Laparoscopic Sterilisation Consent Form

This form should only be used if the patient has capacity to give consent. If the patient does not legally have capacity, please use an appropriate alternative consent form from your hospital or hub.

Note to patients: Please note it is common NHS practice for a patient's consent to be taken by a clinician other than the operating or listing surgeon. This clinician will be suitably trained and competent to take your consent. They will be referred to as your 'responsible healthcare professional' in this form.

You may have questions before starting, during or after your procedure. Contact details are provided for any further queries, concerns or if you would like to discuss your treatment further.

Patient details (print or sticker)

First name: _____ **Last name:** _____

Date of birth: _____ **Patient identifier:** _____

Responsible Healthcare Professional: _____

Special requirements: e.g., transport, interpreter, assistance _____

Details of laparoscopic sterilisation

Laparoscopic sterilisation procedure:	This procedure involves keyhole surgery to clip or remove the fallopian tubes. The operation is performed using a small telescope, which is inserted into the belly button, and 1 to 2 more small cuts through which surgical instruments are inserted into the tummy (abdomen). A clip, or other suitable device, is placed across each fallopian tube to completely obstruct it. An alternative to this is removing the fallopian tubes completely (salpingectomy).
Extra procedures:	
Indication for, and purpose of surgery: (Tick as appropriate)	☐ To permanently prevent pregnancy – this is an irreversible form of contraception to permanently prevent pregnancy ☐ Other _____
Alternatives considered: (Tick as appropriate)	☐ **Long-acting reversible contraceptives (LARCS), e.g. contraceptive implant, contraceptive injection and intrauterine system** ☐ **Oral contraception, e.g. combined oral contraceptive pill and progesterone-only pill** ☐ **Contraceptive patch or vaginal ring**

	☐ **Barrier methods of contraception, e.g. condoms, diaphragm and cervical cap** ☐ **Natural family planning** ☐ **Male sterilisation** ☐ Other(s) _____

Surgical care during the coronavirus (COVID-19) pandemic

During the current coronavirus pandemic there are additional considerations regarding having an operation in a hospital or hub. We need to make you aware that your surgical care may be disrupted, delayed or performed different during the pandemic.

Despite precautions, coming into hospital might increase your chances of contracting COVID-19, and if you come into the hospital and test positive your operation may be cancelled. If COVID-19 infection occurs when you have surgery or while in hospital, this could make your recovery more difficult, or increase your risk of serious illness or death.

We will do everything we can to perform your operation, keep you safe, and to provide you with information at all stages. Your hospital or hub site will provide you with key information regarding infection control, risks and responses and any further relevant information to you.

Additional resources

Information for you after a laparoscopy – Royal College of Obstetricians and Gynaecologists

https://www.rcog.org.uk/en/patients/patient-leaflets/laparoscopy/

Male and female sterilisation – Faculty of Sexual and Reproductive Healthcare of the Royal Obstetricians and Gynaecologists

https://www.fsrh.org/standards-and-guidance/fsrh-guidelines-and-statements/method-specific/male-and-female-sterilisation/

If you do not wish to access the additional patient information contained within this consent form digitally, please speak to your responsible healthcare professional and they will provide you with hard copies. These will be provided in a language and format that suits you.

Anaesthesia

Anaesthetic is used to allow surgery to take place painlessly. It may include medicines that put you to sleep, or those which only numb the area being operated on while you remain awake. This can be done in various ways and your anaesthetist will advise you on your options and talk to you about the risks, complications and benefits of your choice. There is no legal requirement to obtain written consent for the type of anaesthesia given to a patient; this section of the consent form is for your information only.

On the day of surgery, an anaesthetist will discuss anaesthetic options and risks with you. This is a shared decision-making process, and you will jointly decide and agree the anaesthetic option that is best for you. Please remember that if there are any complications during surgery, your anaesthetist may need to alter the type of anaesthesia and they will explain this to you during the procedures.

For further information about the types of anaesthetic you may receive, and potential risks, please see the information below.

Types

Risks

https://www.rcoa.ac.uk/documents/anaesthesia-explained/types-anaesthesia

https://www.rcoa.ac.uk/sites/default/files/documents/2019-11/Risk infographics_2019web.pdf

If you do not wish to access the additional patient information via link or QR code, please speak to your responsible healthcare professional and they will provide you with a hard copy. These will be provided in a language and format that suits you.

