

<b>For staff use only:</b>
<b>Patient Details:</b>
<b>Surname:</b>
<b>First names:</b>
<b>Date of birth:</b>
<b>Hospital no:</b>
<b>Female:</b>
<b>(Use hospital identification label)</b>

# Gynaecology

## Patient agreement to treatment

### Hysteroscopic surgery

Hysteroscopic surgery has been recommended as a method of checking the lining of the uterus (womb) via a small telescope (hysteroscope), and removal of any problem areas (including uterine polyps).

**Name of procedure:**

**Hysteroscopy\***

**Or Hysteroscopy and polypectomy\***

**Or Hysteroscopic resection of polyp\***

\*Delete as required

**Please bring this form with you to hospital.**

You will be asked to read this form carefully and you and your doctor (or other appropriate health professional) will sign it to document your consent.

**For staff use:**

does the patient have any special requirements? (eg interpreter or other communication method)

.....

.....

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# Gynaecology – Hysteroscopic surgery

Hysteroscopic surgery has been recommended as a method of diagnosis and/or removal of intrauterine pathology (diseased or abnormal tissue in your womb).

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

- You will be seen at the pre-admission outpatients clinic by the preadmission sisters (Jan, Kate & Lisa) and usually you will see one of the consultants or senior trainees from your team.
- We will ask you about details of your medical history, give you a clinical examination, and carry out any investigations necessary.
- If you are taking any tablets or other forms of medication, you should tell the doctor treating you. Usually, we will ask you to stop hormone-replacement treatment (HRT) at approximately two weeks prior to surgery, if appropriate.
- Please do not hesitate to discuss any concerns about the operation with our staff at any time.
- You may stay in hospital overnight in preparation for the operation the next day or come into hospital on the day of the operation.
- This procedure involves the use of general anaesthesia, which means you will not be conscious during the surgery. The anaesthetist will see you before the procedure to assess your state of health and discuss the details with you.
- You may stay in hospital for 24 hours after this type of surgery but usually you will be able to leave on the day of surgery.

## After treatment

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- After your operation, you will wake up in the recovery room. You might have an oxygen mask on your face to help you breathe; you might also wake up feeling sleepy/both of which are normal.
- For a short while, you will have a small, plastic tube in one of the veins in your arm. This is often attached to a drip (bag of fluid), which feeds your body with fluid until you are well enough to eat and drink by yourself.
- While you are in the recovery room, a nurse will regularly check your pulse and blood pressure. When you are well enough to be moved, you will be taken to your ward. Sometimes, people feel sick after an operation and might actually vomit. If you feel sick, please tell a nurse and you will be given some medicine to stop the sickness and/or vomiting.
- 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.
- The actual time that you stay in hospital will depend on how quickly you recover from your operation and the type of operation you have had. Usually, you will be in hospital overnight, although the actual time you are inpatient can range from 6 hours to several days after the operation. If you have problems with the operation or require further treatment you might need to stay in for longer.
- You can usually resume normal activities within 24 hours of the operation.
- 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 do not hesitate in contacting them.

### **Intended benefits of the procedure** \_\_\_\_\_

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

### **Who will perform my procedure?** \_\_\_\_\_

- A consultant gynaecologist or trainee(working under supervision) will perform this procedure. On some occasions, other doctors will perform the surgery, but this will be under supervision of your consultants.

### **Alternative procedures that are available** \_\_\_\_\_

- The alternative to this surgery is to decide not to have surgery.

### **Serious or frequently occurring risks** \_\_\_\_\_

- Failure to complete the surgery as intended.
- Damage during the surgery to the uterus (womb) or cervix (neck of the womb). Usually this will only require a suture (stitch) to repair it. If the damage to the womb is more extensive, we might need to use a more involved operation to repair the damage. A laparoscopy (checking with a telescope through the tummy button/umbilicus) may be required.
- Infection
- Further bleeding

### **Information and support** \_\_\_\_\_

Additional written information will be given to you in the form of patient information leaflets. Do feel free to speak to a member of staff if you have any questions or anxieties.

### **Your anaesthesia** \_\_\_\_\_

Your surgery will be performed under appropriate anaesthesia. You will be unaware of the surgery and will not be in pain.

#### **Your preoperative visit**

- After your admission to hospital, the anaesthetist will come to see you and ask you questions about your health and may also examine you. You will be asked about your general health, any previous illnesses or operations, medications, allergies or adverse drug reactions, any problems with neck movement and mouth opening and whether you have any crowns on your teeth.
- Minor illnesses can cause problems for anaesthesia. If you have a cough, cold or other illness please let the anaesthetist know, as it may be better for you to recover from this before you have your operation.
- It is very important that you follow the instructions you are given regarding eating and drinking. You should not eat or drink anything for six hours before the operation, except for a glass of water up to two hours before the operation. This allows your stomach to empty before the operation. If your stomach is empty, you are less likely to vomit during or after your anaesthetic. You should let your anaesthetist know if you have a problem with hiatus hernia or acid reflux. You may take some water to swallow your premedication tablets.

#### **Your anaesthetic**

Your anaesthetist will discuss the anaesthetic with you.

# Consent Form

## Patient agreement to treatment

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**For staff use only:**  
**Surname:**  
**First names:**  
**Date of birth:**  
**Hospital no:**  
**Female:**  
**(Use hospital identification label)**

### Name of proposed procedure or course of treatment

**Hysteroscopy\***

**Hysteroscopy and polypectomy\***

**Hysteroscopic resection of polyp\***

\*Delete as required

### Statement of health professional

(To be filled in by a health professional with an **appropriate knowledge of the proposed procedure**, as specified in the Hospital's consent policy)

I have discussed the procedure with the patient and explained the following

- How it will be performed for them.
- The intended benefits of the procedure.
- Serious or frequently occurring risks and what can be done to reduce detect and treat them.
- Any extra procedures that might become necessary during the procedure

Blood transfusion

I have also discussed what the procedure is likely to involve, the benefits and risks of any available alternative treatments (including no treatment) and any particular concerns of this patient.

The following leaflet has been provided:

#### This procedure will involve:

General anaesthesia /Regional anaesthesia

Health professional's signature..... Date: .....

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

I have offered the patient information about the procedure but they have refused information.

### Statement of the interpreter (if appropriate)

I have interpreted the information to the best of my ability, and in a way in which I believe the patient and/or the person signing on their behalf can understand:

Interpreter's signature ..... Date: .....

Name (PRINT): ..... Contact details: .....

### Statement of patient

**For the patient:** If your treatment has been planned in advance, you should already have your own copy of this consent form, which describes the benefits and risks of the procedure. If not, you will be offered a copy now. Do ask if you have any further questions. The staff at Addenbrooke's are here to help you. **You have the right to change your mind at any time before the procedure is undertaken, including after you have signed this form.**

Training doctors and other health professionals is essential to the continuation of the Health Service and improving the quality of care. Your treatment may provide an important opportunity for such training, where necessary under the careful supervision of a senior doctor. You may, however, decline to be involved in the formal training of medical and other students without this adversely affecting your care and treatment.

**Ref: gynae\_hystero\_010203;**

Publisher: Risk Management, Box 243, Addenbrooke's NHS Trust, Hills Road, Cambridge CB2 2QQ; Tel: 01223 245 151

**Please tick boxes to indicate you have understood and agree to the statements below.**

- I agree** to the procedure (or course of treatment) described on this form.
- I agree** to the use of photography for the purpose of diagnosis and treatment.
- I agree** to photographs being used for teaching in medical schools.
- I understand** that you cannot give me a guarantee that a particular person will perform the procedure. The person will, however, have appropriate experience.
- I understand** that any tissue removed as part of the procedure or treatment may be used for diagnosis, stored or disposed of as appropriate and in a manner regulated by appropriate, ethical, legal and professional standards.
- \*I agree** that tissue removed and the results of diagnostic tests, may be used for teaching, audit and research that could benefit other patients (including genetic research and research by commercial companies). \* Delete words as appropriate.
- I understand** that I will have the opportunity to discuss the details of anaesthesia with an anaesthetist before the procedure, unless the urgency of my situation prevents this. (This only applies to patients having general or regional anaesthesia).
- I understand** that any procedure in addition to those described on this form will only be carried out if it is necessary to save my life or to prevent serious harm to my health.
- I have been told** about additional procedures that might become necessary during my treatment.
- I have listed below any procedures that **I do not wish, without further discussion, to be carried out.**

.....

**Patient's own signature:** ..... Date: .....

Name (PRINT): .....

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

**Witness's own signature:** ..... Date: .....

Name (PRINT): .....

**Confirmation of consent by health professional:** (If patient has signed in advance please sign in confirmation that he/she wishes to proceed).

On behalf of the team treating the patient, I have confirmed with the patient that s/he has no further questions and wishes the procedure to go ahead.

Health professional's signature: ..... Date: .....

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

**Important notes: (tick if applicable)**

- The patient has withdrawn consent (ask patient to sign/date here) .....
- See also advance directive/living will (eg Jehovah's Witness form)
- The patient has been given a copy of this signed form (the top copy is in the patient's records)