

Copy for Patient Notes

Patient Agreement to Investigation or Treatment

Please insert patient label

➤ **Name of proposed procedure or course of treatment:**
Laparoscopic unilateral/bilateral salpingo oophrectomy
(removal of one/ both tubes and ovaries through keyhole) +/- Omental biopsy(obtaining a sample from the fat layer attached to bowel to look for cancerous cells) +/- peritoneal washings (obtaining some fluid from the abdominal cavity to look for cancerous cells)

➤ **Statement of health professional** - I have explained the procedure to the patient.

➤ **The intended benefits:**

- Relief from symptoms
- Investigate the cause of raised RMI
- Obtain specimen to send to investigate and exclude pathologies including cancer

➤ **Serious or frequently occurring risks:**

- Infection (urinary tract, pelvis, chest, blood, wound site)
- Haemorrhage (bleeding)/haematoma
- Bladder dysfunction/bladder injury/ureteric injury
- Damage to bowel/nerves/blood vessels
- Injury to uterus
- Spillage of cyst leading to upstaging of undiagnosed/unsuspected cancer needing further treatment including chemotherapy
- Failure to complete procedure
- Incomplete removal of specimen due to reasons such as poor access or adhesions
- Chronic pelvic pain
- Cardiovascular and respiratory complications
- Thrombosis and pulmonary embolism
- Complications of the anaesthetic (to be discussed by anaesthetist)
- Incisional hernia/obstruction
- Failure to relieve symptoms
- Unsightly scar
- Drug reaction

➤ **Any extra procedures which may become necessary during the procedure:**

- Total laparoscopic/abdominal hysterectomy (with removal of cervix)
- Proceed to laparotomy to complete procedure
- Blood transfusion may be required in an emergency
- Other procedure: emergency surgery to repair damage of bowel/blood vessel/urinary tract/anterior abdominal wall (including prolonged catheterisation/colostomy)
- Return to theatre for bleeding/ bowel injury/damage to urinary tract

➤ **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 patient information has been provided:-** Laparoscopic oophrectomy Major Pack

(Telephone numbers and visiting times; Additional information to consider before giving consent; Anaesthetics; Fit for Life; Blood transfusion; The gynaecology ward; Post-Operative Pain Management; Do's and Don'ts Following your Operation; Reducing the risk of thrombosis)

This procedure will involve: - general and/or regional anaesthesia

Signed _____ Date _____

Name (Print) _____ Job title _____

Contact details:- 01743 261000 and ask for your Consultant's Secretary

Statement of interpreter (where appropriate)

I have interpreted the information above to the patient to the best of my ability and in a way in which I believe s/he can understand.

Signed _____ Date _____

Name (Print) _____

Copy accepted by patient: - Yes No (Please tick)

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Statement of patient

Please read this form carefully. If your treatment has been planned in advance, you should already have your own copy of page 1 which describes the benefits and risks of the proposed treatment. If not, you will be offered a copy now. If you have any further questions, do ask – we are here to help you. You have the right to change your mind at any time, including after you have signed this form.

I agree to the procedure or course of treatment described on this form.

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 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 which may become necessary during my treatment. I have listed below any procedures which I do not wish to be carried out without further discussion.

Patient's signature _____ Date _____

Name (print) _____

Confirmation of consent (to be completed by a health professional when the patient is admitted for the procedure, if the patient has signed the form in advance).

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.

Signed _____ Date _____

Name (Print) _____ Job title _____

Important Notes (tick if applicable)

See also Advance Directive/Living Will (e.g. Jehovah's Witness form)

Patient has withdrawn consent (ask patient to sign/date below)