TO BE FILLED OUT BY CLINICIAN ON THE DAY OF SURGERY:

Name of anaesthetist on the day: Date: _____

_____

□ I confirm I have discussed the different anaesthetic options with the patient, including risks and benefits, and we have jointly decided the preferred anaesthetic.

Please note the preferred methods of anaesthesia as discussed between the patient and anaesthetist below:

You will be told of any additional procedures in addition to those described on this form that may become necessary during your treatment. Please list below any procedures **YOU DO NOT WISH TO BE CARRIED OUT** without further discussion.

Immediate risks (during the procedure)

(Your responsible healthcare professional will delete as appropriate)

Expected	
Common (more than 1 in 20)	**Unable to access the abdominal cavity** Sometimes, during keyhole surgery, it can be difficult to gain access to the abdominal cavity. When this happens, the procedure has to be abandoned and cannot go ahead. Your clinical team may instead to complete the operation with an open approach. An open approach involves making a larger cut on the skin and will leave a larger scar. However, while failure to gain access to the abdominal cavity with a keyhole procedure is common, it is rare to change to an open approach.
Uncommon (fewer than 1 in 20)	**Excessive bleeding** Some bleeding is expected during most procedures. However, if there is very heavy bleeding, this may require a change from the planned procedure, such as switching to open surgery and/or additional treatment, such as repairing or closing up major blood vessels, using blood-clotting agents, or a blood transfusion.
Rare(fewer than 1 in 100)	**Perioperative risks (risk around the time of your operation)** With any operation, there is an increased risk of several perioperative complications. These include allergies and risks of having an anaesthetic, which will be discussed with you by an anaesthetist. Other complications include a chest infection, problems with the heart (including a heart attack), stroke, memory problems or worsened kidney function. Any existing medical problems could also get worse. You might need to stay in hospital for longer, or need additional treatment. In some cases you will need admission to intensive care, and the complications may be life-threatening. **Damage to surrounding structures** Other nearby organs and structures are at risk of being injured during surgery. For this operation, there is a risk of injury to the bladder, the ureters (the tubes that carry urine from the kidneys to the bladder), the bowel and major blood vessels in the area. A significant injury would usually be repaired immediately and need a larger cut in the tummy (open surgery), Repair of a damaged organ usually just requires some additional stitches, but other measures may be needed, depending upon the type of injury: - A bowel injury may require a stoma – this is when a hole is made on the front of your tummy (abdomen) to divert faeces or urine into a bag outside the body. The hole is normally closed after a few weeks or months, but a second operation is needed to do this. - If your bladder is injured, you would usually have a catheter inserted for 7–14 days after surgery. - If you ureters are damaged, you may need a tube (stent) put inside the ureter, which would be left in place for several weeks. Alternatively, a new opening would be made in the bladder to reattach the ureter. Uncommonly, a stoma might be created. There is a risk of damage to another structure not being noticed at the time of surgery. This would lead to symptoms in the days following surgery, and possibly further surgery.
Specific risks to you from your treatment (to be input by your responsible healthcare professional)	

Patient name: **Patient unique identifier:**

Early and late risks (in the days, weeks or months after the procedure) (Your responsible healthcare professional will delete as appropriate)

