**Patient Information**

**Patient information and consent to total knee replacement**

**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 clinic 1 on telephone number 01223 245151 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.
About total knee replacement

Total knee replacement surgery has become a successful and widely used method of treatment, for example when the knee joint has been damaged as a result of disease (for example arthritis) or other injury. Its aim is to alleviate pain and restore more normal function to the knee. Although as with any surgical procedure there are risks involved, the results are generally good.

Intended benefits

The operation is designed to alleviate the pain in your knee and restore it to a more normal function.

Who will perform my procedure?

This procedure will be performed either by a consultant or a designated person, both competent to perform the surgery alone or under the supervision of a consultant surgeon.

Before your procedure

You will be invited to attend an information giving session with a physiotherapist, nurse and occupational therapist. This will give you the opportunity to ask questions in an informal environment.

Most patients attend a pre-admission clinic, when you will meet either a pre-assessment nurse or nurse practitioner. 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. You will also be provided with carbohydrate loading drinks with instructions on how and when to take them prior to surgery. These drinks will enhance your recovery and form part of the enhanced recovery programme. The enhanced recovery programme information will be given to you separately.

Please be sure to inform your nurse/doctor in advance of your surgery if you have any of the following:

- an artificial heart valve
- a coronary artery stent
- a heart pacemaker or defibrillator
- an artificial joint
- an artificial blood vessel graft
- a neurosurgical shunt
- any other implanted foreign body
- a prescription for Warfarin, Aspirin, Rivaroxaban, Dabigatran, Apixaban, Edoxaban or Clopidogrel, Ticagrelor or blood thinning medication
- a previous or current MRSA infection
- high risk of variant CJD (if you have received a corneal transplant, a neurosurgical dural transplant or previous injections of human-derived growth hormone)
You will also meet the occupational therapist in the pre-admission clinic who will discuss how you are currently completing your activities of daily living, both personal and domestic. The occupational therapist will advise and plan with you how you will manage these activities post operatively and may provide you with some adaptive equipment, for example a frame to assist you on and off the toilet. They will also discuss with you whether you will need to be seen post operatively on the ward to review your activities of daily living in more depth.

We will ask if you take any tablets or use any other types of medication either prescribed by a doctor or bought over the counter in a pharmacy. Please bring all your medications and any packaging (if available) with you. Please tell the ward staff about all of the medicines you use. If you wish to take your medication yourself (self-medicate), please ask your nurse. Pharmacists visit the wards regularly and can help with any medicine queries.

This procedure involves the use of general and often local anaesthesia nerve blocks which reduce post-operative pain. We explain about the different types of anaesthesia or sedation we may use at the end of this leaflet. You will see an anaesthetist before your procedure.

Most people who have this type of procedure will need to stay in hospital as little as two days.

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

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

**During the procedure**

- Total knee replacement involves replacing and relining the surfaces of the bones that make up the knee joint.
- The actual type of prosthesis (replacement knee) you will need for total knee replacement will depend on the condition of your knee. During the surgery, the worn parts of the knee joint are removed and replaced with new metal and plastic parts. These will often be fixed in position with bone cement (‘cemented type’), or left without cement for the bone to heal up against the surface of the new joint (‘uncemented type’).
After the procedure

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

You may have a drain (tube), to drain blood from the knee into a sealed bottle on the side of the bed. This drain will be removed after the first day. You will be able to get up and walk, with assistance, with the drain in place. The drain will be removed either later that day or the morning after your surgery.

After certain major operations you may be transferred to the intensive care unit (ICU/ITU), high dependency unit (HDU), intermediate dependency area (IDA) or fast track/overnight intensive recovery (OIR). These are areas where you will be monitored much more closely because of the nature of your operation or because of certain pre-existing health problems that you may have. If your surgeon or anaesthetist believes you should go to one of these areas after your operation, they will tell you and explain to you what you should expect.

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

Wound dressings

- Following surgery, the skin incision will be closed with absorbable sutures (stitches) or clips.
- After the surgery, the knee itself will be dressed with a wool and crepe dressing, which after the first day will be reduced in size on the ward. After this we will put a soft, supportive, elastic dressing on your knee.

Physiotherapy and exercises

- The physiotherapist will visit you regularly and will show you some exercises to do, not only while you are in bed but also to help you walking using appropriate walking aids (such as a frame or crutches).
- Occasionally we might put your leg onto a continuous passive motion, CPM machine, which will move your knee for you. This machine gently cradles your leg and slowly bends and straightens the new knee through a preset range of movement, in order to allow the knee to function normally.

Exercises for before and after a knee replacement

You should practise all these exercises with both your legs. Aim to repeat each exercise 10 times. When this becomes easy increase the repetitions gradually until you can comfortably manage 50 repetitions of each exercise.
Prevention of Deep vein thrombosis (clots)

Before you leave hospital, the team will ensure you are safe to be discharged home. In order to reduce your risk of developing deep vein thrombosis (clots), we will teach you to self inject Dalteparin under your tummy skin, once daily for two weeks after surgery. Dalteparin is a drug that helps keep your blood thin to avoid clot formation. We also recommend that you wear the elasticated (TED) stockings for four weeks post discharge. When you leave hospital, you will be given a discharge summary of your admission. This holds important information about your inpatient stay and your operation. If, in the first few weeks after your discharge, you need to call your GP for any reason or to attend another hospital, please take this summary with you to allow the doctors to see details of your treatment. This is particularly important if you need to consult another doctor within a few days of your discharge.

5. Lying on your back

Exercise your operated leg by pulling the toes up, straightening the knee and lifting the leg, 20cms off the bed. Hold for approximately five seconds, and then slowly relax. Repeat 10 times.
6. **Lying on your back put a rolled towel under the operated knee.**
Pull your foot and toes up, tighten your thigh muscle and straighten the knee (keep knee on the roll). Hold for approximately five seconds and slowly relax.
Repeat 10 times.

7. **Sitting.**
Bend and straighten your knee.
Repeat 10 times.

8. **Sit on a chair**
Pull your toes up, tighten your thigh muscles, and straighten your knee. Hold for approximately five seconds and slowly relax your leg.
Repeat 10 times.

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**Eating and drinking.** After this procedure, you should commence drinking and eating as soon as you feel able. The nursing staff will advise you on when this is appropriate.

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

**Leaving hospital.** Generally most people who have had this operation will be able to leave hospital after two to four days. However, the actual time that you stay in hospital will depend on your general health, how quickly you are recovering from the procedure and your doctor’s opinion. We expect your knee to be able to be straight and that you can flex your knee up to approximately 90° (a right angle). Your knee may still be painful, you will require painkiller tablets. Your physiotherapist will have instructed you on an exercise programme to continue when you leave us and will have arranged some outpatient physiotherapy sessions. The staff will have discussed with you appropriate seating, bathing and exercise levels.

**Resuming normal activities including work.** You may find that your knee is rather stiff and might be painful for several weeks.
You will need to use walking aids until you have developed enough strength and control to allow you to walk safely. Most patients are ready to return their crutches to us at between four and six weeks following surgery. There is, however, no great urgency to stop using your crutches and it is important to be safe. You should not drive until six weeks after the operation and only if you feel comfortable and safe doing so.

**Your return to work**
You should be able to return to sedentary (seated) work as soon as you feel comfortable to do so. For the first four to six weeks you should try and avoid any strenuous physical activity when the soft tissues should have healed satisfactorily. During this period of time, you will be able to walk and exercise your knee, but it is not a good idea to cycle, or take part in vigorous swimming.

**Your return to sporting activities**
Low-impact sporting activities are encouraged after a knee replacement operation. Your doctor will indicate when you can return to activities such as golf, walking, cycling and swimming. If you take part in moderation, they are beneficial for not only your knee function, but also your general health. It is not a good idea to return to physical activities that involve turning, twisting, jumping or running because this can lead to premature (earlier than necessary) loosening or wear of the knee replacement.

**Check-ups and results:** We will make a follow-up appointment in the outpatient clinic for you. This will allow your surgeon to ensure that your knee movement is improving and that you are satisfied with your progress. This appointment will be either given to you on the day of discharge or will be phoned through the following day.

**Significant, unavoidable or frequently occurring risks of this procedure**
This surgery is a commonly performed and generally safe operation and for most people the benefits are greater than the disadvantages. However, all surgery does carry some element of risk.

- We expect wound infection in less than 1 in 1,000 cases.
- Occasionally, patients have some bleeding after surgery, either into the knee or from one of the skin wounds. This is usually not a problem, but sometimes requires further surgery.
- Some swelling of the area is normal and will generally settle down on its own if you elevate the leg above your heart level and have appropriate physiotherapy.
- There may also be some residual stiffness after knee replacement surgery but this will less if you follow the physiotherapy guidance and move your knee as much as possible.

**Alternative procedures that are available**
An alternative to this surgery is a decision not to have surgery. We will discuss with you the implications of deciding not to have surgery.
Information and support

This information is intended to help you understand your operation, and to help you to prepare yourself for it. Some patients will want to know even more details than provided here. Please ask us, and we will be happy to add additional notes or comments for your assistance. Please do not proceed with this surgery unless you are satisfied you understand all that you want to about the operation.

An explanation with this level of detail can cause some patients to worry, be concerned about the operation, or be uncertain about whether to go ahead. If this is the case, please let your doctor or nurse know, so we can address the matters of concern.

Useful contact numbers: Clinic 1 01223 217231
                          Red Cross, Cambridge Tel: 01223 357 376
                          Homecraft Supplies Ltd Tel: 01162 375 795
                          Bee Mobile Tel: 01223 246 425
                          Keep Able Ltd Tel: 01933 679 426

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.

Total knee replacement, CF189, V2, March 2018
Moving to the operating room or theatre
You will usually change into a gown before your operation and we will take you to the operating suite. When you arrive in the theatre or anaesthetic room and **before starting your anaesthesia, the medical team will perform a check of your name, personal details and confirm the operation you are expecting.**

Once that is complete, monitoring devices may be attached to you, such as a blood pressure cuff, heart monitor (ECG) and a monitor to check your oxygen levels (a pulse oximeter). An intravenous line (drip) may be inserted. If a regional anaesthetic is going to be performed, this may be performed at this stage. If you are to have a general anaesthetic, you may be asked to breathe oxygen through a face mask.

**General anaesthesia**
During general anaesthesia you are put into a state of unconsciousness and you will be unaware of anything during the time of your operation. Your anaesthetist achieves this by giving you a combination of drugs.

While you are unconscious and unaware your anaesthetist remains with you at all times. He or she monitors your condition and administers the right amount of anaesthetic drugs to maintain you at the correct level of unconsciousness for the period of the surgery. Your anaesthetist will be monitoring such factors as heart rate, blood pressure, heart rhythm, body temperature and breathing. He or she will also constantly watch your need for fluid or blood replacement.

**Regional anaesthesia**
Regional anaesthesia includes epidurals, spinals, caudals or local anaesthetic blocks of the nerves to the limbs or other areas of the body. Local anaesthetic is injected near to nerves, numbing the relevant area and possibly making the affected part of the body difficult or impossible to move for a period of time. Regional anaesthesia may be performed as the sole anaesthetic for your operation, with or without sedation, or with a general anaesthetic. Regional anaesthesia may also be used to provide pain relief after your surgery for hours or even days. Your anaesthetist will discuss the procedure, benefits and risks with you and, if you are to have a general anaesthetic as well, whether the regional anaesthesia will be performed before you are given the general anaesthetic.

**Local anaesthesia**
In local anaesthesia the local anaesthetic drug is injected into the skin and tissues at the site of the operation. The area of numbness will be restricted. Some sensation of pressure may be present, but there should be no pain. Local anaesthesia is used for minor operations such as stitching a cut, but may also be injected around the surgical site to help with pain relief. Usually a local anaesthetic will be given by the doctor doing the operation.
Sedation

Sedation is the use of small amounts of anaesthetic or similar drugs to produce a ‘sleepy-like’ state. Sedation may be used as well as a local or regional anaesthetic. The anaesthesia prevents you from feeling pain and the sedation makes you drowsy. Sedation also makes you physically and mentally relaxed during an investigation or procedure which may be unpleasant or painful (such as an endoscopy) but where your co-operation is needed. You may remember a little about what happened but often you will remember nothing. Sedation may be used by other professionals as well as anaesthetists.

What will I feel like afterwards?

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

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

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

What are the risks of anaesthesia?

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

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

Feeling sick and vomiting after surgery
Sore throat
Dizziness, blurred vision
Headache
Bladder problems
Damage to lips or tongue (usually minor)
Itching
Aches, pains and backache
Pain during injection of drugs
Bruising and soreness
Confusion or memory loss
Uncommon side effects and complications (1 in 1000 people)
Chest infection
Muscle pains
Slow breathing (depressed respiration)
Damage to teeth
An existing medical condition getting worse
Awareness (becoming conscious during your operation)

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

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

For more information about anaesthesia, please visit the Royal College of Anaesthetists’ website: www.rcoa.ac.uk
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 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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Total_knee_replacement.doc
2/CF189/32991
A total knee replacement is designed to help you regain your mobility and lessen your knee pain.

Common (2-5%): pain, swelling (including in the ankle), bleeding and bruising, knee joint stiffness, numbness around the outside of the scar, blood clots (deep vein thrombosis or pulmonary embolism) and long-term wear requiring revision surgery.

Less common (1-2%): infection

Rare (<1%): persistent on-going pain, fracture of the bones around the knee, nerve damage and foot drop, damage to blood vessels behind the knee, stroke, heart attack and death (0.1%).

The operation and anaesthetic takes around 2.5 hours, but sometimes longer. There is an incision over the front of the knee. Length of stay is two to four days. Alternatives include losing weight, stopping strenuous exercises or work, physiotherapy and gentle exercises, medicines (eg anti-inflammatory drugs: ibuprofen or naproxen), using a stick or a crutch.
Consent Form

Total knee replacement

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:
   Total knee replacement

   Version, reference and date: CF189 version 2 March 2018
   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: DD/MM/YYYY

Name (PRINT): ____________________________________ Time (24hr): HH:MM

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

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Consent Form

Total knee replacement

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

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

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

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

Signed (Patient): .......................................................... Date: __/__/___.
Name of patient (PRINT): ..........................................................

If signing for a child or young person; delete if not applicable.
I confirm I am a person with parental responsibility for the patient named on this form.
Signed: .......................................................... Date: __/__/___.
Relationship to patient:

If the patient is unable to sign but has indicated his/her consent, a witness should sign below.
Signed (Witness): .......................................................... Date: __/__/___.
Name of witness (PRINT): ..........................................................
Address:

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

Patient safety – at the heart of all we do
Addenbrooke’s Hospital | Rosie Hospital

CF189 Version 2 March 2018
File: in the procedures and consents section of the casenote
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:

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:

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