Outpatient endometrial ablation 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

Patient name: _____ **NHS or Hospital number:** _____

Details of outpatient endometrial ablation

Outpatient endometrial ablation Procedure:

This procedure involves placing a device into the vagina, passing it through the entrance of the womb (cervix) and into the womb (uterus). Once activated the device uses heat to destroy (ablate) the lining of the womb (endometrium), making periods lighter or stopping them altogether. This procedure is normally accompanied by a hysteroscopy (inserting a thin telescope into the womb via the vagina and cervix to examine the inside of the womb) and an endometrial biopsy (taking small samples of the womb lining to diagnose any problems). Several different devices are available, which all differ slightly in their size and mechanism of action. Your clinician should inform you of the device that will be used and you should have the chance to discuss its relative advantages and disadvantages compared with other devices.

The procedure is only suitable for patients who do not wish to become pregnant in the future because, by removing the endometrium, fertility is reduced and may even be prevented. However, patients are still advised to continue to use contraception after the procedure.

You will be awake during the procedure.

Extra procedures:
(Tick as appropriate)

- ☐ **Hysteroscopy**
- ☐ **Insertion/removal of an intrauterine device (IUD/coil)**
- ☐ **Endometrial biopsy**
- ☐ **Other(s)** _____

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

- ☐ **Heavy menstrual bleeding**
- ☐ **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.
- ☐ **Medical management** Medical management is a term used when a condition is managed with medications, without more invasive measures such as surgery. Medications such as tranexamic acid or the combined oral contraceptive pill can be used to help control heavy periods. These treatments will often be tried prior to considering treatments but can be used to help manage symptoms in the long term in some patients.
- ☐ **Intrauterine system insertion** This involves placing a small T-shaped plastic device inside the womb (uterus), which releases a contraceptive hormone called progesterone. This hormone also thins the womb lining making periods lighter. It lasts 5 years before needing replacement, but it can be removed at any point if desired by the patient.
- ☐ **Hysterectomy** This is an operation that involves removing the womb (uterus). A hysterectomy is more likely to resolve the symptoms but carries higher risks of complications.
- ☐ **Other(s)** _____

Patient name: _____ **NHS or Hospital number:** _____

Possible early or short-term risks

Expected
Will probably happen

Pain You will feel abdominal pain during the procedure and immediately afterwards. This pain is usually of moderate-to-severe intensity and period-like cramping in nature. You may be recommended to take pain relief 60 minutes before your appointment or your clinical team will administer this. 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 because of the shape and size of the womb, unexpected findings, or pain (outpatient procedures only). Sometimes, equipment problems may mean that the procedure cannot be completed.

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 while placing the ablation device inside the womb. When this happens, the procedure is abandoned. The hole usually heals by itself and antibiotics are prescribed to prevent infection. The procedure can usually be rescheduled after a few weeks, once the womb has healed.

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 If the ablation device is activated after being placed incorrectly, or if the womb is fully perforated, then bleeding and damage to the womb can occur. The ablation device may also cause heat damage to other pelvic organs, such as the bowel, bladder, ureters (the tubes that carry urine from the kidneys to the bladder) and major blood vessels in this area. If this happens, you might need keyhole (laparoscopic) surgery, or open surgery under general anaesthesia to find and repair any damage. Rarely, a blood transfusion is needed.

Patient name: _____ **NHS or Hospital number:** _____

Possible late or long-term risks

Expected
Will probably happen

Vaginal bleeding You should expect some unscheduled vaginal bleeding. This may be heavy, like a menstrual period, or light spotting of fresh red blood or old brown blood.

Abdominal cramps You should expect some period-like cramps in your abdomen (tummy) for the first 2 weeks after the procedure.

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 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.

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 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 altered brown blood, or blood-stained discharge for a few days after the procedure.

Adhesion formation Endometrial ablation is designed to remove the lining of the womb (uterus). When this happens, scar tissue (adhesions) forms. In the future, if you ever developed any abnormal bleeding symptoms, this means you would not be able to undergo two common tests: hysteroscopy (use of a telescope to look inside the womb) and endometrial biopsy (when a small straw-shaped device is placed in the womb to take a sample of the lining). If you are not able to have these tests, it can make it harder to diagnose any issues. Because of this, you might be more likely to need a hysterectomy (an operation to remove the womb).

Continuing or new menstrual symptoms Despite the procedure, up to one in five patients may have continued or new abnormal bleeding symptoms and/or period pain. Up to one in six patients will have a hysterectomy (an operation to remove the womb) by 2 years after the endometrial ablation because of menstrual symptoms.

Uncommon
Unlikely to happen
(fewer than 1 in 20)

Blood infections and pelvic abscess Bacteria from the genital tract can occasionally enter 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.

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

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. 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), a stoma (permanently or temporarily placing part of the bowel outside the body to divert faeces into a bag), 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. 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.

Patient name: _____ **NHS or Hospital number:** _____

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).

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:

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:

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: