Patient Information

Patient information and consent to laparoscopic (key-hole) ovarian/fallopian tubal 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.

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

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

- Please call the pre-admission nurses on telephone number 01223 256584 if you have any questions or concerns about this procedure or your appointment.

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

Important things you need to know

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

We will also only carry out the procedure on your consent form unless, in the opinion of the health professional responsible for your care, a further procedure is needed in 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.

Laparoscopic ovarian surgery, CF233, V6, June 2017
**About laparoscopic ovarian/fallopian tube surgery**
The aim is to use key-hole surgery (using a laparoscope/small telescope) to: 

(Surgeon to insert details here)

- **Bilateral salpingo-oophorectomy*** (removal of both fallopian tubes and ovaries)
- **Left/ Right unilateral salpingo-oophorectomy*** (removal of one fallopian tube and ovary)
- **Left/ Right/Bilateral ovarian cystectomy*** (removal of a cyst from one or both ovaries)
- **Left/Right/Bilateral salpingectomy** * (removal of the fallopian tube)

*Delete as appropriate

**Intended benefits**
We aim to remove the area that is causing concern. The benefit should have been discussed with you in clinic / on the ward as well as non-surgical options.

**Who will perform my procedure?**
This procedure will be performed by a consultant gynaecologist 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. (If admitted as an emergency, you will not go through the pre-admission process).

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 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.

Laparoscopic ovarian surgery, CF233, V6, June 2017
This procedure involves the use of general anaesthesia. In addition, we will use local anaesthetic to reduce your post-operative discomfort. 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. 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 these can slow recovery. However, you may need some pain relief tablets, 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 to eight hours after this type of surgery. 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.

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

- Before your procedure, you will be given the necessary anaesthetic – see below for details for this.
- There will be three incisions (cuts) made that you can see. The first is for the telescope and is close to or in the navel (belly button or umbilicus). This is approximately 1cm long. Two further cuts will be made in the lower half of your abdomen (tummy), which are approximately 5mm long. On occasion, a fourth small cut is made for a further instrument.
- The laparoscope is inserted through the cut within the umbilicus. It is connected to a camera and television so that the inside of the abdomen (tummy) can be seen on the screen. Gas is pumped through one of the cuts into the abdomen to inflate it, because this allows the operating team to see clearly what they are doing. The gas is let out through the cuts at the end of the operation.
- A catheter (tube) may sometimes be placed in your bladder during the operation to allow accurate measurement of the urine that you produce during and/or after the surgery. This might be taken out immediately after the operation or left until later, for example: when you are less sleepy.
- Small dissolvable stitches or surgical glue are used to close the small skin wounds at the end of the operation; usually, these dissolve without any need for intervention. If there is a problem please contact the hospital or your practice nurse for a review of the wounds. We shall inform you whether you should have any sutures 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 plus check your wound sites too. You may be given oxygen via a facemask, fluids via your drip and appropriate pain relief until you are comfortable enough to return to your ward.

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

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.

Do not expect to feel normal straight away, and do not plan anything important for the evening after your day case operation. Occasionally the pain or sickness is severe enough for you to be kept in hospital, though that is unusual.

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.

Leaving hospital You will normally be discharged on the same day as your operation. You should not go home unaccompanied as the anaesthetic drugs will still be in your system and will make you feel sleepy. Rarely 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 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 about a week after your operation and avoid lifting heavy items. 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 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 although not everyone does. Should this occur 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. 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.

- **Wound care:** The small cuts are closed with a dissolvable stitch or surgical glue and covered with small dressings. The dressings can be removed the following day and the areas must be kept clean and dry using a clean towel to pat it dry following your shower. This is especially important for the wound in your umbilicus. We advise you to shower and avoid long soaks in the bath or swimming until they have fully healed. Occasionally the stitches can cause an irritation of the skin and we advise that you visit your practice nurse or GP approximately five to seven days after your surgery to have these removed. If the area around your wounds becomes red, hot to touch or more painful than before this may be an indication of infection and we suggest you see your GP or contact Clinic 24 (The Emergency Gynaecology Unit) on the numbers listed below.

- **Pain:** You may experience some soreness around the cuts, and a bloated feeling in your abdomen due to the gas used during the operation. The gas can also create pressure on an abdominal nerve that is connected to the shoulder area and make the shoulders ache.

  It is not unusual for the discomfort to last for up to a week. You may take painkillers, such as paracetamol or ibuprofen, which will help to relieve it. You will probably still be feeling some discomfort when you are back home. 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, especially if you have had both ovaries removed, 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:** The exact surgery you have may possibly have an effect on your menstrual cycle. If one or both of your ovaries are left behind it / they will still release eggs. If you still have the corresponding fallopian tube the egg will travel down this and you will continue with your normal menstrual cycle and be able to become pregnant. If you do not have the corresponding tube the egg will be harmlessly absorbed and you will still have your normal menstrual cycle. If you have had both your ovaries removed you will no longer have any eggs produced and you will now be menopausal and unable to become pregnant. It may be appropriate to consider hormone-replacement treatment (HRT), if this does not affect your general health,. This may not usually be offered if you are having treatment for breast cancer. Your doctor will discuss this with you.

**Check-ups and results:** You will be given information about the results of your surgery after the operation. Usually a letter will be sent with the results as soon as these are available. The follow-up is tailored to your requirements, and a clinic appointment will be sent if appropriate. 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 contact us on the numbers listed below.

**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>
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Serious risks:
- Failure to complete the surgery using the key-hole procedure. This might result in you needing an ‘open’ procedure, in which a larger incision (cut) is made in the abdomen. In a woman without any other medical or surgical problems, the risk of this occurring is 1:100 (this includes equipment failure).
- Damage during the surgery to the bowel or to the urinary tract (including the bladder or ureters) 2:1000 (uncommon); or to one of the major blood vessels. Note 15:100 cases of bowel injury may not be diagnosed at time of laparoscopy.
- Thrombosis (including pulmonary embolus).
- The overall risk of serious complications from diagnostic laparoscopy is approximately one in 100.
- 3 to 8 women in every 100 000 undergoing laparoscopy die as a result of complications (very rare).

Frequent risks:
- inability to identify an obvious cause for presenting complaint
- bruising
- shoulder-tip pain
- wound gaping
- wound infection
- problems at the wound openings/scars (including hernia)
- haemorrhage (bleeding) during or after the surgery
- infection (including of the chest, wound, line, bladder, blood).

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.

Information and support
You might be given 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 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
Further information

Additional information is available from the following organisation

- Royal College of Obstetricians and Gynaecologists
- Royal College of Obstetricians and Gynaecologists (2011) *Alternatives to hormone replacement therapy for symptoms of the menopause*. London
- Royal College of Obstetricians and Gynaecologists (2013) *Ovarian cysts before the menopause*. London

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**

Generally it is not given for this procedure.

**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 you are to have a general anaesthetic, you may be asked to breathe oxygen through a face mask.

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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.

Local anaesthesia

In local anaesthesia the local anaesthetic drug is injected into the skin and tissues at the site of the incision.

What will I feel like afterwards?

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

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

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

What are the risks of anaesthesia?

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

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

Feeling sick and vomiting after surgery
Sore throat
Dizziness, blurred vision
Headache
Bladder problems
Damage to lips or tongue (usually minor)
Itching
Aches, pains and backache
Pain during injection of drugs
Bruising and soreness
Confusion or memory loss

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

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

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

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

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

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

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

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

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

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

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

Other formats:

If you would like this information in another language, large print or audio, please ask the department where you are being treated, to contact the patient information team: patient.information@addenbrookes.nhs.uk.
Please note: We do not currently hold many leaflets in other languages; written translation requests are funded and agreed by the department who has authored the leaflet.

Document history
Authors
Pharmacist
Department
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01223 245151 Extension 3755
June 2017 / June 2020
Laparoscopic ovarian surgery
V6/CF233/Doc ref 1826
To remove the area that is causing concern.

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

Need an ‘open’ procedure, damage during the surgery to the bowel or to the urinary tract or to one of the major blood vessels, haemorrhage, infection, thrombosis and problems at the wound openings/scars.

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

Laparoscopic ovarian / fallopian tube surgery
Surgeon to insert details

______________________________
______________________________
______________________________

2 The following information leaflet has been provided:
Laparoscopic ovarian / fallopian tube surgery: Bilateral salpingo-oophorectomy*/Left/Right unilateral salpingo-oophorectomy* /Left/ Right ovarian cystectomy* / Left/Right/bilateral salpingectomy*

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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.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

Patient safety – at the heart of all we do
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.

□ 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: ..............................................................
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: ...D.D./M.M./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: ...D.D./M.M./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: ...D.D./M.M./Y.Y.Y.Y.

Signed (Health professional): .......................................................... Date: ...D.D./M.M./Y.Y.Y.Y.
Name (PRINT): .......................................................... Job title: ..........................................................