endometriotic deposits (cells that usually line the inside of the uterus but have developed outside the uterus, but still act like inside cells) may be treated in cases with early stage (Stage 1 or 2) endometriosis.

Intended benefits
We aim to find the cause of pain and/or infertility and to plan treatment of your symptoms.

Who will perform my procedure?
This procedure will be performed by a consultant gynaecologist or a qualified doctor undergoing training under the direct supervision of the consultant.

Preparing for your operation
Discuss the operation with your General Practitioner (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. Unless you are told differently by your consultant you should continue any hormone replacement therapy (HRT) or oral contraceptive pill you may be taking. If you are on high blood pressure medication you should arrange to have your blood pressure checked by your General Practitioner (GP).

If you have any symptoms of a cold or flu in the days leading up to the operation you must let your surgeon know as this may necessitate the cancellation of your operation. It may cause some problems to undergo surgery if you have any sort of...
infection.

**Before your procedure**

Most patients attend a pre-admission clinic, when you will meet the pre-admission sisters and usually you will see one of the consultants or senior trainees. You may have a telephone consultation if this is appropriate. (If admitted as an emergency, you will not go through the pre-admission process). 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.

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.

Most people who have this type of procedure will not need to stay in hospital and will be able to go home the same day. You will be admitted on the day of surgery. 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 the procedure**

- This procedure involves the use of general anaesthesia. In addition, we will use local anaesthetic around the wound sites to reduce your post-operative discomfort. 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.
- There will be two or three incisions (cuts) made that you can see. The first is for the telescope and is inside the navel (belly button). This is approximately 1 cm long. One or two further cuts will be made in the lower half of your abdomen (tummy), which are approximately 5 mm long.
- Small dissolvable stitches are usually used to close the small skin wounds at the end of the operation; these do not need to be removed.

**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, plus monitor your wound sites and check for any vaginal bleeding. You may be given oxygen via a facemask, fluids via your drip and appropriate pain relief. When you are well enough to be moved, you will be taken to a ward.

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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 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.

**Leaving hospital.** The actual time that you stay in hospital will depend on how quickly you recover from your operation and the type of operation you have had. Often it will be possible for you to return home on the day of surgery but on occasions you may need to stay longer. If you have problems with the recovery from the operation or require further treatment you might need to stay in for longer. If your surgery has taken place as an emergency procedure you may have to stay longer, or indeed it occurred at night we will keep you in until the following 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 have someone to take you home and be with you overnight.

**Resuming normal activities including work.** You can usually resume normal activities including beginning gentle work within 48 hours after your operation. Often you will want to wait a little longer before resuming more vigorous activity. You may drive 24 hours after the procedure if you feel comfortable.

We suggest you take the following week off work and rest. After this you will be able to resume your normal activities. You are able to self-certificate time off work for up to five days so you will not require a certificate from us, if however you feel you require longer you will been to see your GP for a certificate.

**Special measures after the procedure:**

**Vaginal bleeding:** It is possible you may experience some vaginal bleeding or discharge for a few days. 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. If you have had a hormone releasing intrauterine system (coil) inserted, irregular bleeding or
spotting is common for up to six months after insertion. Should you have concerns that any bleeding is not settling or you have a fever and ‘flu-like’ symptoms, contact your GP or contact us on the numbers below.

**Wound care:** The small cuts are closed with a dissolvable stitch or surgical glue and covered with small dressings. The dressings can be removed the following day and the areas must be kept clean and dry using a clean towel to pat it dry following your shower. This is especially important for the wound in your umbilicus. We advise you to shower and avoid long soaks in the bath or swimming until they have 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.

**Pain:** You may experience some soreness around the cuts, 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 or ibuprofen, which will help to relieve it. You will probably still be feeling some discomfort when you are back home. If the pain becomes distressing, please contact your GP.

**Sexual intercourse:** There is no need to abstain from sexual intercourse should you feel ready, however we do advise that you avoid this if you still have any vaginal bleeding or discharge. If your vagina feels dry try using a lubricant. You can buy this from your local pharmacy.

**Contraception:** It may be advisable to continue using your current form of contraception. Your doctor / nurse will discuss this with you.

**Menstrual cycle:** It is not unusual for your menstrual cycle to not be as regular as before and this is not a concern; your next period will occur in 6-8 weeks and may be heavier than usual. Your doctor / nurse practitioner will discuss this with you. If you have not had a period after 8 weeks then please contact Clinic 24 using the contact numbers listed below.

If your procedure was performed for abnormal bleeding your doctor / nurse practitioner will discuss what to expect in relation to your menstrual cycle.

