

Outpatient Hysteroscopy 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 outpatient hysteroscopy

Outpatient hysteroscopy procedure:

This procedure involves a thin telescope (hysteroscope) being passed into your vagina through the entrance of the womb (cervix) to examine the inside of your womb (uterus). The womb is filled with fluid, which passes along the hysteroscope, to make it possible to see inside. You will be awake during the procedure. You might be given local anaesthesia and/or sedative medication that you swallow or breathe in. A diagnostic procedure usually takes less than 5 minutes to complete but may take up to 15 minutes if additional minor procedures, listed below, are required.

Extra procedures:

Insertion/removal of an intrauterine device (IUD/coil)
Endometrial biopsy
Removal of endometrial polyps

Indication for, and purpose of surgery: (Tick as appropriate)

The purpose of this procedure is to assess the shape and size of the womb (uterus) and to examine the lining of the womb (endometrium) to look for any abnormalities. The procedure may also help to obtain a sample of tissue (called an endometrial biopsy) to aid diagnosis, or can be used to help insert or remove intrauterine devices (IUDs/coils).

- Bleeding after the menopause
- Heavy or irregular menstrual periods in patients at high risk of problems associated with the womb lining
- Abnormalities suspected inside the womb on an ultrasound scan
- Fertility problems, such as difficulty getting pregnant or recurrent miscarriages
- Persistent bleeding between menstrual periods
- Other(s) _____

Patient name:

Patient unique identifier:

Alternatives considered:

(Tick as appropriate)

Hysteroscopy in an operating theatre using sedation, regional or general anaesthesia

For this operation, you would need to be admitted to a hospital or surgical centre, but would usually be discharged on the same day

Conservative management

Conservative management is a term used when a condition is managed without surgery or other invasive procedures or treatments.

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

Outpatient hysteroscopy – Royal College of Obstetricians and Gynaecologists

<https://patient.concentric.health/info/hqed>

Heavy menstrual bleeding (update) – National Institute for Health and Care Excellence

<https://www.nice.org.uk/guidance/NG88>

Best practice in outpatient hysteroscopy – Royal College of Obstetricians and Gynaecologists/British Society for Gynaecological Endoscopy

<https://www.rcog.org.uk/globalassets/documents/guidelines/gtg59hysteroscopy.pdf>

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.

Pain management

Outpatient hysteroscopy is performed with or without local anaesthesia to the genital tract. Simple pain killers can be taken by mouth before the procedure to reduce pain during and afterwards. You can also choose to take tablets that make you feel more relaxed (oral sedatives) before the procedure, but these do not reduce pain. They may also make you feel drowsy, so you would need to stay in hospital longer and should not drive home or operate machinery for the rest of the day.

During the procedure you can choose to breathe in a gas that may help to reduce pain and anxiety. The most common gas available is nitrous oxide, also known as 'gas and air', which is used by pregnant women in labour.

Patient name:

Patient unique identifier:

Local anaesthesia is usually used if the operator thinks that the entrance to the womb (the cervix) needs to be stretched a little (dilated) to be able to perform the procedure. This is normally if the cervix is too narrow for the hysteroscope. Local anaesthetic is not normally given before starting the procedure because it is usually not possible to tell in advance which patients may need the cervix to be dilated. Also, using modern small diameter hysteroscopes and insertion techniques it is not clear that local anaesthetic given in advance helps reduce pain and for this reason it is normally used for helping dilate the cervix without pain.

Local anaesthetic is usually injected into the cervix using a small needle. This can sting a little, just like having a needle for an injection or blood test. Sometimes local anaesthetic is sprayed or instilled onto or through the opening of the cervix. Local anaesthesia numbs the cervix to allow the cervix to be dilated painlessly. However, it cannot take away sensation from the inside of the womb where the hysteroscope will need to be inserted. Only regional (spinal or epidural injection in the back) or general anaesthesia (being 'put to sleep') can make the procedure painless and this needs an operating theatre and a dedicated anaesthetist in hospital. This requires admission to hospital and so is not possible in an outpatient setting. You can discuss choices of pain control and the risks further with your clinician on the day of your procedure. This is a shared decision-making process, and you will jointly decide and agree the type of pain management that is best for you.

You can choose the type of pain management before the outpatient hysteroscopy, but you can also request other pain management options not initially chosen during the procedure. If you decide during the procedure that you would like regional or general anaesthesia, or deep intravenous sedation (medicine given by an anaesthetist through a drip to keep you almost asleep but not unconscious) then the outpatient procedure will be stopped immediately and it can be rescheduled at a later date in hospital.

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.

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.

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.

Patient name:

Patient unique identifier:

Immediate risks (during the procedure)

(Your responsible healthcare professional will delete as appropriate)

Expected	Pain You might feel some abdominal pain and discomfort while the procedure is being done and immediately afterwards. This pain is usually of mild-to-moderate severity and period-like cramping in nature. You are recommended to take pain relief 30 to 60 minutes before your appointment. If you find the procedure too painful or distressing, then it is important to let a member of your clinical team know and they will stop the procedure immediately. Simple pain killers (analgesics) such as paracetamol and ibuprofen can help ease pain, which is usually of a mild-to-moderate intensity. If the pain is more severe then you will be kept in hospital, offered stronger pain killers and observed for a while until you feel you can manage the pain at home with simple pain killers. Pain normally subsides within 30-60 minutes of the procedure.
Common (more than 1 in 20)	Feeling faint or giddy This feeling can occur during or immediately after the procedure. You may feel cold and clammy, as well as feel sick or actually be sick. These feelings settle after a short period of lying flat on a reclining couch or bed and drinking water. Occasionally a drip is needed to give you fluids. Sometimes, you might need an injection of medicine to make you feel back to normal. Expulsion of intrauterine device (applicable only if an intrauterine device fitted) The device may spontaneously be expelled (fall out) of the womb (uterus), especially within the first few weeks of having the device fitted.
Uncommon (fewer than 1 in 20)	Unable to complete the procedure, meaning a repeat outpatient procedure is needed, or to conduct the procedure in an operating theatre using general or regional anaesthesia or sedation There are several reasons why it may not be possible to complete the procedure. For example, it might not be possible to pass the telescope through the neck of the womb (cervix) into the womb (uterus), the clinician might not be able to get a good view to make a diagnosis, or the procedure might be too painful or distressing to continue. This outpatient procedure is more likely to fail in patients who are obese, have had previous procedures on the womb or previous abdominal surgery, those with significant uterine pathology, or people with pre-existing medical conditions. Uterine perforation This is when a hole (perforation) is accidentally made through the muscular wall of the womb while placing the hysteroscope inside the womb. It can also occur when an intrauterine device is fitted. The hole usually heals by itself and antibiotics are prescribed to prevent infection. A misplaced intrauterine device may require keyhole (laparoscopic) surgery to remove it.
Rare (fewer than 1 in 100)	Injury with or without excessive bleeding, or damage to the womb (uterus) and/or internal pelvic organs following a uterine perforation. This type of complication requires keyhole (laparoscopic) surgery, or open surgery under general anaesthesia to find and repair any damage. Rarely, a blood transfusion is needed.
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	
Common (more than 1 in 20)	<p>Infection of the genital tract/urinary tract Infections of the womb (uterus) are called endometritis. They can cause a smelly vaginal discharge, abdominal pain and fever. A urinary tract infection (UTI), commonly known as cystitis, can cause a burning feeling when passing urine and can make you feel like you need to pass urine more often. A short course of oral antibiotic (antibiotic taken by mouth) is needed to treat these infections.</p> <p>Pain Simple pain killers (analgesics) such as paracetamol and ibuprofen can help to ease pain, which is usually of a mild-to-moderate intensity. One in five patients report some continuing pain within 2 weeks of the procedure.</p> <p>Vaginal bleeding A small amount of vaginal bleeding, no more than you would experience during a period, is to be expected following the procedure, especially if small samples of tissue (biopsies) of the lining of the womb (uterus) are taken. You might experience some fresh red, old brown blood, or blood-stained discharge for a few days after the procedure.</p>
Uncommon (fewer than 1 in 20)	<p>Blood infections and pelvic abscess Bacteria from the genital tract can occasionally enter into the blood circulation after a hysteroscopy, causing symptoms such as fever, rigors (feeling hot and cold), nausea and vomiting, tiredness, weakness, abdominal pain and feeling faint. If this happens, you will need to be admitted to hospital for intravenous fluids (a drip) and treatment with antibiotics. Sometimes further tests are needed to rule out damage to internal pelvic organs or collections of pus (abscesses) within the pelvis, which may need further keyhole or open surgery.</p>
Rare (fewer than 1 in 100)	<p>Damage to the womb (uterus) and/or internal pelvic following a uterine perforation that was missed at the time of the procedure Injury that was missed at the time of the procedure can lead to symptoms within a few days, such as severe abdominal pain, fever and severe tiredness/weakness. If this happens, you will need urgent admission to hospital for fluids, assessment, investigations and antibiotics. Key-hole (laparoscopic) surgery, or open surgery under general anaesthesia may be needed to find and treat or repair any damage. Rarely, hysterectomy (removal of the womb) and/or blood transfusion is needed.</p>
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 if, during the procedure, I communicate to the clinical team that the procedure is too painful or distressing, then the procedure will be stopped immediately and rescheduled with alternative pain management.
 - 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 pain management options with a clinician, and we will jointly decide which option is best for me. I understand that the type of pain management 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 the form to the patient to the best of my abilities 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:

Patient name:

Patient unique identifier:

Signature:

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:

DRAFT