Patient information and consent to endometrial ablation using the Novasure® procedure

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.

- Simple painkillers such as paracetamol and ibuprofen may be required after your surgery. It is suggested that you have a supply of these medications at home to take as you need according to the instructions.

- 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 245151 and ask for bleep 152 778 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.

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.
About endometrial ablation with the Novasure® procedure

Heavy menstrual bleeding (heavy periods) affected up to 1.5 million women in the UK in 2014. It is the reason why 20% of all women see their GP and accounts for 20% of all gynaecological referrals. The problem can be more than heavy bleeding; it can be disruptive to your family, social life, work life, other daily activities and even your mood. One of the causes of heavy menstrual bleeding is a thickening of the endometrium (lining of the uterus).

The aim of endometrial ablation using the Novasure® procedure is to heat and destroy the lining of the uterus (womb) to a depth of three millimetres. The heat comes from radiofrequency waves that are produced by a probe which is inserted into the uterus through the cervix (the neck of the uterus). The aim is that your periods may become normal, lighter or may stop altogether.

The procedure is performed either under a general anaesthetic in Addenbrooke’s Treatment Centre (ATC) or under local analgesia in Clinic 25, on Daphne ward in the Rosie Hospital. When you attend the clinic appointment to discuss the Novasure treatment your doctor will discuss with you the option of either a general anaesthetic or local analgesia. For some women there is a strong preference to avoid a general anaesthetic but others may prefer to be asleep for this sort of procedure.

An endometrial ablation is not recommended if you wish to conceive in the future. It is not an effective form of contraception thus you will need to continue contraception afterwards. Your doctor can discuss the options with you.

Intended benefits

- Endometrial ablation using Novasure® is an effective treatment for the management of heavy menstrual bleeding in 70-80% of women by reducing their bleeding and 50% of women have less painful periods.
- 95% of women return to normal activities within a week of having the procedure.
- The procedure is proven to relieve heavy menstruation (periods) without the use of hormones and to avoid the necessity for a hysterectomy.
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.

Preparing for your procedure

Discuss the procedure with your General Practitioner (GP) and get him/her to review your medications. Medications such as low dose aspirin, non-steroidal anti-inflammatories (such as ibuprofen, diclofenac [voltarol]) need to be stopped at least seven days before the operation. Blood thinning medications such as warfarin need to be converted to an alternative drug before the operation. Unless you are told differently by your consultant you should continue any hormone replacement therapy (HRT) or oral contraceptive pills you may be taking. If you are on high blood pressure medication you should arrange to have your blood pressure checked by your GP.

You should maintain a sensible diet. In the two days before the operation take plenty of fluids. It is important to avoid dehydration in the days before surgery. Avoid alcohol and cigarettes in the month before the operation if possible.

Stopping smoking will benefit your health in all sorts of ways such as lessening the risk of chest problems after your anaesthetic. By not smoking – even if it is just while you are recovering – you will bring immediate benefits to your health. If you are unable to stop smoking before your operation, you may need to bring nicotine replacements for use during your hospital stay. You will not be able to smoke in hospital. If you would like information about a smoking cessation clinic ask any of the staff.

Daily exercise in the run up to the procedure will improve your recovery. A 30 minute brisk walk, three to four times a week should be sufficient. Swimming is a good alternative.

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

General analgesia

Before your procedure

Once the decision for the procedure has been made, patients having the procedure under a general anaesthetic will be asked to attend a pre-admission clinic, when you will meet a specialist nurse. For some women we may arrange a telephone consultation. 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.

You will see an anaesthetist before your procedure. To lessen complications of the anaesthetic 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.

With the procedure, anaesthetic and recovery you will be in hospital most of the day. Your doctor will discuss the length of stay with you.

**During endometrial ablation**

During the procedure the cervix is dilated. A hysteroscopy will be carried out to check the cavity of the uterus is suitable for the procedure prior to undertaking the ablation and to confirm that there are no additional problems such as a polyp or fibroid.

A probe is then inserted into the uterus which destroys the lining of the uterus using radiofrequency waves (see above picture). This particular part of the surgery usually takes about 90 seconds.

**Local analgesia**

**Before your procedure**

You will be invited to Clinic 25 at the Rosie which is situated in Daphne Ward approximately 90 minutes before the procedure. You will be welcomed by a specialist nurse and will be offered pain relief and anti-nausea medication by mouth. We will the wait an hour for that to become effective.

The arrangements in clinic will be very similar to that which you experienced during the hysteroscopy. On this occasion however the surgeon will inject local anaesthetic into the cervix and the top of the uterus.

**During endometrial ablation**

During surgery the cervix is dilated and a probe is then inserted into the uterus which is deployed and then activated. This takes away the uterine lining using radiofrequency waves (see above picture). This particular part of the surgery usually takes about 90 seconds.

**After endometrial ablation using the Novasure® procedure**

Once your surgery is completed under general anaesthesia you will usually be transferred to the recovery area 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 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.

After treatment local analgesia you will be escorted to a bed space with reclining chair allowing you to recover and then have refreshments before going home. The length of time to recover is unpredictable but is generally one to two hours.

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

**Eating and drinking.** 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. 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. Avoid alcohol for the first 24 hours as a general anaesthetic may affect you more than normal.

**Getting about immediately after the procedure.** We will help you to become mobile as soon as possible after the procedure. This helps improve your recovery and reduces the risk of certain complications.

**Leaving hospital.** The actual time that you stay in hospital will depend on your general health, how quickly you recover from the procedure and your doctor's opinion. You must have had something to eat and drink, been able to pass urine, have minimal pain, and have someone to take you home and be with you overnight.

**Resuming normal activities including work.** Most women who have had this procedure can resume normal activities after 48 hours. You may wish to take the following day off work as the effects of the anaesthetic will still be in your system; you should not drive for 24 hours after the procedure. Some women take up to five days off work depending on the type of work they do. You are able to self-certify for up to five days. You might need to wait a little longer before resuming more vigorous activity such as physical sports.

**Special measures after the procedure:**

**Vaginal bleeding:** You may have some vaginal bleeding for a few days after the operation; this is normal. It is also normal for you to have no bleeding at all. Any bleeding will decrease gradually and you may have a reddish/brown discharge which itself can last for two to three weeks.

Should the bleeding increase, last much longer than a week, start to become offensive (smell horrible) or you have a fever and/or ‘flu-like symptoms, see your GP or contact us on the numbers below. These may be signs of infection.
While you are bleeding you should only use sanitary towels and not tampons. Avoid sexual intercourse and swimming until the bleeding has stopped. You can shower or bath on the same day as your operation but we recommend you do not have the water temperature too hot as this may make you feel faint / dizzy. It may be advisable to ensure a responsible adult is around while you do this.

**Pain:** Most women will still feel some diminishing discomfort when at home. Painkillers such as paracetamol and ibuprofen should help. If the pain becomes distressing, please contact your GP or us on the contact numbers listed below.

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

**Menstrual cycle:** As the aim of an endometrial ablation is to return your menstrual flow (periods) to a normal (manageable) flow, a lighter flow or to stop it altogether. It should be effective immediately. If you do have some bleeding you may not have another cycle once this has settled.

**Fertility and contraception:** Patients wanting to get pregnant should not undergo endometrial ablation. The chances of a successful pregnancy are much reduced and any pregnancy that did occur may be at risk of significant complications. As it is still possible for you to get pregnant we would recommend that you continue with your chosen method of contraception after treatment.

**Check-ups and results:** Before you leave hospital, we will provide you with contact details should you experience any problems after the procedure but generally we would not plan a follow up appointment as the treatment is highly likely to be successful for you. If there are other co-existing problems your consultant may arrange a further appointment as agreed.

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

If you have a pre-existing medical condition, are obese, have significant pathology or have had previous surgery, the quoted risks for serious or frequent complications will be increased.
The table below is designed to help you understand the risks associated with this type of surgery. This is further explained in the following patient information leaflet available from the Royal College of Obstetricians and Gynaecologists: 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 a 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>

**Serious risks include:**
- Damage to the uterus such as a perforation (making a hole) causing injury to the bowel, bladder and other internal organs – Uncommon - less than 1 in every 1000. If perforation occurs we may need to perform a laparoscopy (looking into the abdomen (tummy) with a telescope) to repair the damage – Uncommon less than 1 in every 1000.
- Failure to enter the uterine cavity and complete the procedure – Uncommon – less than 1 in every 100.
- Possibility of recurrence of symptoms – common

**Additional risks include:**
- Bleeding – severe bleeding that requires blood transfusion – Uncommon – less than 1 in every 1000.
- Continuation of menstruation (in some form) 64 in every 100 – very common
- Infection of the uterus – Uncommon – less than 1 in every 1000.
- Cyclical pain (pain with your period) caused by haematometra (menstrual blood unable to escape the uterus due to scarring) – uncommon approximately 1 in every 1000.
- The Novasure has a number of safety features which when triggered may prevent the surgeon from continuing and in some circumstances the procedure will be abandoned. Your surgeon will then discuss the options with you.
- There may also be a risk of urinary infection but there are no definitive statistics for this.

**NB:** An endometrial ablation may cause uncertainty about the diagnosis of endometrial cancer many decades later in life. Your doctor will discuss this with you.

**Alternative procedures that are available**
- Medical treatments such as tranexamic acid (a tablet that helps clotting), the contraceptive pill and the Mirena® Intra Uterine System (a plastic intrauterine device with hormones) can be effective.
There is also the surgical option of a hysterectomy (removal of the uterus). This is a much more invasive procedure with greater risks.

Alternatively you may decide not to have the procedure. We are happy to discuss the implications with you.

**Information and support**
You might be given some additional patient information: Endometrial ablation-Novasure patient information before or after the procedure. This leaflet explains what to do after the procedure and what problems to look out for. If you have any questions or anxieties, please feel free to ask a member of staff including the nursing staff at the day surgery unit or clinic 25.

If you are worried after leaving the hospital, you can ask advice from the nursing staff on:

- **Clinic 24** (emergency gynaecology unit/ early pregnancy unit)
  08:00 – 20:00 Monday to Friday
  08:30 – 14:00 Weekends
  Closed Bank Holidays
  01223 217636

- **Daphne ward**
  inpatient gynaecology ward
  01223 257206
  At all other times

You are also able to attend the emergency department at any time.

**When to seek help**
As with any procedure, complications can occur.

You should seek medical advice from your GP, clinic 24 or daphne ward for:

- Heavy or prolonged bleeding that continues for more than three weeks, smelly vaginal discharge
- Abdominal pain, that is not relieved with the painkillers advised or that continues for more than three weeks
- Raised temperature (fever) and ‘flu-like symptoms. This may be due to infection of the lining of uterus.
- Feeling faint, dizzy or unwell
- Burning and stinging when trying to pass urine-this may be due to urine infection

You should attend the emergency department immediately for:

- Pain, redness and swelling in legs-this may be a sign of DVT.
- Shortness of breath or chest pain or cough it could be due to clots that have travelled to your lungs called pulmonary embolism.
Other useful sources of support:

The Royal College of Obstetricians and Gynaecologists
Recovering Well Patient Information
https://www.rcog.org.uk
Information for you after an endometrial ablation (pdf).

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.

**What will I feel like afterwards?**

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

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

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

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

Very common (1 in 10 people) and common side effects (1 in 100 people)
- Feeling sick and vomiting after surgery
- Sore throat
- Dizziness, blurred vision
- Headache
- Bladder problems
- Damage to lips or tongue (usually minor)
- Itching
- Aches, pains and backache
- Pain during injection of drugs
- Bruising and soreness
- Confusion or memory loss

Uncommon side effects and complications (1 in 1000 people)
- Chest infection
- Muscle pains
- Slow breathing (depressed respiration)
- Damage to teeth
- An existing medical condition getting worse
- Awareness (becoming conscious during your operation)

Rare (1 in 10,000 people) and very rare (1 in 100,000 people) complications
- Damage to the eyes
- Heart attack or stroke
- Serious allergy to drugs
- Nerve damage
- Death
- Equipment failure
- Deaths caused by anaesthesia are very rare. There are probably about five deaths for every million anaesthetics in the UK.

For more information about anaesthesia, please visit the Royal College of Anaesthetists’ website: www.rcoa.ac.uk
Information about important questions on the consent form

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

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

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

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

If you wish to withdraw your consent on the use of tissue (including blood) for research, please contact our Patient Advice and Liaison Service (PALS), on 01223 216756.
5 ReSPECT (Recommended Summary Plan for Emergency Care and Treatment)

It is Trust policy that before we commence any treatment plan we discuss your wishes in the unlikely event there is a complication/emergency resulting from the treatment. The ReSPECT process creates a personalised recommendation for your clinical care in emergency situations where you are not able to make decisions or express your wishes. This enables your health professional to make clinical decisions and to act in your best interests and for your benefit.

The conversation helps us to understand your priorities of care and use those to develop an agreed plan that records what types of care or treatment:

- You would want to be considered for in an emergency
- You would not want to receive
- Would not work or be of overall benefit to you.

There is further information available at: ReSPECT – Recommended summary plan for emergency care and treatment: Information for patients, relatives and staff

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 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 or audio, please contact Interpreting services on telephone: 01223 256998, or email: interpreting@addenbrookes.nhs.uk For Large Print information please contact the patient information team: patient.information@addenbrookes.nhs.uk.

Document history

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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)

Effective treatment for the management of heavy and painful periods. Return to normal activities within a week of having the procedure. Avoids use of hormones or even a hysterectomy.

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

- Uterine perforation causing injury to the bowel, bladder and other internal organs
- Failure to enter the uterine cavity
- Possibility of recurrence of symptoms
- Bleeding that requires blood transfusion
- Infection of the uterus
- Cyclical pain
- Possible urinary infection

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:

Patient safety – at the heart of all we do
Consent Form

Endometrial ablation using the Novasure® procedure

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:
   Endometrial ablation using Novasure

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

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

Signed (Health professional): ___________________________ Date: D D / M M / Y Y Y Y
Name (PRINT): ___________________________ Time (24hr): H H : M M
Designation: ___________________________ Contact/bleep no: ___________________________

C Consent of patient / person with parental responsibility

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

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

1 Creutzfeldt Jakob disease (CJD)
Have you ever been notified that you are at risk of CJD or variant CJD for public health purposes? If yes, please inform your health professional.
☐ Yes ☐ No

2 Photography, Audio or Visual Recording
a) I agree to the use of any of the above type of recordings for the purpose of diagnosis and treatment.
   ☐ Yes ☐ No

b) I agree to unidentified versions of any of the above recordings being used for audit and medical teaching in a healthcare setting.
   ☐ Yes ☐ No

3 Students in training
I agree to the involvement of medical and other students as part of their formal training.
   ☐ Yes ☐ No
Consent Form

Endometrial ablation using the Novasure® procedure

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: ____________________________________
Endometrial ablation using the Novasure® procedure

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: ........M.M.Y.Y.Y.Y.Y.Y.

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

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

E Interpreter’s statement (if appropriate)

I have interpreted the information to the best of my ability, and in a way in which I believe the patient can understand:

Signed (Interpreter): .................................................. Date: ........M.M.Y.Y.Y.Y.Y.Y.

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

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

F Withdrawal of patient consent

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

Signed (Patient): .................................................. Date: ........M.M.Y.Y.Y.Y.Y.

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

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

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Endometrial ablation using Novasure, CF445, Version 3, January 2020