**Check-ups and results:** You will be given information about the results of your surgery after the operation. Follow up management will be discussed with you depending on the examination findings. The follow-up is tailored to
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 risk of serious complications at laparoscopy also increases if an additional therapeutic procedure is performed. You are advised that laparoscopy may not identify an obvious cause for presenting complaint.

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):

<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</td>
<td>A person in small town</td>
</tr>
<tr>
<td>Very rare</td>
<td>Less than 1/1000</td>
<td>A person in large town</td>
</tr>
</tbody>
</table>

Serious risks include:

- the overall risk of serious complications from diagnostic laparoscopy, approximately two women in every 1000 (uncommon)
- damage to the bowel, bladder, uterus or major blood vessels which would require immediate repair by laparoscopy or laparotomy (making an open incision in the tummy) 4 women in every 100, uncommon).
- Up to 15 in every 100 of bowel injuries may not be diagnosed at the time of laparoscopy
- failure to gain entry to abdominal cavity and to complete intended procedure
- hernia at site of entry
- death; one women in every 10,000 undergoing laparoscopy die as a result of complications (very rare).

Frequent risks include:

- wound bruising
- shoulder-tip pain
- wound gaping
- wound infection

Any extra procedures which may become necessary during the procedure:

- Laparotomy (opening up of the tummy)
- Repair of damage to bowel, bladder, uterus or blood vessels
- Blood transfusion.

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There is a possibility that the procedure will not find a cause for your pain or infertility and we understand this may be frustrating for you.

**Alternative procedures that are available**

The alternative to this surgery is to decide not to have surgery. The implications of deciding not to have surgery will be discussed with you.

**Information and support**

For post-operative advice and concerns please contact the staff on:

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

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

- Your gynaecology specialist nurse on the number you have previously been given.

**Further 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.

In addition we would recommend you follow the link below to access the Royal College of Obstetricians and Gynaecologists post operative advice on laparoscopy:

**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:

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- 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.

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](http://www.rcoa.ac.uk)
Information about important questions on the consent form

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

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

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

4 Use of Tissue
As a leading 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.
We aim to find the cause of pain and/or infertility and to plan treatment of your symptoms.

Frequent risks: wound bruising; shoulder-tip pain; wound gaping; wound infection

Serious risks: damage to the bowel, bladder, uterus or major blood vessels which would require immediate repair by laparoscopy or laparotomy; failure to gain entry to abdominal cavity and to complete intended procedure; hernia at site of entry; death

Any extra procedures which may become necessary during the procedure: Laparotomy (opening up of the tummy); repair of damage to bowel, bladder, uterus or blood vessels; blood transfusion.

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

Diagnostic laparoscopy
Dye test. Division of adhesions. Ovarian cyst aspiration. Endometriosis treatment

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:

Diagnostic laparoscopy

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

3 This procedure will involve:

☐ General and/or regional anaesthesia  ☐ Local anaesthesia  ☐ Sedation  ☐ None

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

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

Designation:  ............................................................... Contact/bleep no:

C  Consent of patient / person with parental responsibility

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

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

1 Creutzfeldt Jakob disease (CJD)
Have you ever been notified that you are at risk of CJD or variant CJD for public health purposes? If yes, please inform your health professional.

☐ Yes  ☐ No

2 Photography, Audio or Visual Recording
a) I agree to the use of any of the above type of recordings for the purpose of diagnosis and treatment.

☐ Yes  ☐ No

b) I agree to unidentified versions of any of the above recordings being used for audit and medical teaching in a healthcare setting.

☐ Yes  ☐ No

3 Students in training
I agree to the involvement of medical and other students as part of their formal training.

☐ Yes  ☐ No
## Consent Form

**Diagnostic laparoscopy**

Dye test. Division of adhesions. Ovarian cyst aspiration. Endometriosis treatment

### 4 Use of Tissue

**a)** I agree that tissue (including blood) not needed for my own diagnosis or treatment can be used and stored for ethically approved research which may include ethically approved genetic research.

**b)** Where additional clinical information is needed for the purposes of ethically approved research, I agree that relevant sections of my medical record may be looked at by researchers or by relevant regulatory authorities. I give permission for these individuals to have access to my records.

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

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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: Day/Month/Year

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: Day/Month/Year

Relationship to patient:

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

Signed (Witness): ................................................................. Date: Day/Month/Year

Name of witness (PRINT): ..........................................................

Address: .................................................................................

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For staff use only:

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

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Patient safety – at the heart of all we do

Addenbrooke’s Hospital | Rosie Hospital

CF252 v4 June 2015

File in the procedures and consents section of the caseworker.
Diagnostic laparoscopy
Dye test. Division of adhesions. Ovarian cyst aspiration. Endometriosis treatment

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: ……………………………