

For staff use only:

Patient Details:
Surname:
First names:
Date of birth:
Hospital no:
Female:
(Use hospital identification label)

Gynaecology

Patient agreement to treatment

Name of procedure: Laparoscopic (key-hole) ovarian surgery

For use for patients undergoing either;

- **Bilateral salpingo-oophorectomy*** (removal of both fallopian tubes and ovaries)

- **Left/ Right unilateral salpingo-oophorectomy*** (removal of one fallopian tube and ovary)

- **Left/ Right ovarian cystectomy*** (removal of a cyst from one ovary)

- **Left/Right salpingectomy *** (removal of the fallopian tube)

*Delete as appropriate

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)

.....

.....

.....

Gynaecology – Laparoscopic ovarian surgery

Laparoscopic ovarian surgery has been recommended as part of your treatment.

The aim is to use key-hole surgery (using a laparoscope/small telescope) to remove: both ovaries and fallopian tubes*; your left ovary*; your right ovary*; a cyst from your left ovary*, a cyst from your right ovary*, a fallopian tube in case of ectopic pregnancy or tubal disease.

There will be three incisions (cuts) made that you can see. The first is for the telescope and is close to the navel (belly button). This is approximately 1 cm long. Two further cuts will be made in the lower half of your abdomen (tummy), which are approximately 5 mm long. On very few occasions, a fourth small cut is made for a further instrument.

- In addition to your general anaesthetic, we will use local anaesthetic to reduce your post-operative discomfort.
- A catheter (tube) will 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 e.g. when you are less sleepy.
- Small dissolvable stitches are used to close the small skin wounds at the end of the operation; these don't need to be removed.

Before the operation

- 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. If admitted as an emergency, you will not go through the pre-admission process.
- We will ask you about details of your medical history, give you a clinical examination, and carry out any investigations necessary.
- If both your ovaries have been removed prior to you going through the menopause, it may be appropriate to consider hormone-replacement treatment (HRT), if this does not affect your general health. This will not be offered if you are having treatment for breast cancer.
- Please do not hesitate to discuss any concerns about the operation with our staff at any time.
- You may be admitted on the day of surgery or the day prior to your operation.
- This procedure involves the use of general anaesthesia, which means you will not be conscious during the surgery. Further information on your anaesthetic can be found on page 4 of this form. The anaesthetist will see you before the procedure to assess your state of health and discuss the details with you.
- You will normally stay in hospital for 12-24 hours after this type of surgery.

After treatment

- 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 at least 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 including beginning gentle work within 48 hours after your operation. Often you will want to wait a little longer before resuming more vigorous activity. You may drive 48 hours after the procedure if you feel comfortable.
- 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 remove the area that is causing concern.

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 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.
- Damage during the surgery to the bowel or to the urinary tract (including the bladder or ureters);
- Haemorrhage (bleeding) during or after the surgery;
- Infection (including of the chest, wound, line, bladder, blood);
- Thrombosis (including pulmonary embolus);
- Problems at the wound openings/scars (including hernia).

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

Page 1 of 2

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

Laparoscopic ovarian surgery:

Bilateral salpingo-oophorectomy*;

Left/ Right unilateral salpingo-oophorectomy*;

Left/ Right ovarian cystectomy*

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

Open procedure if unable to complete laparoscopically

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: Laparoscopic ovarian surgery

This procedure will involve: General 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_lapovarian_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 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)