

Patient agreement to investigation or treatment

Acupuncture

Authors: Physiotherapy department

Brief description:

- Here, we explain some of the aims, benefits, risks and alternatives to this procedure (operation/treatment). We want you to be informed about your choices to help you to be fully involved in making any decisions.
- Please ask about anything you do not fully understand or wish to have explained in more detail.
- If you would like this information in another format or language or would like help completing the form, please ask a member of our staff.

Please bring this form with you to hospital

- You will be asked to read this form carefully, and you and your doctor (or other appropriate healthcare professional) will sign it to document your consent.
- All our consent forms are available on the Addenbrooke's website:
<http://www.addenbrookes.org.uk/consent>
- Remember, you can change your mind about having the procedure at any time.

For staff use:

Does the patient have any special requirements? (For example, requires an interpreter or other additional communication method)

.....
.....

About Acupuncture

- Acupuncture is one of the oldest forms of medicine originating in China over 3,000 years ago. Modern science and research has shown that acupuncture stimulates the body in various ways to produce natural pain relieving chemicals (endorphins). The traditional view is that acupuncture prevents stagnation of the Qi (energy) flow throughout body channels. Providing that the Qi flows freely about the body, a healthy state should be maintained.

Before your procedure

- Most patients attend a pre-admission clinic, when you will meet a physiotherapist.
- At this clinic, we shall ask you for details of your medical history and carry out any necessary clinical examinations and investigations. This is a good opportunity for you to ask us any questions about the procedure, but please feel free to discuss any concerns you might have at any time.
- You will be asked if you are taking any tablets or other types of medication - these might be ones prescribed by a doctor or bought over the counter in a pharmacy. It helps us if you bring details with you of anything you are taking (for example: bring the packaging with you).
- It is recommended that you have eaten before treatment.
- If facial acupuncture is carried out, the physiotherapist will often use a disinfectant spray on the area before treatment starts.

During the procedure (operation/treatment) itself

- The needles used are much finer than those used to give injections. When the needle is inserted it occasionally gives a pin prick sensation which is short lived. This is often followed by a mild dull sensation which is part of the treatment effect.
- You may feel lightheaded and faint.

After the procedure (operation/treatment)

- It is possible that acupuncture may make your symptoms worse, usually only in the first 24-48 hours following treatment. You may also feel tired, if so, you may not wish to drive following treatment.
- **Eating and drinking:** After this procedure, you can eat and drink as normal.
- **Getting around and about:** You can move around as much as you feel is comfortable following the acupuncture.
- **When you can leave hospital:** After the appointment as long as you feel healthy.
- **When you can resume normal activities including work:** As soon as you feel able.

Intended benefits of the procedure

Research has shown good results in gaining pain relief in most people, often when more traditional methods have failed. The effects of acupuncture are cumulative, with pain relief building up as the treatment continues. Some people respond quickly, whilst some require

a couple of sessions before the benefits are felt, especially in conditions which are more longstanding. Occasionally, the condition/symptoms can slightly worsen initially, but then respond with further treatment. Your physiotherapist will have thoroughly assessed your condition prior to suggesting acupuncture and will often use acupuncture as part of an overall management programme, which may also include exercise, manipulation and relaxation techniques.

Who will perform my procedure?

- This procedure will be performed by your physiotherapist.

Alternative procedures that are available

- If acupuncture is offered as an adjunct to your treatment it is entirely your choice as to whether to accept it. If you are at all concerned speak directly to your physiotherapist who will be happy to answer any of your queries.

Serious or frequently occurring risks

- Your Physiotherapist will discuss the risks with you but they include risk of fainting or of light-headedness during or immediately after treatment, feeling of tiredness and bruising. There are other risks but this is dependent on where the needles are placed and this will be explained to you prior to any treatment. The needles are pre-sterilised, single-use and disposable.
 - Risks associated with this procedure:
 - Pneumothorax – symptoms included shortness of breath and medical intervention maybe required.
 - Haematoma
 - Fainting
 - Contraindications associated with this procedure:
 - Over anxious/confused
 - Pacemakers with electroacupuncture
 - Epilepsy - poorly controlled
 - Unstable heart conditions
 - Needle Phobia
 - Infection at or near needle site
 - Haemophilia
 - Metal Allergy

The forbidden points are: swelling, unhealthy skin, varicosities, nipple/breast tissue, umbilicus, external genitalia, childrens fontanelles.

- **Precautions associated with this procedure:**

Surgery for malignancy	Epilepsy
Osteoporosis	Anticoagulants
Pregnancy	PVD/Impaired sensation
Previous malignancy	Hyper or hypo-tensive
Diabetes	Under 16 years
Frail or hungry	Immunodeficiency
Heart disease, for example, heart valve defect or history of rheumatic heart disease	

Information and support

- If you have any questions or anxieties, please feel free to ask a member of staff including your physiotherapist.
- Between the hours of 0815 and 1700 hours (Mon – Thurs) and 0815 and 1630 hours, please contact your physiotherapist or the Team Leader Musculoskeletal Services: Telephone number: 01223 216633
- Websites:
Chartered Society of Physiotherapy: <http://www.csp.org.uk/>
The Acupuncture Association of Chartered Physiotherapists: <http://www.aacp.uk.com/>
The British Medical Acupuncture Society: <http://www.medical-acupuncture.co.uk/>

Please ask if you require this information in other languages, large print or audio format: 01223 216032 or patient.information@addenbrookes.nhs.uk

Potete chiedere di ottenere queste informazioni in altre lingue, in stampato grande o in audiocassetta.

Italian

若你需要本信息的繁體中文、大字體或音訊格式的版本，請要求索取。

Cantonese

तमने आ माहिती वीछ भाषाओमां, मोटा अक्षरोमां अथवा सांभली शकाय जेवा माध्यम (ओडीओ इमेज)मां जेठती छोय तो कृपा करीने पूछो.

Gujarati

تکایہ پرسیار بکے نہ گھر نہ وزانیاریہت دھوی بہ زمانیکی تر , بہ بیٹی گہورہ یانیش بہ شیوہی دہنگ

Kurdish

آگر آپ کو یہ معلومات دوسری زبانوں میں، بڑے الفاظ کی اشاعت میں یا آڈیو ٹیپ پر درکار ہوں تو ہمارے مہربانی اس کیلئے درخواست کریں۔

Urdu



Addenbrooke's is smoke-free. Please do not smoke anywhere on the site.

For advice on quitting, contact your GP or the NHS smoking helpline free, 0800 169 0 169

Document History

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Consent form 1

Patient agreement to investigation or treatment

For staff use only:
Surname:
First names:
Date of birth:
Hospital no:
Male/Female:
(Use hospital identification label)

Responsible health professional/job title

.....

Special requirements
 (For example, other language/other communication method)

Name of proposed procedure or course of treatment

Acupuncture **Side (left/right)...../Body region.....**

Statement of health professional

(To be filled in by a health professional with an **appropriate knowledge of the proposed procedure**, as specified in the Hospital's consent policy)

I have explained the procedure to the patient. In particular, I have explained:

- How it will be performed
- The intended benefits of the procedure
- Any serious or frequently occurring risks including those specific to the patient

.....
 • Any extra procedures that might become necessary during the procedure

- Blood transfusion
- Other procedure (please specify)

I have discussed what the treatment / 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 information leaflet has been provided:
 Version/Date/Ref:

I have explained that we expect the treatment to last for courses of treatment, although this may have to be altered during this time

Health professional's signature Date:

Name (PRINT): Job title:

Contact details (if patient wishes to discuss details later)

I have offered the patient information about the procedure but s/he has declined information.

Important notes: (tick if applicable)

- The patient has withdrawn consent (ask patient to sign/date here)
- See also advance directive/living will

Statement of the interpreter (if appropriate)

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

Interpreter's signature Date:

Name (PRINT):

Copy accepted by patient: yes / no (please circle)

<p>For staff use only: Surname: First names: Date of birth: Hospital no: Male/Female: (Use hospital identification label)</p>
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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, which describes the benefits and risks of the proposed treatment. If not, you will be offered a copy now. Do ask if you have any further questions. The staff at Addenbrooke's are here to help you. **You have the right to change your mind at any time before the procedure is undertaken, including after you have signed this form.** Training doctors and other health professionals is essential to the continuation of the Health Service and improving the quality of care. Your treatment may provide an important opportunity for such training, where necessary under the careful supervision of a senior doctor. You may, however, decline to be involved in the formal training of medical and other students without this adversely affecting your care and treatment.

Please read the following:

I understand that you cannot give me a guarantee that a particular person will perform the procedure. The person undertaking the procedure will, however, have appropriate experience.

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 that **I do not wish, without further discussion, to be carried out.**

I understand that all research will be approved by a research ethics committee and undertaken in accordance with appropriate ethical, legal and professional standards.

I understand that the research may be conducted within a hospital, university, not for profit organisation or a company laboratory.

Please tick boxes to indicate you either agree/disagree to the three points below. Yes No

I agree to the use of photography for the purpose of diagnosis and treatment. Yes No

I agree to anonymised photographs being used for medical teaching. Yes No

I confirm that the risks, benefits and alternatives of this procedure have been discussed with me and I have read and understood the above and agree to the procedure (or course of treatment) on this form.

Patient's signature: **Date:**

Name (PRINT):

If the patient is unable to sign but has indicated his/her consent, a witness should sign below. Young people may also like a parent to sign here (see guidance notes).

Witness' 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.

Signature Date:

Name (PRINT): Job Title: