Patient information and consent to hysteroscopic surgery

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 surgery. Simple bowel medication such as senna and lactulose may be required after surgery. It is suggested that you discuss with your pharmacist and have a seven day 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 gynaecology specialist nurse or your consultant on the telephone number you have been given if you have any questions or concerns about this procedure or your appointment.

After the procedure we will file the consent form (the last four pages of this information) in your medical notes and you may take the rest of the 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.

Hysteroscopic surgery, CF231, V6, December 2017
About hysteroscopic surgery

Hysteroscopic surgery has been recommended as a method of diagnosis, removal of intrauterine pathology (diseased or abnormal tissue in your womb) or we may also offer some form of treatments such as the insertion/removal of a hormone releasing intrauterine system (coil).

We check the lining of the uterus (womb) via a small telescope (hysteroscope), and may remove any problem areas (including uterine polyps). A hysteroscopy alone is a diagnostic procedure and will not affect your condition. Usually we take a biopsy at the time of hysteroscopy.

Hysteroscopy*
Or Hysteroscopy and polypectomy*
Or Hysteroscopic resection of polyp*
Or insertion/removal of levonorgestrel-releasing intrauterine system*
*Delete as required

Intended benefits

We aim to check the lining of the uterus and remove any abnormal areas present.

Who will perform my procedure?

This procedure will be performed by a consultant gynaecologist, surgical care practitioner or a junior doctor training in this field and working under supervision.

Before your procedure

A decision will be made with you in clinic about this operation and you will have then completed the necessary day surgery screening forms during this visit. The pre-assessment nurses will review your completed form and may perform a telephone consultation or may invite you to attend a pre-assessment clinic appointment.

At this clinic, we will ask for details of your medical history and carry out any necessary clinical examinations and investigations. A decision about your procedure and the requirement for general or regional anaesthetic will have been made by your consultant or one of their team in conjunction with you. The anaesthetist also has input into the type of anaesthesia you will have for the procedure. 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-mEDIATE), please ask your nurse. Pharmacists visit the wards regularly and can help with any medicine queries.

We will advise you which tablets you can safely continue taking and which must be stopped and when prior to surgery.

Hysteroscopic surgery, CF231, V6, December 2017
We may ask you to stop hormone replacement treatment (HRT) at approximately two weeks prior to surgery, if appropriate.

Your doctors usually involve the prescribing team, such as the breast team, when discussing whether you should stop or switch from tamoxifen to another medication.

You will be asked whether you have any allergies. It is important that you tell us about any bad reactions that you have had with medication or operations prior to surgery. If you are taking aspirin or regular painkillers please discuss this with the pre-admission sisters as we may suggest stopping the aspirin prior to surgery.

Usually this procedure will be done as an outpatient. Due to various considerations, it has been suggested that you have an anaesthetic for this procedure (general or regional) and this now will be done as a day case. 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.

We will tell you when to stop eating and drinking before the operation: be sure to follow those instructions, or your operation may be cancelled.

It is not usual to have a premed for day case operations, as this can slow recovery. Most day case operations are more minor, and usually do not require major pain killers afterwards. However, you may need some simple pain relief tablets such as paracetamol or ibuprofen and it is important that you have some at home.

Most people who have this type of procedure will need to stay in hospital for six hours after this type of surgery. Very rarely, you may need to stay overnight following the procedure. Usually, you will be admitted on the day of surgery. Sometimes we can predict whether you will need to stay for longer than usual - your doctor will discuss this with you before you decide to have the procedure.

There is nothing you need to do between now and when you come into hospital, although being fit usually helps people recover more quickly from an operation.

If you are still having periods do not stop taking contraceptive precautions before the operation. If you have any suspicion that you might be pregnant, even a few days before the operation, you should let the doctor know when you come into hospital; a routine urine pregnancy test will be performed before the operation.

**During the procedure**

During the operation, a hysteroscope is passed through your cervix (neck of the womb) and any pathology present can be seen and biopsied and/or removed.

**After the procedure**

Once your surgery is completed you will usually be transferred to the recovery ward where you will be looked after by specially trained nurses, under the direction of your anaesthetist.
The nurses will monitor you closely until the effects of any general anaesthetic have adequately worn off and you are conscious. They will monitor your heart rate, blood pressure, oxygen levels and assess 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.

The general anaesthetic may make you feel lethargic for a few days and you may have some general muscular aching. Your throat may feel dry and sore but this will improve after a couple of days.

**Eating and drinking.** Usually following surgery you will be able to drink fluids when you are ready. If you feel hungry, you can usually have something light to eat soon after the operation.

**Getting about after the procedure.** We will help you to become mobile as soon as possible after the procedure. This helps improve your recovery and reduces the risk of certain complications. Typically, you will be able to get up after one hour. If you have any mobility problems, we can arrange nursing or physiotherapy help.

**Leaving hospital.** The actual time you are in hospital can vary after the operation. Usually, for this operation you will stay in hospital for a few hours. If you have problems with the operation or require further treatment you might need to stay in for longer. You should not go home unaccompanied or drive yourself as the anaesthetic drugs will still be in your system and will make you feel sleepy. 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.** For 24 hours following a general anaesthetic you should not:
- Drive a car or any other vehicle or cycle
- Operate any apparatus or machinery
- Do any strenuous exercise
- Drink any alcohol
- You should take it easy for a day or so after your operation. Be guided by how strong you feel.

Usually you can resume normal activities after a day or so. 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; generally this will be after a few days and you should be able to self-certificate. If you feel you need longer you will have to see your GP for his/her opinion and ask him/her to complete a ‘fitness to work’ certificate for you to take to your employer.
Special measures after the procedure:

**Vaginal bleeding:** It is possible you may experience some vaginal bleeding or discharge for a few days. We recommend that you use sanitary towels and not tampons for the duration of the bleeding as this will minimise the risk of infection. We also suggest you avoid swimming or long soaks in the bath for two weeks or until any bleeding / discharge has stopped. If you have had a hormone releasing intrauterine system (coil) inserted, irregular bleeding or spotting is common for up to six months after insertion. Should you have concerns that any bleeding is not settling or you have a fever and ‘flu-like’ symptoms then contact your GP or contact us on the numbers below.

- **Pain:** You will probably still be feeling some discomfort when you are back home. Ordinary painkillers such as paracetamol or ibuprofen should help. If the pain becomes distressing, please contact your GP.

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

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

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

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

**Check-ups and results:** You will be given verbal information about the results of your surgery after the operation. It is then usual for you to be sent a letter with the confirmed results as soon as these are available; this may be up to four weeks later. A clinic visit is not usually booked for routine follow-up after surgery. However, should you feel the need to talk to the surgeons or other staff, please do not hesitate in contacting them. Should you need a follow-up visit this is tailored to your requirements, and a clinic appointment will be sent to you in the post.
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 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>

Serious risks

- The overall risk of serious complications from diagnostic hysteroscopy is approximately two women in every 1000 (uncommon)
- Damage to the uterus (uncommon). If the damage to the womb is more extensive, we might need to use a more involved operation to check for damage to the bowel, bladder or major blood vessels and repair the damage. A laparoscopy (checking with a telescope through the umbilicus (tummy button) may be required)
- Damage to the cervix (neck of womb) – usually this will require a stitch to repair it
- Damage to bowel, bladder or major blood vessels (rare)
- Failure to gain entry to uterine cavity and complete intended procedure (uncommon)
- Infertility (rare)
- Thrombosis
- Three to eight women in every 100 000 undergoing hysteroscopy die as a result of complications (very rare).

Frequent risks

- Infection
- Further bleeding.

Alternative procedures that are available

- The alternative to this surgery is to decide not to have surgery and the implications of deciding not to have surgery will be discussed with you.
- Usually, the option of having this procedure as an outpatient has been discussed with you.
Information and support

- Do feel free to speak to a member of staff if you have any questions or anxieties including the nursing staff at the Day Surgery Unit.

If you are worried after leaving the hospital you can ask for advice from:

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

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

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.

A premedication drug is rarely given nowadays as it is not needed.

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**

Local anaesthesia is not used for patients having a hysteroscopy in theatre.

**Sedation**

Sedation for hysteroscopy is rarely used.

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

Hysteroscopic surgery, CF231, V6, December 2017
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.

Document history

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Hysteroscopy* / Hysteroscopy and polypectomy* /
Hysteroscopic resection of polyp* / Or
insertion/removal of levonorgestrel-releasing
intrauterine system* *Delete as required

A  Patient’s side  left / right or N/A

Consultant or other responsible health professional

Name and job title:  

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

Please use ‘Procedure completed’ stamp here on completion:

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

1  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)
   - To check the lining of the womb and remove any abnormal areas present.

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
   Failure to complete the surgery, damage during the surgery to the uterus (womb) or cervix (neck of the womb), infection and further bleeding.

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

Hysteroscopy* / Hysteroscopy and polypectomy* / Hysteroscopic resection of polyp* / Or insertion/removal of levonorgestrel-releasing intrauterine system* *Delete as required

d) any extra procedures that might become necessary during the procedure such as:
☐ Blood transfusion
☐ Other procedure (please state)

The following information leaflet has been provided:
Hysteroscopic surgery

Version, reference and date: CF231 V6 December 2017

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

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

☐ Yes ☐ No

Patient safety – at the heart of all we do

Addenbrooke’s Hospital | Rosie Hospital

File in the procedures and consents section of the case notes
**Consent Form**

**Hysteroscopy** / Hysteroscopy and polypectomy / Hysteroscopic resection of polyp / Or insertion/removal of levonorgestrel-releasing intrauterine system *Delete as required*

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**4 Use of Tissue**

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

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

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

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

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**Signed (Patient):** .......................................................... **Date:** __/__/Y.Y.Y.Y.

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

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*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:** __/__/Y.Y.Y.Y.

**Relationship to patient:** ..........................................................

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

**Signed (Witness):** .......................................................... **Date:** __/__/Y.Y.Y.Y.

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

**Address:** ..........................................................
Consent Form

Hysteroscopy* / Hysteroscopy and polypectomy* / Hysteroscopic resection of polyp* / Or insertion/removal of levonorgestrel-releasing intrauterine system* *Delete as required

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