Patient Information

Patient information and consent to elective caesarean section with sterilisation

Key messages for patients

- Please read your admission letter carefully. It is important to follow the instructions we give you about not eating or drinking or we may have to postpone or cancel your operation.

- Please read this information carefully, you and your health professional will sign it to document your consent.

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

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

- You are advised not to eat or drink for six hours before the operation.

- 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. Do not take any medications used to treat diabetes.

- Change of appointment. Please call us if you need to cancel your appointment for any reason (including illness) so your slot can be used by others. You can call the Delivery Unit direct on 01223 217217 (or please call the hospital contact centre on 01223 245151 extension 3217).

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 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.

Caesarean section CF242 version 6 December 2016
About elective caesarean section with sterilisation

You have been recommended a caesarean section for the birth of your baby. A caesarean section is when the baby is ‘delivered’ through an incision (cut) in the abdomen (tummy). You have also chosen to be sterilised at the same time to prevent further pregnancies.

A vaginal delivery is the most common way to give birth. However, a caesarean section is often advised and performed in certain situations. The relative safety of caesarean sections has seen a rise in the number of women delivering in this way; most maternity units in the UK deliver between 15 to 25% of babies by caesarean section.

An elective caesarean section is usually performed in the week before the baby’s due date. This ensures that the baby is sufficiently mature before delivery. Some mothers request that they are sterilised following delivery of their baby.

Intended benefits

A caesarean section is recommended when there are concerns for the health of the mother or her baby.

A sterilisation operation prevents further pregnancies.

Who will perform my procedure?

This procedure will be performed by an obstetrician trained in the procedure.

Before your admission

You will attend the pre-operative clinic where you will meet a midwife. 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 may have blood tests performed and also swabs for MRSA.

The midwife will also give you some tablets to reduce the acid in your stomach and prevent sickness; you need to take one tablet the night before the operation and one tablet on the morning of the operation.

This procedure involves the use of anaesthesia. We explain about the different types of anaesthesia we may use at the end of this leaflet. You will see an anaesthetist before your procedure.

You are advised not to eat or drink for six hours before the procedure.
**Hair removal before an operation**

For a caesarean section you are likely to need to have the hair around the site of the operation removed. The healthcare team will use an electric hair clipper with a single-use disposable head, on the day of the surgery. Please do not shave the hair yourself or use a razor to remove hair, as this can increase the risk of infection. Your healthcare team will be happy to discuss this with you.

**Blood transfusion**

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 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.

**Day of surgery admission**

Most patients are admitted on the day of surgery. You will be informed what time you need to arrive by the midwife at the pre-operative assessment. The surgeon and anaesthetist will come and see you prior to the operation. Shortly before your operation you will change into a hospital gown and then walk up to the operating theatre with your birth partner. 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.

**During the operation**

Before the operation we will give you the necessary anaesthetic (see below for details). You will also have a catheter inserted into your bladder. Your partner can be present during the caesarean section if you are having an epidural or spinal anaesthesia (this is when you are awake). If, for any reason, you need to have a general anaesthetic, your partner will be asked to leave the theatre. A screen will separate you and your partner from the surgeons. The anaesthetist will stay with you throughout to ensure you are comfortable and safe.

Once you are anaesthetised, the obstetrician will make a small horizontal incision in your skin above your pubic bone (called a ‘bikini cut’). Once the operation is underway you may feel pulling and pressure, but you should not feel pain. Women have described it like “someone doing the washing-up in my stomach”. The anaesthetist will assess you throughout the operation and can give you more pain relief if required.
Whilst it is unusual, it is sometimes necessary to give you a general anaesthetic.

From the start it takes about 5 to 15 minutes before your baby is born, depending mainly on how much surgery you have previously had. Immediately afterwards the obstetrician will pass your baby to the midwife, who will dry and quickly examine him or her in the cot on the far side of theatre. A paediatrician may also be present. If your baby is very small or unwell, he/she might need to go straight to the special care baby unit. For all other babies, you or your partner can hold him/her while the placenta is being delivered and you are being sutured (stitched).

Immediately after the birth, a drug called Syntocinon is put into your drip to help your uterus contract and deliver the placenta (afterbirth). An antibiotic is also routinely given to reduce the chance of wound infection.

For the sterilisation, once the uterus has been sutured, the doctor will locate the fallopian tubes and remove a small part of the tube. The result of this procedure is that it is almost impossible for the sperm to reach the egg (a released egg is never fertilised but is simply re-absorbed each month).

Each layer of muscle and skin that has been cut then needs to be closed using sutures (stitches), staples or clips. This part of the operation takes about 30 minutes.

**After the operation**

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 your heart rate, blood pressure and oxygen levels. 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.

You might have drains (tubes) coming from your wound. These collect tissue fluid from the wound in a small collecting chamber. They will usually be removed after 24 hours.

The anaesthetic will gradually wear off over the next few hours and you often feel tingling in your legs. Within a couple of hours you will be able to move them again. When you feel ready to stand out of bed for the first time after the operation, you should make sure that there is someone to assist you. Your catheter will be left in position for 12 to 24 hours, until you are more mobile.

Most women need pain relieving drugs for a few days after the caesarean section. It is important that you are comfortable so that you can recover quicker from the surgery. It is usual to be prescribed regular pain relieving tablets three to four times a day. The midwives will be able to give you further pain relief if required.

**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 and your baby have the correct level of care after major surgery.** This is most commonly occurs if your baby is likely to need admission to the Neonatal Intensive Care Unit.
Eating and drinking. You may have small sips of water after the procedure, and when you feel well enough, you can resume a light diet.

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. Most women are up, about and on their feet within 24 hours of a caesarean section. We will help you control your pain from the wound with pain-killers.

Leaving hospital. Most mothers leave hospital 24 to 48 hours after a caesarean birth. The actual time that you stay in hospital will depend on how quickly you recover from your operation, other medical problems and the health of your baby.

Resuming normal activities including work.
Driving: please follow the doctor’s or midwife’s advice, and check with your car insurers who can tell you when you should be able to drive again.
Time off work: we advise you to not resume work for six weeks after the operation, although most mothers will be taking maternity leave for longer.

Special measures after the procedure. A physiotherapist will see you on the ward to discuss postnatal exercises.

Check-ups and results: Your midwife will discuss any follow up arrangements with you before you leave the hospital.

Significant, unavoidable or frequently occurring risks of this procedure
A caesarean section, followed by sterilisation is a very safe operation both for the mother and her baby. However, in common with any major surgery there are some potential risks. Your obstetrician and midwife will ensure that the appropriate measures are taken to reduce your risk of the development of complications

Frequent risks
- persistent wound and abdominal discomfort, 9 women in every 100 (common)
- repeat caesarean section in subsequent pregnancies, 1 woman in every 4 (very common)
- readmission to hospital, five women in every 100 (common)
- minor cuts to the baby’s skin one-two babies in every 100 (common)
- infection, five women in every 100 (common)
- haemorrhage, five women in every 1000 (uncommon).

Serious risks
- Emergency hysterectomy, seven-eight women in every 1000 (uncommon)
- Need for further surgery at a later date, five women in every 1000 (uncommon)
• Admission to intensive care unit, nine women in every 1000 (uncommon)
• Increased risk of a tear in the womb in future pregnancies, two-seven women in every 1000 (uncommon)
• Developing a blood clot, 4–16 women in every 10 000 (rare)
• Stillbirth in future pregnancies, one-four women in every 1000 (uncommon)
• In a future pregnancy, the placenta covers the entrance to the womb (placenta praevia), four-eight women in every 1000 (uncommon)
• Injury to the urinary system, one woman in every 1000 (rare)
• Death, approximately one woman in every 12 000 (very rare)

The main risks of sterilisation are:
• sterilisation at the time of caesarean section has a higher failure rate (this means it doesn’t prevent future pregnancies) than sterilisation performed at other times (such as when a woman is not pregnant). The failure rate is approximately one in every 200 procedures carried out.
• if a woman becomes pregnant after a sterilisation has been performed there is an increased risk of an ectopic pregnancy (this is a pregnancy in the fallopian tubes).

The sterilisation procedure should be considered an irreversible operation.

Alternative procedures that are available
The advantages and disadvantages of a vaginal delivery will be discussed with you. Your doctor or midwife will discuss with you the advantages and disadvantages of delaying having a sterilisation until a later date, for example, after the baby’s delivery. They can also offer you permanent, non-surgical contraceptive options.

Information and support
We may give you 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.

If you have any concerns, please contact the Delivery Unit on 01223 217217 (or through the hospital contact centre on 01223 245151 extension 3217).

Anaesthesia
Types of anaesthesia
There are two main types: you can either be awake with a regional anaesthetic or unconscious with a general anaesthetic. Most caesarean sections are done under regional anaesthesia for which you are awake but the sensation from the lower body is numbed. It is usually safer for you and your baby, it allows both you and your partner to experience the birth together and your recovery is better.

Cambridge University Hospitals NHS Foundation Trust
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Caesarean section CF242 version 6 December 2016
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.

**Regional Anaesthesia**

There are three types of regional anaesthesia:

- **Spinal** which is the most commonly used method. It may be used in planned or emergency operations. The nerves and spinal cord that carry feelings from your lower body and control muscle movement are contained in a bag of fluid (dural sac) inside your backbone. Local anaesthetic and pain relieving drugs, similar to morphine, are injected inside this bag of fluid using a very fine needle. This method works fast and only requires a small dose of local anaesthetic.

- **Epidural.** A thin plastic tube is placed outside the bag of fluid (dural sac), near the nerves carrying pain from the uterus. It is often used to give pain relief during labour. It can be topped up with stronger local anaesthetic if a caesarean section is required. In an epidural a larger dose of local anaesthetic is needed than in a spinal, and it takes longer to work.

- **Combined spinal-epidural** which is a combination of the two above options. The spinal can be used for the caesarean section. The epidural can be used to give more anaesthetic if required, and sometimes to give pain relieving drugs after the operation.

**General anaesthesia**

If you have a general anaesthesia you will be unconscious for the operation. It is used less often nowadays. It may be needed for some emergencies, if there is reason that regional anaesthesia is unsuitable or if you prefer to be asleep. Your partner will not be able to be present at the birth if you require a general anaesthetic.

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.

**Some reasons why you may need a general anaesthetic**
Your baby may need to be delivered so urgently that there is not time for regional anaesthesia to work.
In certain conditions, for example when blood cannot clot properly, regional anaesthesia is best avoided.

A very abnormal back may make regional anaesthesia impossible.

Occasionally spinal or epidural anaesthesia does not work properly.

**The advantages and disadvantages of regional compared with general anaesthesia**

The advantages are:
- spinals and epidurals are usually safer for you and your baby
- they enable you and your partner to share in the birth
- you will not be sleepy afterwards
- they allow earlier feeding and contact with your baby
- you will have good pain relief afterwards
- your baby will be born more alert.

The disadvantages are:
- spinals and epidurals can lower the blood pressure. This is easily treated with the fluids given through your drip and by giving you drugs to raise your blood pressure
- they may take longer to work than a general anaesthetic
- occasionally they make you shiver
- rarely they don’t work perfectly so a general anaesthetic will be needed.

**Spinal and epidural anaesthesia do not cause chronic backache.** Backache is common after childbirth, especially if backache occurred before or during pregnancy. Epidurals and spinals do not make it more common.

**What are the risks and complications 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.
Risks and complications may be very common (affect 1 in 10 patients), common (affect 1 in 100), uncommon (affect 1 in 1000), rare (affect in 10,000) and very rare (1 in 100,000).
Risks and complications of spinal or epidural anaesthesia

**Very common (1 in 10)**
Itching (due to morphine like pain relief), local back tenderness, drop in blood pressure to make you feel faint or sick

**Common (1 in 100)**
Severe headache, failed or inadequate anaesthetic which then requires a general anaesthetic (1 in 20 for an epidural anaesthetic, less than 1 in 100 for a spinal anaesthetic)

**Rare (1 in 10,000)**
Significant but temporary nerve injury (numbness or weakness affecting leg or foot)

**Very rare (1 in 100,000)**
Permanent nerve injury, epidural haematoma (blood clot), infection (abscess or meningitis)

Risk and complications of general anaesthesia

**Very common (1 in 10)**
Sore throat, feeling sick

**Common (1 in 100)**
Minor chest infection, muscle pains

**Uncommon (1 in 1000)**
Severe chest infection, airway problems leading to low blood oxygen levels (1 in 300), corneal abrasion (scratch on the eye), damage to teeth, awareness under general anaesthesia

**Rare (1 in 10,000)**
Severe allergic reaction

**Very rare (1 in 100,000)**
Brain damage or death

**What happens if you are having a regional anaesthetic?**
Normally this is administered in the anaesthetic room or in the operating theatre. Your birthing partner is usually welcome to stay with you throughout. A cannula, ‘the drip’, will be placed in a vein in either your hand or wrist using local anaesthetic. Equipment to monitor your blood pressure and heart rate will be attached at this stage.

You will be asked to either sit or lie on your side, curling your back. The anaesthetist will clean your back with sterilising solution. They will then find a suitable point between two of the bones in the middle of your back and inject local anaesthetic to numb the skin.
Then, for a spinal, a fine needle is passed through this numb area and into the spinal fluid. Sometimes you might feel a tingling going down one leg as the needle goes in, like a small electric shock. You should mention this, but it is important that you keep still. Next, local anaesthetic and a pain relieving drug are injected. It usually takes just a few minutes, but if it is difficult to place the needle, it may take slightly longer.

For an epidural, a larger needle is needed to allow the epidural catheter to be threaded into the epidural space but otherwise you will be positioned the same as for a spinal.

You will know the spinal or epidural is working when your legs begin to feel tingly, heavy and numb. Numbness will spread gradually up your body. The anaesthetist will check with either a cold spray or by testing touch sensation that you are ready for the operation. Sometimes it is necessary to change your position to make sure the anaesthetic is working well. Your blood pressure will be checked frequently.

You will be lying on the theatre table with it either tilted to the left or with a wedge placed under your right hip. This is to prevent your baby pressing on the blood vessels in your abdomen which can make your blood pressure drop.

If you feel sick at any point, you should mention this to the anaesthetist. It is often caused by a drop in your blood pressure and the anaesthetist will be able to give you appropriate treatment.

**What will happen if you need a general anaesthetic?**

As with a caesarean section under regional anaesthesia it is important to follow the instructions about not eating and drinking, and to take your tablets to reduce stomach acid. In addition, upon arrival in the operating theatre, you will be given an antacid to drink. Monitoring will be attached to measure your blood pressure, heart rate and to measure the oxygen levels in your blood.

The anaesthetist will give you oxygen to breathe through a face mask for three minutes. Next you will be given the anaesthetic through your drip and you will rapidly lose consciousness.

Just before you lose consciousness you will feel light pressure being applied to the front of your neck. This is to prevent stomach contents getting into your lungs.

When you are unconscious a tube is placed into your windpipe to allow a machine to breathe for you and to protect your lungs. The anaesthetist will continue to give you the anaesthetic throughout the operation and ensure your continued safety.

When you wake up your throat may feel uncomfortable, and you may feel sore from the operation. You will also feel sleepy. You will be taken to the recovery area where you will meet up with your baby and partner. You may be given a patient controlled analgesia (PCA) pump which allows you to inject a small amount of morphine pain killer into your drip at the press of a button when you feel sore.
Pain relief

For women who have an epidural or spinal anaesthetic, immediate pain relief (analgesia) is provided by the anaesthetic. At the end of the procedure you will also be given tablets or suppositories to provide ongoing analgesia. Women who have a general anaesthetic may require strong pain killers such as morphine, usually administered into the vein by a patient controlled analgesia system.

Your anaesthetist will discuss pain relief with you prior to surgery, along with the risks and benefits.

The most common pain relief used after caesarean section are paracetamol and ibuprofen and for the majority of women this provides excellent pain relief.

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

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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.
A Caesarean section is recommended when there are concerns for the health of the mother or her baby. A sterilisation operation prevents further pregnancies.

Frequent risks: persistent wound and abdominal discomfort; repeat caesarean section in subsequent pregnancies; readmission to hospital; minor cuts to the baby's skin; infection; haemorrhage.

Serious risks: Emergency hysterectomy; Need for further surgery at a later date; Admission to intensive care unit; Increased risk of a tear in the womb in future pregnancies; Developing a blood clot; Stillbirth in future pregnancies; In a future pregnancy, the placenta covers the entrance to the womb (placenta praevia); Injury to the urinary system; Death, approximately 1 woman in every 12 000 (very rare)

The main risks of sterilisation are: sterilisation at the time of caesarean section has a higher failure rate; if a woman becomes pregnant after a sterilisation has been performed there is an increased risk of an ectopic pregnancy.

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:
Elective caesarean section with sterilisation

**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:

Elective caesarean section with sterilisation

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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.

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

Elective caesarean section with sterilisation

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: ___________________________

Patient safety – at the heart of all we do

Addenbrooke’s Hospital | Rosie Hospital

CF 242 elective CS and sterilisation, v6, December 2016
Consent Form

Elective caesarean section with sterilisation

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: ........................................