Patient information and consent to Transcervical Resection of Fibroids (TCRF)

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. You will need to starve for six hours before the operation and drink only clear fluids, (water is best), for three hours before.

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

• It is important that you bring the consent form with you when you are admitted for surgery. You will have an opportunity to ask any questions from the surgeon or anaesthetist when you are admitted. You may sign the consent form either before you come or when you are admitted.

• Please bring with you all of your medications and its packaging (including inhalers, injections, creams, eye drops, patches, insulin and herbal remedies), a current repeat prescription from your GP, any cards about your treatment and any information that you have been given relevant to your care in hospital, such as x rays or test results.

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

• Take your medications as normal on the day of the procedure unless you have been specifically told not to take a drug or drugs, before or on the day by a member of your medical team. If you have diabetes please ask for specific individual advice to be given on your medication at your pre-operative assessment appointment.

• Please call the Reproductive Medicine Specialist Nurse on telephone number 01223 349240 if you have any questions or concerns about this procedure or your appointment.

After the procedure we will file the consent form in your medical notes and you may take this information leaflet home with you.

Important things you need to know

Patient choice is an important part of your care. You have the right to change your mind at any time, even after you have given consent and the procedure has started (as long as it is safe and practical to do so). If you are having an anaesthetic you will have the opportunity to discuss this with the anaesthetist, unless the urgency of your treatment prevents this.

We will also only carry out the procedure on your consent form unless, in the opinion of the health professional responsible for your care, a further procedure is needed in Transcervical resection of fibroids, CF464, V2, February 2017
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 Transcervical Resection of Fibroids (TCRF)**

TCRF is an operation in which fibroids (benign growths) in the cavity of the uterus (womb) are removed or shaved (resected) with a wire loop. The operation is performed using a hysteroscope, an instrument like a telescope, which allows the surgeon to see the inside of the uterus.

**What are fibroids?**

Fibroids (also known as leiomyomata) are benign growths of the uterus made up of smooth muscle and are usually harmless. They are present in at least 25% of women and are more common in women approaching the menopause, in Afro-Caribbean women and those with a family history of fibroids. (Impey & Child 2009). They vary in size from a few millimetres to large growths filling the abdomen.

Fibroid growth is oestrogen and probably progesterone dependent and therefore will reduce in size after the menopause as oestrogen levels decline.

Approximately 50% of fibroids are asymptomatic, however, fibroids that occupy the cavity of the uterus are more likely to be associated with menorrhagia (heavy periods) and dysmenorrhoea (painful periods). A large fibroid may cause pressure symptoms such as frequency of micturition (urinating frequently) or the opposite: retention of urine. There is evidence to suggest that submucous fibroids may be associated with In-vitro Fertilisation (IVF) failures and miscarriages.

Fibroids can be:

- **Subserosal** - just under the outside surface of the uterus
- **Intramural** - within the muscle wall of the uterus
- **Submucous** - just under the inside surface of the womb and may distort the cavity of the uterus. Sometimes most of the fibroid lies within the cavity of the uterus and is attached by a stalk to the uterine cavity wall (intracavitary fibroid).
TCRF is used to treat submucous and intracavitary fibroids

**Intended benefits**

Removing completely or reducing the size of the fibroid(s) may improve the symptoms caused by the fibroid itself such as heavy and / or painful periods.

If performed for fertility problems, such as recurrent miscarriage or prior to IVF treatment, TCRF may assist in maximising the likelihood of a successful pregnancy.

**Who will perform my procedure?**

This procedure will be performed by a member of the Reproductive Medicine Team. This may be a consultant gynaecologist or a qualified doctor undergoing training under the direct supervision of the consultant.

**Before your procedure**

In the weeks leading up to the surgery, doctors may prescribe a drug to shrink the fibroid(s). This is given by an injection into the abdomen generally one month in advance of surgery. Occasionally, this injection may be given monthly for up to three months.

Most patients attend a pre-admission clinic, when you will meet the pre-admission nurses. At this clinic, we will ask for details of your medical history and carry out any necessary clinical examinations and investigations. Please ask us any questions about the procedure, and feel free to discuss any concerns you might have at any time.

We will ask if you take any tablets or use any other types of medication either prescribed by a doctor or bought over the counter in a pharmacy. Please bring all your medications and any packaging (if available) with you. Please tell the ward staff about all of the medicines you use. If you wish to take your medication yourself (self-medicate), please ask your nurse. Pharmacists visit the wards regularly and can help with any medicine queries.
This procedure involves the use of general anaesthesia. We explain about the different types of anaesthesia or sedation we may use at the end of this leaflet. You will see an anaesthetist before your procedure.

Most people who have this type of procedure will need to stay in hospital for the day. Your doctor will discuss the length of stay 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.

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

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

**During the procedure**

You may be given antibiotics or anti-clotting medication as a preventative measure if clinically indicated.

The operation is done under a general anaesthetic. Once asleep, the legs are placed in stirrups. The hysteroscope will be inserted into the uterus. Fluid is used to distend the uterine cavity so the surgeon can see the inside more clearly.
After checking for any possible problems, the fibroid that occupies the uterine cavity will be removed by shaving off small pieces using a wire cutting loop (resectoscope loop) inserted down the hysteroscope. We will usually take pictures before and after the procedure so that you will be able to see the effects of the operation. The whole procedure takes about 30 minutes but may take longer for larger fibroids.

TCRF usually involves no cuts to the abdomen (tummy), stitches, drains or urinary catheters. Sometimes an intravenous drip may be needed.

**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 and check for any vaginal bleeding. 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.

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.** After this procedure, you should not have anything to eat or drink until advised - this is usually when you feel ready.

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.
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. If you have any mobility problems, we can arrange nursing or physiotherapy help.

Leaving hospital. Generally, most people who have had this operation will be able to leave hospital the same day. Occasionally you may have to stay overnight. You must have had something to eat and drink, been able to pass urine and have someone to take you home and be with you overnight.

Resuming normal activities including work. Usually you can resume normal activities after one to two weeks. Your doctor will advise you on how quickly you can resume normal and more vigorous activity. When you will be ready to return to work will depend on your usual health, how fast you recover and what type of work you do. Please ask your doctor for his/her opinion and ask him/her to complete a ‘fitness to work’ certificate for you to take to your employer.

- 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:

Vaginal bleeding: If you had heavy or irregular menstrual bleeding before your operation you can expect these symptoms to improve. Your periods will be lighter and more regular after the operation. However, this will take place over two to three months. There will be some vaginal bleeding post-operatively but this normally becomes light within 24 hours. The vaginal bleeding will gradually settle (usually within 10 days) to a discharge which may continue for several weeks to a month. Please wear sanitary towels and not use tampons during this time.

Sexual intercourse: Avoid sexual intercourse for two weeks and certainly not whilst you have the bleeding / discharge. We also suggest you avoid swimming or long soaks in the bath for two weeks or until the bleeding / discharge has stopped. These measures will help to prevent any infection.

Signs of infection: If you develop a smelly vaginal discharge or high temperature a few days after the operation you should see your GP or contact us on the numbers below.
**Patient Information**

**Pain:** Some women experience slight lower abdominal discomfort. Paracetamol or any similar medication can be taken at home. Rest is recommended immediately after TCRF.

**Check-ups and results:** We will write to you with the results of the tissue we have removed once the laboratory has confirmed everything. This may take a couple of weeks.

**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 procedure (based on the RCOG Clinical Governance Advice, Presenting Information on Risk). This is further explained in the following patient information leaflet available from the RCOG: [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>
</tr>
<tr>
<td>Rare</td>
<td>1/1000 to 1/10 000</td>
<td>A person in small town</td>
</tr>
<tr>
<td>Very rare</td>
<td>Less than 1/10 000</td>
<td>A person in large town</td>
</tr>
</tbody>
</table>

There is a risk of two-three per 100 women of having complications during / after TCRF.

**Serious risks**

- Injury to the cervix – Uncommon.
- Perforation (hole) of the uterus – Uncommon. One-two per 100 women. In this case the procedure will have to be stopped and a laparoscopy (telescope through the umbilicus [tummy button]) will be performed to see if there is any damage to other structures in the abdomen such as the bowel or bladder. The damage will be repaired if necessary. You will be kept overnight for observation if this occurs. Occasionally a laparotomy (a cut in the abdomen) may be needed.
- Absorption of the fluid used to distend the womb, leading to a fluid overload in the body – Uncommon. If this occurs you may be kept overnight and have blood test monitoring.
- The operation may also need to be stopped prior to removal of all of the
fibroid(s) in which case a second operation will be scheduled one to two months later – Uncommon.

- Heavy bleeding – Uncommon. Should this happen a catheter balloon may be placed in the uterus and you may be admitted overnight for observation.

- Failure of procedure – Uncommon
  Sometimes the procedure will need to be repeated if the fibroid has been very large and could be only partially removed. In such cases a GnRH injection (hormone) may be prescribed to shrink the remaining fibroid. A fibroid which is partially in the muscle of the womb (intramural) may encroach on the lining once the projecting part is cut away. This may need a second operation to remove the remnant of the fibroid.

There is a possibility that some fibroids may need to be treated again, either because of the initial size of them or if your IVF treatment is delayed for any reason then the fibroids may encroach the cavity again before treatment commences.

**Frequent risks**

- Infection - Common. A dose of antibiotics will be given to prevent infection.

**Alternative procedures that are available**

Not all women can have TCRF and your doctor will advise you of the most appropriate treatment option. We remove the fibroids to make your uterus as normal as possible. The best method of removing the fibroids depends on their size, position and number.

There are some alternatives to this procedure listed below. If you would like to know whether they are suitable for you, please discuss them with your GP or clinic doctor.

- You can decide to not have surgery. We will discuss with you the implications of deciding not to have surgery.

- Myomectomy - (removal of the fibroids surgically). This is an operation which preserves your fertility but again has associated surgical health risks. Possible complications include scarring and infertility, the need to have a blood transfusion and a small risk of hysterectomy.

- Hysterectomy – (removal of the uterus with or without removal of the cervix [opening of the uterus]). This is a major operation with associated surgical health risks, with an average recovery time of four to six weeks. The advantages of having a hysterectomy are that your periods will stop and your fibroids will not re-grow. The disadvantages are that you will not be able to get pregnant. Please see separate information leaflet or click on the link: Total abdominal hysterectomy bilateral salpingectomy with or without ovarian conservation for more details.
• Medication - Some hormonal medications have been shown to reduce the amount of bleeding that some women have during their periods by shrinking the fibroids. This medication can be in tablet form or an intrauterine device (IUD) inserted directly into the uterus. Your doctor will tell you if you are suitable for this type of treatment. There is no medication that will permanently shrink fibroids. These medications may have significant side-effects, making them difficult to use for long term treatment.

Information and support

• Clinic 24
  Emergency Gynaecology Unit / EPU
  01223 217636
  08:00 – 20:30 Monday to Friday
  08:30 – 14:00 Weekends
  Closed bank holidays

• Daphne ward
  Inpatient gynaecology ward
  01223 257206
  All other times

• Reproductive Medicine Specialist Nurse: via switchboard
• Urogynaecology Specialist Nurse: bleep 157 952

Further information

• Wellbeing of Women
  http://www.wellbeingofwomen.com/your-wellbeing/your-health/fibroids/?menu=0c

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 bio-medical research centre and teaching hospital, we may be able to use tissue not needed for your treatment or diagnosis to carry out research, for quality control or to train medical staff for the future. Any such research, or storage or disposal of tissue, will be carried out in accordance with ethical, legal and professional standards. In order to carry out such research we need your consent. Any research will only be carried out if it has received ethical approval from a Research Ethics Committee. You do not have to agree and if you prefer not to, this will not in any way affect the care and treatment we provide. The leaflet ‘Donating tissue or cells for research’ gives more detailed information. Please ask for a copy.

If you wish to withdraw your consent on the use of tissue (including blood) for research, please contact our Patient Advice and Liaison Service (PALS), on 01223 216756.
Privacy & dignity

Same-sex bays and bathrooms are offered in all wards except critical care and theatre recovery areas where the use of high-tech equipment and/or specialist one-to-one care is required.

We are now a smoke-free site: smoking will not be allowed anywhere on the hospital site. For advice and support in quitting, contact your GP or the free NHS stop smoking helpline on 0800 169 0 169.

Other formats:

If you would like this information in another language, large print or audio, please ask the department where you are being treated, to contact the patient information team: patient.information@addenbrookes.nhs.uk.

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

Consultant or other health professional responsible for your care

Name and job title: 

☐ Any special needs of the patient (e.g. help with communication)?

Please use ‘Procedure completed’ stamp here on completion:

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

I confirm I am a health professional with an appropriate knowledge of the proposed procedure, as specified in the hospital's consent policy. I have explained the procedure to the patient. In particular, I have explained:

a) the intended benefits of the procedure (please state)
   - Remove completely or reduce size of fibroid therefore improving any symptoms such as heavy and / or painful periods
   - To maximise likelihood of successful pregnancy

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 cervix
   - Perforation of uterus
   - Absorption of fluid
   - Heavy bleeding
   - Failure of procedure

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

Transcervical resection of fibroids

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:

Transcervical resection of fibroids

Version, reference and date: ... CF464, Version 2, February 2017

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

3 This procedure will involve:
☐ General and/or regional anaesthesia ☐ Local anaesthesia ☐ Sedation ☐ None

Signed (Health professional): .......................................................... Date: D.D./M.M./Y.Y.Y.
Name (PRINT): ...........................................................................................................
Time (24hr): ............................................................................................................
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

Transcervical resection of fibroids

4 Use of Tissue

a) I agree that tissue (including blood) not needed for my own diagnosis or treatment can be used and stored for ethically approved research which may include ethically approved genetic research. □ Yes □ No

b) Where additional clinical information is needed for the purposes of ethically approved research, I agree that relevant sections of my medical record may be looked at by researchers or by relevant regulatory authorities. I give permission for these individuals to have access to my records. □ Yes □ No

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

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

Signed (Patient): .......................................................... Date: __/__/______

Name of patient (PRINT): ..........................................................

If signing for a child or young person; delete if not applicable.

I confirm I am a person with parental responsibility for the patient named on this form.

Signed: .......................................................... Date: __/__/______

Relationship to patient:

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

Signed (Witness): .......................................................... Date: __/__/______

Name of witness (PRINT):

Address:

For staff use only:
Hospital number:
Surname:
First names:
Date of birth:
NHS no: __/__/______
Use hospital identification label
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: .................................................................