Patient information and consent to Paraurethral injection/intramural bulking 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 procedure.

- **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.** You will have an opportunity to ask any questions from the surgeon or anaesthetist (if relevant) 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 urogynaecology specialist nurse on telephone number 01223 349239 or 01223 245151 and ask for bleep 157-952** 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). 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 paraurethral injection/intramural bulking procedures

This operation has been offered to you by your specialist as an option to treat stress urinary incontinence (leaking of urine when your bladder is not under conscious control such as when you sneeze or cough).

Intramural paraurethral bulking procedures (or paraurethral injection) aim to bulk up and strengthen the sides of the urethra (the tube carrying urine from the bladder to the outside of the body) and increase the force with which the urethra closes to stop urine leaking. It can be done with different bulking agents.

The procedure can be performed under a general anaesthetic in the Day Surgery Unit (DSU) which is currently based in the Addenbrooke’s Treatment centre (ATC). Or it can be performed under local anaesthetic with or without sedation which will be performed in the ambulatory gynaecology suite in clinic 25 which is based on Daphne ward in the Rosie.

In both cases the procedure is done in two possible ways. Either through a cystoscope (viewing the bladder through a telescope) or with a purposefully designed applicator which avoids the use of a cystoscope. From your point of view there will be no difference in the outcome.

If you are in the ATC you will be with us for most of the day. In clinic 25 you will be with us a few hours.

Intended benefits

This procedure is intended to help improve your symptoms of “stress” urinary incontinence.

The success of this procedure (the number of women free of incontinence or much improved at 12 months) ranges from 42 to 53 out of 100 women.

Who will perform my procedure?

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

Before your procedure

- Depending on your health needs, you may have to attend a pre-admission clinic or have a telephone consultation with one of the pre-admission nurses. At this clinic, we shall ask you for details of your medical history and carry out any necessary clinical examinations and investigations. This is a good opportunity for you to ask us any questions about the procedure, but please feel free to discuss any concerns you might have at any time.
- You will be asked if you are taking any tablets or other types of medication - these might be ones prescribed by a doctor or bought over the counter in a pharmacy. It helps us if you bring details with you of anything you are taking (for example: bring the medications and packaging with you).
• This procedure may involve the use of a general anaesthetic. See below for further details about the types of anaesthesia/sedation we shall use. In this instant you will be admitted to the ATC. If it is done under local anaesthesia you will be admitted to clinic 25.

• Most people have this type of procedure done as a day-case and do not need to stay in hospital overnight. On occasion following a general anaesthetic you will need to stay the night and we recommend you bring an overnight bag just in case. 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.

• If you are to be admitted to the ATC 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.

• You can eat and drink as normal if you are attending clinic 25.

• Before your procedure, you will be given the necessary anaesthetic - see below for details of this and the role of the anaesthetist in your care.

During the paraurethral injection/intramural bulking procedures

A small telescope (like a camera) called a cystoscope will be introduced into the urethra and bladder. Alternatively a purposefully designed device will be used to apply the particles which are then injected into several sites just under the mucosa (lining) of the urethra guided by the telescopic views.

You will be given an antibiotic to cover the procedure at the time of the procedure or immediately after.

After the paraurethral injection/intramural bulking procedures

Once your procedure is completed in the ATC 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 and monitor any vaginal/urethral bleeding you may have. You may be given oxygen via a facemask, fluids via your drip and appropriate pain relief until you are comfortable enough to return to your ward.

Sometimes, people feel sick after an operation, especially after a general anaesthetic, and might vomit. If you feel sick, please tell a nurse and you will be offered medicine to make you more comfortable.

After this procedure under general anaesthetic, most people will have a small, plastic tube in one of the veins of their arm. This might be attached to a bag of fluid (called a drip), which feeds your body with fluid until you are well enough to eat and drink by yourself.
If you are in clinic 25 you will be transferred to a bay in the ward once your procedure is completed. The nurses will observe you there you will not have a drip attached and you can eat and drink as soon as you wish.

You will be asked to empty your bladder before go home.

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

**Eating and drinking.** Usually following the procedure 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.** After this procedure, we will try to get you mobile (up and about) as soon as we can to help prevent complications from lying in bed. Typically, you will be able to get up once you are awake enough.

**Leaving hospital.** Generally most people who have had this procedure will be able to leave hospital the same day. However, the actual time that you stay in hospital will depend on your general health, how quickly you are recovering from the procedure and your doctor's opinion.

**Resuming normal activities including work.** Most people who have had this procedure can resume normal activities after a few days. You might need to wait a little longer before resuming more vigorous activity. If you have had a general anaesthetic you **must not** drive for 24 hours as the drugs are still in your system. We therefore recommend that you have someone to collect you and to stay with you overnight.

Your readiness to return to work will depend on your usual health, how fast you recover and what type of work you do. Please ask your doctor for his/her opinion. You are able to self-certificate for up to five working days.

**Special measures after the procedure:** After the procedure you need to drink adequate amounts of fluids (water is ideal) and ensure that you empty your bladder about every three to four hours during the day. You might experience bleeding in the urine in the days after the procedure or notice a burning sensation when passing urine. If this happens you will need to see your General Practitioner (GP).
**Trial of urinary voiding (passing urine).** When you get the sensation to void, please inform the nursing staff so that they can provide a bed-pan liner for the toilet. Do not strain to void. The voided amount will be measured and then the nurse will use a bladder scanner (like that used during pregnancy and not painful). The scanner will be placed on your abdomen (tummy) and used to measure how much urine is left in the bladder. If the bladder scanner shows that you are unable to empty the bladder sufficiently you may have the catheter replaced by the nursing staff and you will go home with this. You will be able to wear this discretely as a leg bag which can be emptied directly into the toilet. A further trial of voiding will be undertaken at an agreed interval, usually this happens on Daphne Ward (Gynaecology inpatient ward) – you will be given all the arrangements for this before you leave hospital. The nursing staff will give you all the information and equipment you will need to manage the catheter at home.

**Check-ups and results:** Before you leave hospital, you will be given details of when you need to return to see us. This will usually be at about 8 to 12 weeks in the outpatient department, usually clinic 21. At this time, we can check your progress and discuss with you any further treatment we recommend.

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

If you have a pre-existing medical condition, are obese, 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). This is further explained in the following patient information leaflet available from the RCOG: [Understanding how risk is discussed in healthcare. Information for you.](#)

<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>
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<tr>
<td>Rare</td>
<td>1/1000 to 1/10 000</td>
<td>A person in small town</td>
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<tr>
<td>Very rare</td>
<td>Less than 1/10 000</td>
<td>A person in large town</td>
</tr>
</tbody>
</table>

**Frequent risks**

- Urinary tract infection: Ranges from 1 to 12 in every 100 women. (very common)
- Urinary retention (when the bladder does not empty completely). Ranges in studies from 0 up to 11 in every 100 women having the operation. (common/very common)
• Other uncommon complications include the development of an abscess (collection of pus) at the site of the injections
• the development of urinary urgency (where you have a sudden need to pass urine)
• prolonged pain
• risks associated with all operations: such as bleeding, infection, and blood clots
• failure to cure leakage (very common)
• need for repeat procedure (very common); repeat injections may be required to achieve success.
• effect diminishes with time
• migration of the bulking agent
• allergic reaction
• haemorrhage (rare).


Alternative procedures that are available
• Non-surgical treatments such as physiotherapy and weight loss will likely already have been discussed with you and tried if appropriate.
• There are other operations available for this type of incontinence that you may have heard about, such as a vaginal tape procedure or what is known as a colposuspension. Some of these operations have better reported cure or success rates and more long-term data available. These other operations are far more complex and have a higher complication rate.
• It may be that you have already had a previous operation for urinary incontinence and this operation is being offered as a second line procedure.
• You may also decide that you do not wish to have surgery at this point and would prefer just to remain under review in the clinic. There is no harm in doing this as although your symptoms might worsen whilst you are waiting, it will not make the surgery any more difficult or do any harm to your overall health.

Information and support
• Urogynaecology Nurse Practitioner.
  Telephone: 01223 349239 or 01223 245151 and ask for bleep number 157 952
  08:00 – 16:00 Monday to Friday
• Clinic 24 (The Emergency Gynaecology Unit and Early Pregnancy Unit)
  Telephone: 01223 217636
  Open 08:00 – 20:00 Monday to Friday
  08:30 – 14:00 at weekends
  Closed Bank holidays
• Daphne Ward (Inpatient Gynaecology ward)
  Telephone: 01223 348544
  At all other times
Further information:

- International Urogynaecological Association  
  www.iuga.org

- The Royal College of Obstetricians and Gynaecologists  
  www.rcog.org.uk

- Bladder and Bowel Foundation  
  www.bladderandbowelfoundation.org  
  08453 450165

- National Institute for Health and Clinical Excellence (NICE)  
  Procedure guidance No 138  

Anaesthesia

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

Before your operation

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

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

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

Pre-medication

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

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

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

General anaesthesia

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

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

Regional anaesthesia

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

Local anaesthesia

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

Sedation is the use of small amounts of anaesthetic or similar drugs to produce a ‘sleepy-like’ state. Sedation may be used as well as a local or regional anaesthetic. The anaesthesia prevents you from feeling pain and the sedation makes you drowsy. Sedation also makes you physically and mentally relaxed during an investigation or procedure which may be unpleasant or painful (such as an endoscopy) but where your co-operation is needed. You may remember a little about what happened but often you will remember nothing. Sedation may be used by other professionals as well as anaesthetists.

What will I feel like afterwards?

How you will feel will depend on the type of anaesthetic and operation you have had, how much pain relieving medicine you need and your general health.

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

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

What are the risks of anaesthesia?

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

Very common (1 in 10 people) and common side effects (1 in 100 people)

Feeling sick and vomiting after surgery
Sore throat
Dizziness, blurred vision
Headache
Bladder problems
Damage to lips or tongue (usually minor)
Itching
Aches, pains and backache
Pain during injection of drugs
Bruising and soreness
Confusion or memory loss
**Uncommon side effects and complications (1 in 1000 people)**
- Chest infection
- Muscle pains
- Slow breathing (depressed respiration)
- Damage to teeth
- An existing medical condition getting worse
- Awareness (becoming conscious during your operation)

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

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

For more information about anaesthesia, please visit the Royal College of Anaesthetists’ website: [www.rcoa.ac.uk](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.

Document history
Authors
Lisa Prentice &, Mark Slack
Department
Cambridge University Hospitals NHS Foundation Trust, Hills Road, Cambridge, CB2 0QQ www.cuh.org.uk
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1/CF447
Paraurethral injection/intramural bulking procedures

Improve your symptoms of “stress type” urinary incontinence. The success of this operation (the number of women free of incontinence or much improved at 12 months) ranges from 42 to 53 out of 100 women.

Urinary tract infection: Ranges from 1 to 3 in every 100 women. (Common). Urinary retention (when the bladder does not empty completely): Ranges in studies from 0 up to 11 in every 100 women having the operation. (common). Other uncommon complications include the development of an abscess (collection of pus) at the site of the injections, development of urinary urgency (where you have a sudden need to pass urine), prolonged pain. Risks associated with all operations: such as bleeding, infection, and blood clots. Failure to cure leakage (very common). Need for repeat procedure (very common).

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)

*Improve your symptoms of "stress type" urinary incontinence. The success of this operation (the number of women free of incontinence or much improved at 12 months) ranges from 42 to 53 out of 100 women.*

*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

- Urinary tract infection: Ranges from 1 to 3 in every 100 women. (Common).
- Urinary retention (when the bladder does not empty completely): Ranges in studies from 0 up to 11 in every 100 women having the operation. (common).
- Other uncommon complications include the development of an abscess (collection of pus) at the site of the injections, development of urinary urgency (where you have a sudden need to pass urine), prolonged pain. Risks associated with all operations: such as bleeding, infection, and blood clots. Failure to cure leakage (very common). Need for repeat procedure (very common).

*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:
Paraurethral injection/intramural bulking procedures

Consent Form

For staff use only:
Hospital number: 
Surname: 
First names: 
Date of birth: 
NHS no: 

Use hospital identification label:

Patient Information

Paraurethral injection / intramural bulking procedures

2

The following information leaflet has been provided:

Paraurethral injection / intramural bulking procedures

Version, reference and date: 

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.

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.

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

3 Students in training

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

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Paraurethral injection / intramural bulking procedures, CF447, Version 2, September 2015
Consent Form

Paraurethral injection/intramural bulking procedures

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

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

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

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

Signed (Patient): ................................................................. Date: 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: ..................................................................
Paraurethral injection/intramural bulking procedures

**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.P./M./Y.Y.Y.Y.

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

Please initial to confirm all sections have been completed: ..........................................................

**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.P./M./Y.Y.Y.Y.

Name (PRINT): ..................................................................

Or, please note the language line reference ID number: ..........................................................

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

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

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

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