Expected	**Abdominal and shoulder tip discomfort** Discomfort is a feeling of being uncomfortable, often because of pain, irritation or stiffness. It is normal to have some discomfort for a few days or weeks after a procedure or operation. Pain relief options will be discussed with you. Discomfort after keyhole surgery can occur in the tummy (abdomen) or at the tip of the shoulder. Shoulder tip pain can be caused by the gas used to inflate the abdomen during keyhole surgery.
Common (more than 1 in 20)	**Wound infection** A wound infection is an infection of the skin or underlying tissues. It occurs where a cut has been made, often causing redness or swelling. It may require treatment with antibiotics. Occasionally, infected fluid (pus) may need to be drained, or you might need further surgery. The risk of developing a wound infection is higher in some patients, including those who are obese, are smokers, and patients with diabetes. **Urinary infection** A urinary tract infection (UTI) is an infection of the urine. It often leads to discomfort when passing urine and can make you feel like you need to pass urine more often. UTIs are usually treated easily with antibiotics, but can sometimes lead to more serious infections, including blood infections (sepsis). . **Regret** Some patients may later regret their decision to be sterilised. It is estimated that around 1 in 10 patients may later regret their decision. Regret is more likely in women under 30 years of age
Uncommon (fewer than 1 in 20)	**Failure of sterilisation, resulting in an unplanned pregnancy** There is still a risk of pregnancy following this procedure. The lifetime failure rate following laparoscopic sterilisation with tubal clips is 2–5 in 1000 procedures. **Urinary retention** Urinary retention is the medical term for being unable to pass urine to empty your bladder. If this happens, you will usually have a temporary catheter fitted into your bladder to allow the urine to drain out. **Hernia from a keyhole cut (port site)** A hernia is when a part of the bowel pushes through the muscles in the tummy (abdomen), often causing a lump. A port-site hernia is a hernia at the site of previous keyhole surgery. Bowel can get trapped in a hernia, so more surgery may be needed to repair the hernia.
Rare (fewer than 1 in 100)	**Blood clots (deep vein thrombosis or pulmonary embolus) (1 in 300 chance)** Blood clots can form in the veins of the legs (deep vein thrombosis), causing pain and redness in the leg. These are more likely to occur after an operation, when people move around less. These clots can occasionally travel from the legs to the lung (pulmonary embolus) and can cause problems with breathing. Clots in the leg or lung require treatment such as with blood-thinning medications. Your risk of developing clots is reduced by getting moving as soon as you can after an operation. You may be advised to wear compression stockings or calf compression pumps and have blood-thinning injections following surgery. This depends on your medical history. **Death** There is a risk of dying either as a direct result of the procedure or treatment, or from complications in the following days or weeks. The risk depends on many factors, including your age and any underlying medical problems you may have.
Specific risks to you from your treatment (to be input by your responsible healthcare professional)	

Patient name: **Patient unique identifier:**

Statement of health professional

- I am suitably trained and competent and have sufficient knowledge to consent this patient in line with the requirements of my regulatory body.
- I have discussed what the treatment is likely to involve, the benefits and risks of this procedure.
- I have also discussed the benefits and risks of any available alternative procedures or treatments including no treatment.
- I have discussed any particular concerns of this patient.

Patient information leaflet provided: ☐ Yes ☐ No – Details:

Copy of consent form accepted by patient: ☐ Yes ☐ No

Signature: **Date:**

Name: **Job title:**

Statement of patient

Please read this form carefully. 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 course of treatment described on this form.
- I have had the benefits and possible risks of treatment explained to me.
- I have had the opportunity to discuss treatment alternatives, including no treatment.
- I understand that a guarantee cannot be given that a particular person will perform the procedure. The person will, however, have appropriate expertise.
- I understand I have been/will be given the opportunity to discuss my anaesthetic options with an anaesthetist, and we will jointly decide which option is best for me. I understand that the type of anaesthesia may need to be altered if there are any complications during the procedure.
- I have been told about additional procedures that are necessary prior to treatment or may become necessary during my treatment. This may include permanent skin marks and photographs to help with treatment planning and identification.
- I understand that there may be people present for my procedure who are learning, such as junior doctors, medical students, and trainee nurses, and that I may decline to have any of these people present.

☐ I agree that people who are learning, such as junior doctors, medical students and trainee nurses may participate in examinations if supervised by a fully qualified professional.

☐ 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 understand that information collected during my procedure/ treatment, including images and video, may be used for education, audit and research (which may be published in medical journals). All information will be anonymised and used in a way that I cannot be identified.

☐ I agree that my health records may be used by authorised members of staff, who are not directly involved in my clinical care, for research approved by a research ethics committee and in compliance with the Data Protection Act (2018).

☐ I understand that patient specific data will be collected and may be used in the context of providing clinical care, in compliance with the Data Protection Act (2018).

☐ I confirm that I have read and understood pages 1 to X of the consent form above.

Please inform your responsible healthcare professional if you wish to withdraw consent for information use.

Statement of interpreter/ witness (where appropriate)

□ I have interpreted the information contained in this form to the patient to the best of my ability and in a way in which I believe they can understand.

or

□ I confirm that the patient is unable to sign but has indicated their consent.

Name:

Signature:

Patient name: **Patient unique identifier:**

Tick if relevant

☐ I confirm that there is no risk that I could be pregnant.

Please inform your responsible healthcare professional and/or your clinical care team on the day of your procedure if you could be pregnant. Please note that a pregnancy test may give a negative result if a pregnancy has occurred within 2 weeks of the test.

Date:

Name (PRINT):

Signature: