

Outpatient operative hysteroscopy consent form



This form should only be used if the patient has capacity to give consent. If support is required with consent (interpreter, witness, carer, guardian, parent, or any other relevant support) please ensure they are present. If the patient does not legally have capacity, please use an appropriate alternative consent form from your hospital or hub. This form will be the result of a shared decision conversation between a clinician and patient. "You / your / me / my" hereby refers to the patient.

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

You will be provided with additional patient information about your procedure by your hospital or hub site. These will be provided in a language and format that suits you.

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. The risks quoted in this consent form for surgery assume that you have no additional factors which would increase your risk. The clinician discussing the consent with you will explain if you have health conditions or factors that may increase your risk.

Your details (Print or sticker)

First name:

Last name:

Date of birth:

NHS or Hospital number:

Responsible Health Professional:

My requirements: e.g, transport, interpreter, assistance



Details of outpatient operative hysteroscopy

Outpatient operative hysteroscopy Procedure:

This procedure involves a thin telescope (hysteroscope) being passed into your vagina and through the entrance of the womb (cervix). Fluid is passed through the hysteroscope and into the uterus (womb), to make it possible to see the womb lining and perform surgery.

Procedures performed in an outpatient setting typically last less than 15 minutes.

You will be awake during the procedure.

Extra procedures: (Tick as appropriate)

Endometrial biopsy – taking samples from the lining of the womb.

Removal of:

- Polyps** – (outgrowths) from the lining of the womb (endometrial polypectomy)
- Fibroids** – from the walls of the womb (myomectomy)
- Membrane (septa)** causing divisions of the womb (septoplasty)
- Scar tissue** (adhesiolysis)
- Fetal tissue or placenta after pregnancy** ('retained products of conception')
- Womb lining** (transcervical resection/endometrial ablation)
- Insertion of a tube into the fallopian tubes** – for the purpose of sterilisation or to overcome a blocked fallopian tube (proximal tubal occlusion)

Indication for, and purpose of surgery / benefits:

(Tick as appropriate)

The purpose of this procedure is to enable the clinical team to make a diagnosis and/or remove any structures or abnormalities from the inside of the womb (uterus) that may be causing the symptoms.

- Obtain a sample (biopsy) of the lining of the womb (endometrium)** to enable diagnosis.
- Treatment of symptoms (e.g. abnormal bleeding, fertility problems)** by removing one or more of the following abnormal structures in the womb: polyps, fibroids, septa, adhesions, retained products of conception.
- Treatment of heavy menstrual bleeding** by removing/destroying the lining of the womb (endometrium).

(Note: this procedure is only suitable for patients who do not require future fertility because by removing the endometrium, fertility is reduced and may even be prevented. Patients are still advised however, to continue to use contraception after the procedure)

- Tubal cannulation for overcoming proximal tubal occlusion**
- Tubal cannulation for sterilisations**
- Other(s)**

Alternatives considered:

(Tick as appropriate)

- Conservative management** Conservative management is a term used when a condition is managed without surgery or other invasive procedures or treatments. You may choose not to have surgery and live with these symptoms which may stay the same or get worse. If symptoms worsen you might choose to have surgery later in life if appropriate. Changes such as weight-loss, reducing strenuous activity, physiotherapy, and anti-inflammatory medications may help to reduce symptoms.
- Other(s)**

Possible early or short-term risks

Expected

Will probably happen



Pain You will feel some abdominal pain and may feel discomfort during the procedure and immediately afterwards. This pain is usually mild-to-moderate in severity and period-like cramping in nature, but around 30% of women report severe pain. You are recommended to take pain relief 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 to ease pain after the procedure, 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 to 60 minutes of the procedure.

Common

Might happen
(more than 1 in 20)



Feeling faint or giddy 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.

Unable to complete the procedure, meaning a repeat procedure or different management plan is needed It may not always be possible to complete the procedure. Reasons why the procedure may not be completed include excessive absorption of fluid, if the clinician is unable to get a good view of the womb, the type and position of the abnormality, equipment issues, or pain (outpatient procedures only). The need for further procedures is more common if you are having fibroids or adhesions removed.

Uncommon

Unlikely to happen
(fewer than 1 in 20)



Uterine perforation This is when a hole (perforation) is made through the muscular wall of the womb (uterus) while inserting the hysteroscope. The hole usually heals by itself and antibiotics are prescribed to prevent infection.

Rare

Probably won't happen
(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.

Fluid overload Fluid overload can occur if excess fluid used during the hysteroscopy is absorbed into the bloodstream and cells within the body. It can cause symptoms such as nausea and vomiting, headache and visual changes, numbness and tingling, breathlessness or a frothy cough and confusion. If this happens, you will need to be admitted to hospital for monitoring and medications to help remove the excess fluid. Very rarely, this monitoring needs to be done in an intensive care unit.

Possible late or long-term risks

Common

Might happen
(more than 1 in 20)



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 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.

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.

Vaginal bleeding Heavy vaginal bleeding can occur for a short time immediately after the procedure, especially following removal of a fibroid or septum. If small samples of tissue (biopsies) of the lining of the womb (uterus) are taken, a small amount of vaginal bleeding, no more than you would experience during a period, is to be expected following the procedure. You might experience some fresh red, old brown blood, or blood-stained discharge for a few days after the procedure.

Uncommon

Unlikely to happen
(fewer than 1 in 20)



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.

Adhesion formation that may affect future fertility Scar tissue (adhesions) can form during the healing process after abnormalities have been removed from inside the womb (uterus). This may reduce or stop menstrual periods and reduce fertility.

Rare

Probably won't happen
(fewer than 1 in 100)



Damage to the womb (uterus) and/or internal pelvic organs 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. Keyhole (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.

Blood clots (deep vein thrombosis or pulmonary embolus) Blood clots can form in the veins of the legs (deep vein thrombosis), causing pain and redness in the leg. They are more likely to occur after an operation, when people move around less. Occasionally, these clots can also travel from the legs to the lung (pulmonary embolus) and can cause problems with breathing. Clots in the leg or lung need treatment, such as with blood-thinning medications.

Patient specific risks

Patient Specific Risks

Patient specific concerns

If you have any **specific concerns or personal risks** to you from your treatment, you can record them here. Please use this space to **record any concerns around allergies / reactions** and also any life saving **procedures that you do not wish to be carried out** without further discussion.

Any extra procedures which may become necessary during the procedure:

Blood transfusion:

Other procedures (please specify): _____

Pain management

Simple pain killers taken before the procedure can reduce pain during and after the procedure. Your doctor may prescribe you tablets that make you feel more relaxed (oral sedatives) before the procedure, but these may 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'.

During the procedure, in some patients, the operator may find that the entrance to the womb (cervix) needs to be dilated (opened up) a little to pass the hysteroscope into the womb. If this happens, local anaesthetic is usually injected into the cervix. The injection itself can be a little painful, but the local anaesthetic numbs the cervix to allow it to be dilated painlessly. However, it cannot take away sensation from the inside of the womb where the hysteroscope will need to be inserted.

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.

Patient name: _____

NHS or Hospital number: _____

Statement of healthcare professional

(to be filled in by health professional with appropriate knowledge of proposed procedure)

- 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 discussed the benefits and risks of any available alternative procedures or treatments including no treatment.
- I have considered any additional patient-specific factors and discussed these with the patient alongside their particular concerns.
- I can confirm that the patient has the capacity to give consent.

Patient information leaflet provided: Yes / No – Details: _____

Copy of consent form accepted by patient: Yes / No

Name: _____

Job title: _____

Date: _____

Signature: _____

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.

You must consent to the following section to proceed with your surgery:

- I confirm that I have read and understood pages 1 to 5 of the consent form.
- I understand the diagnosis and agree with the course of treatment described on this form.
- I have had the opportunity to discuss treatment alternatives, including no treatment.
- I have had the purpose, aims and possible risks of treatment explained to me.
- I understand that the operating person, who will have appropriate expertise to carry out the procedure, may not have been involved in my pre-operative assessment or care to date.
- I understand my anaesthetic options will be or have been discussed with an anaesthetist where 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 which are necessary prior to treatment or may become necessary during my treatment. This may include permanent skin marks, photographs, and / or tissue samples to help with treatment planning and identification.
- 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 spoken to my health care professional about any lifesaving procedures I do not wish to happen.
- I understand that relevant and appropriate patient specific data for this procedure will be collected and may be used in the context of providing clinical care, and/or audit purposes in compliance with Data Protection Act (2018).

Additional Consent: This section will not stop you from receiving surgery but will help with future learning and training. Please tick if you consent:

- I understand that there may be health care professionals that are training during my procedures such as medical students, and trainee nurses. I consent that they may participate in examinations relevant to my procedure, supervised by a fully qualified professional.
- I understand that information collected during my procedure including images, may be used for education 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).

Tick if relevant: I confirm that there is no risk that I could be pregnant.

Name: _____

Date: _____

Signature: _____

Statement of: interpreter witness

(where appropriate)

- I have interpreted the information contained in this form 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:

NHS or Hospital number:

Anaesthesia

Anaesthetic is used to allow surgery to take place painlessly. It may include medicines which put you to sleep or those which only numb the area you are having operated on while you remain awake. This can be done in a variety of ways and your anaesthetist will advise you on your options and talk to you about the risks, complications, and benefits of types of anaesthetic. If there are particular anaesthetic risks/concerns for any particular patient these should be separately documented in the patient's records.

Anaesthetic options and risks will be discussed with you on the day of surgery with an anaesthetist. This is a shared decision-making process, and you will jointly decide and agree which anaesthetic option 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 will explain this to you before the procedure.

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

Types



Risks



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

<https://www.rcoa.ac.uk/patient-information/patient-information-resources>

If you do not wish to access the additional patient information via link or QR code, please speak to your clinician 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 Anaesthetist (On day of surgery)

Name of Anaesthetists 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 what the preferred anaesthetic is.

Please note the preferred method of Anaesthesia as discussed between the patient and anaesthetist below:

Signature:

To be filled out by your responsible healthcare professional (On day of surgery)

Reconfirmation of consent / Withdrawal of consent (where appropriate)

Reconfirmation of consent:

Withdrawal of consent:

See advance decision to refuse treatment:

Name:

Date:

Signature:

The responsibility for informed consent is between the patient and the consenting clinician and the NHS trust. NHS England, Getting It Right First Time (GIRFT) and associated organisations are supplying this resource which should be used/amended by the clinician as they see fit according to their clinical judgement. NHS England, GIRFT and associated organisations do not accept any liability for the consent collected using this resource or the subsequent treatment including surgical and additional procedures.