

# Patient agreement to investigation or treatment

## Hysteroscopic surgery

**Authors:** Gynaecology

**Brief description:**

- Hysteroscopic surgery has been recommended as a method of checking the lining of the uterus (womb) via a small telescope (hysteroscope), and removal of any problem areas (including uterine polyps).

**Hysteroscopy\***

**Or Hysteroscopy and polypectomy\***

**Or Hysteroscopic resection of polyp\*** \*Delete as required

- 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. This forms part of the consent information
- 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.

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**For staff use:**

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

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.....

## Gynaecology – hysteroscopic surgery

Hysteroscopic surgery has been recommended as a method of diagnosis and/or removal of intrauterine pathology (diseased or abnormal tissue in your womb). A hysteroscopy alone is a diagnostic procedure and will not affect your condition. Usually we take a biopsy at the time of hysteroscopy.

### Before your procedure

- You will be seen at the pre-admission outpatient clinic by the pre-admission staff. This review may be done by phone. A decision about your procedure and that you will require general or regional anaesthetic will have been made by your consultant or one of their team in conjunction with you.
- We will ask you about details of your medical history, may give you a clinical examination, and carry out any investigations necessary. Please do not hesitate to discuss any concerns about the operation with our staff at any time.
- If you are taking any tablets or other forms of medication, you should tell the doctor treating you. Please bring a list of the drugs/medication that you are taking when you attend pre-admission. We will advise you which tablets you can safely continue taking and which must be stopped and when prior to surgery. Usually, we will ask you to stop hormone-replacement treatment (HRT) and tamoxifen at approximately two weeks prior to surgery, if appropriate. If you use tamoxifen, then it would be worth asking your doctors to whether you should continue with this treatment.
- You will be asked whether you have any allergies. It is important that you tell us about any bad reactions that you have had with medication or operations prior to surgery. If you are taking aspirin or regular painkillers please discuss this with the pre-admission sisters as we may suggest stopping the aspirin prior to surgery.
- Usually this procedure will be done as an outpatient. Due to various considerations, it has been suggested that you have a major anaesthetic for this procedure (general or regional) and this now will be done as a day case. Very rarely, you may need to stay over following the procedure. It is anticipated that you will attend on the day of surgery for your procedure.

### The procedure

- This procedure usually involves general anaesthesia, which means you will not be conscious during the surgery. The anaesthetist will see you before the procedure to assess your state of health and discuss the details with you. Sometimes, a regional anaesthetic is used when you will be awake but have the area below the waist numbed.
- You will usually be able to leave on the day of surgery. It is very unusual to stay in hospital for 24 hours after this type of surgery.
- During the operation, a hysteroscope (small telescope) is passed through your cervix (neck of the womb) and any pathology (problems) present can be seen and biopsied and/or removed.

## After treatment

- You will wake up in the recovery room after your operation. You might have an oxygen mask on your face to help you breathe. You might also wake up feeling sleepy.
- After this procedure, most people will have a small, plastic tube in one of the veins of their arm. This might be attached to a bag of fluid (called a drip), which feeds your body with fluid until you are well enough to eat and drink by yourself.
- While you are in the recovery room, a nurse will check your pulse and blood pressure regularly. When you are well enough to be moved, you will be taken to a ward.
- Sometimes, people feel sick after an operation, especially after a general anaesthetic, and might vomit. If you feel sick, please tell a nurse and you will be offered medicine to make you more comfortable.
- **Eating and drinking:** Usually following surgery you will be able to drink fluids when you are ready. If you feel hungry, you can usually have something light to eat soon after the operation.
- **Getting around and about:** After this procedure, we will try to get you mobile (up and about) as soon as we can to help prevent complications from lying in bed.
- **When you can leave hospital:** the actual time you are in hospital can vary after the operation. Usually, for this operation you will stop in hospital for a few hours. If you have problems with the operation or require further treatment you might need to stay in for longer.
- **When you can resume normal activities including work:** You can usually resume normal activities within 24 hours of the operation.
- **Check-ups and results:** You will be given information about the results of your surgery after the operation. Usually a letter will be sent with the results as soon as these are available. The follow-up is tailored to your requirements, and a clinic appointment will be sent if appropriate. A clinic visit is not usually booked for routine follow-up after surgery. However, should you feel the need to talk to the surgeons or other staff, please do not hesitate in contacting them.

## Intended benefits of the procedure

- We aim to check the lining of the womb and remove any abnormal areas present.

## Who will perform my procedure?

A consultant gynaecologist, trainee (working under supervision) or surgical care practitioner will perform this procedure.

## Alternative procedures that are available

- The alternative to this surgery is to decide not to have surgery and the implications of deciding not to have surgery will be discussed with you.

- Usually, you will have had a pelvic ultrasound.
- Usually, an outpatient approach has been discussed with you prior to this procedure.

## Serious risks (overall 2 per 1000)

- Failure to complete the surgery as intended.
- Damage during the surgery to the uterus (womb) or cervix (neck of the womb). Usually this will only require a suture (stitch) to repair it. If the damage to the womb is more extensive, we might need to use a more involved operation to check for damage to bowel, bladder or major blood vessels and repair the damage. A laparoscopy (checking with a telescope through the tummy button/umbilicus) may be required.

## Frequent Risks

- Infection
- Further bleeding

## Information and support

- Additional written information will be given to you in the form of patient information leaflets. Do feel free to speak to a member of staff if you have any questions or anxieties.
- **Pre admissions reception**  
Monday to Friday 09:00 to 17:00 hours. Otherwise please leave a message on the answer machine.  
Telephone 01223 256584  
E-mail: [preadmission.reception@addenbrookes.nhs.uk](mailto:preadmission.reception@addenbrookes.nhs.uk)  
The pre admission service runs from 08:00 to 18:00 Monday to Friday.

## General anaesthesia

During general anaesthesia you are put into a state of unconsciousness and you will be unaware of anything during the time of your operation.

## Before your operation

Before your operation your anaesthetist will visit you in the ward. The anaesthetist who looks after you on the day of your operation is the one who is responsible for making the final decisions about your anaesthetic.

He or she will need to understand about your general health, any medication that you are taking and any past health problems that you have had. Your anaesthetist will want to know whether or not you are a smoker, whether you have had any abnormal reactions to any of the drugs or if you have any allergies.

They will also want to know about your teeth, whether you wear dentures, have caps or a plate. Your anaesthetist needs to know all these things so that he or she can assess how to look after you in this vital period. Your anaesthetist may examine your heart and lungs and may also prescribe medication that you will be given shortly before your operation, the pre-medication or 'pre-med'.

**Pre-medication** is not usually given.

Do not be worried about your anaesthetic. When your anaesthetist visits you before your operation, this is the time to ask all the questions that you may have, so that you can forget your fears and worries.

Before your operation you will usually be changed into a gown and wheeled to the operating suite into an anaesthetic room. This is an ante-room outside the theatre. The anaesthetist, his or her assistant and nurses are likely to be present. An intravenous line (drip) may be inserted. Monitoring devices may be attached to you, such as a blood pressure cuff or a pulse oximeter. A pulse oximeter is usually a little red light in a small box, which is taped to your finger. It shows how much oxygen you have in your blood and is one of the vital monitors that an anaesthetist uses during your operation to ensure that you remain in the best of health. You may be given some oxygen to breathe.

## **During your operation**

While you are unconscious and unaware your anaesthetist remains with you at all times. He or she monitors your condition and administers the right amount of anaesthetic drugs to maintain you in the correct level of unconsciousness for the period of the surgery. Your anaesthetist is constantly aware of your condition and trained to respond. Your anaesthetist will be monitoring such factors as heart rate, blood pressure, heart rhythm, body temperature and breathing. He or she will also constantly watch your need for fluid or blood replacement. If you have any other medical conditions, your anaesthetist will know of these from your pre-operative assessment and be able to treat them during surgery.

## **After your operation**

After your operation your anaesthetist continues to monitor your condition carefully. You will probably be transferred to a recovery ward where specially trained nurses, under the direction of anaesthetists, will look after you. Your anaesthetist and the recovery nurses will ensure that all the anaesthetic effects are reversed and that you are closely monitored as you return to full consciousness.

You may be given some oxygen to breathe in the recovery area, and may find that intravenous drips have been inserted whilst you are unconscious in theatre and that these will be replacing fluids that you might require.

You will be given medication for any pain that you might feel, and systems, such as Patient Controlled Anaesthesia (PCA) may be set up to continue pain control on the ward.

You are likely to feel drowsy and sleepy at this stage. Some patients feel sick, others may have a sore throat related to the insertion of the breathing tube during surgery. During this time it is important that you relax as much as you can, breathe deeply, do not be afraid to cough, and do not hesitate to ask the nursing staff for any pain relief, and about any queries you may have. You are likely to have hazy memories of this time and some patients experience vivid dreams. Once you are fully awake you will be returned to the ward.

## **What are the risks of general anaesthesia?**

In modern anaesthesia, serious problems are uncommon. Risks cannot be removed completely, but modern equipment, training and drugs have made it a much safer procedure in recent years. The risk to you as an individual will depend on; whether you have any other illness, personal factors (such as smoking or being overweight) or surgery which is complicated, long or done in an emergency. Please discuss any pre-existing medical condition with your anaesthetist.

- Very common and common side effects (1 in 10 or 1 in 100 people)  
Feeling sick and vomiting after surgery, sore throat, dizziness, blurred vision, headache, itching, aches, pains and backache, pain during injection of drugs, bruising and soreness, confusion or memory loss.
- Uncommon side effects and complications (1 in 1000 people)  
Chest infection, bladder problems, muscle pains, slow breathing (depressed respiration), damage to teeth, lips or tongue, an existing medical condition getting worse, awareness (becoming conscious during your operation).
- Rare or very rare complications (1 in 10,000 or 1 in 100,000)  
Damage to the eyes, serious allergy to drugs, nerve damage, death, equipment failure.



We are currently working towards a smoke free site. Smoking is only permitted in the designated smoking areas.

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

## Help with this leaflet:



If you would like this information in another language, large print or audio format, please ask the department to contact Patient Information: 01223 216032 or [patient.information@addenbrookes.nhs.uk](mailto:patient.information@addenbrookes.nhs.uk)

### Polish

Jeżeli chciałbyś uzyskać te informacje w innym języku, w dużej czcionce lub w formacie audio, poproś pracownika oddziału o kontakt z biurem Informacji Pacjenta (Patient Information) pod numerem telefonu: 01223 216032 lub pod adresem [patient.information@addenbrookes.nhs.uk](mailto:patient.information@addenbrookes.nhs.uk)

### Portuguese

Se precisar desta informação noutra língua, em impressão de letras grandes ou formato áudio, por favor peça ao departamento que contacte a secção de Informação aos Doentes (Patient Information) pelo telefone 01223 216032 ou através do e-mail [patient.information@addenbrookes.nhs.uk](mailto:patient.information@addenbrookes.nhs.uk)

### Arabic

إذا كنت تود الحصول على هذه المعلومات بلغة أخرى، بالأحرف الكبيرة أو بشكل شريط صوتي، يمكنك أن تطلب من القسم الاتصال بمعلومات المريض على الرقم: 01223216032 أو عبر البريد الإلكتروني: [patient.information@addenbrookes.nhs.uk](mailto:patient.information@addenbrookes.nhs.uk)

### Cantonese

如您需以另一語言版本、特大字體或錄音形式索取本資料，請要求部門聯絡病人諮詢服務：電話 01223 216032，電郵地址 [patient.information@addenbrookes.nhs.uk](mailto:patient.information@addenbrookes.nhs.uk)

### Turkish

Eğer bu bilgileri başka bir dilde veya büyük baskılı veya sesli olarak isterseniz, lütfen bulunduğunuz bölümdeki görevlilere söyleyin Hasta Bilgilendirme servisini arasinlar: 01223 216032 veya [patient.information@addenbrookes.nhs.uk](mailto:patient.information@addenbrookes.nhs.uk)

### Urdu

اگر آپ کو یہ معلومات کسی دیگر زبان میں، بڑے الفاظ میں یا آڈیو طریقہ سے درکار ہوں تو برائے مہربانی اس شعبہ سے پیشینٹ انفارمیشن سے ذیل کے ذریعہ رابطہ کرنے کی درخواست کریں: 01223 216032 یا [patient.information@addenbrookes.nhs.uk](mailto:patient.information@addenbrookes.nhs.uk)

### Bengali

আপনি যদি এই তথ্য অন্য কোন ভাষায়, বড় অক্ষরে বা অডিও রেকর্ডিং পেতে চান তাহলে 'প্যাশেন্ট ইনফরমেশান' এর সঙ্গে 01223 216032 নম্বরে ফোন করে বা [patient.information@addenbrookes.nhs.uk](mailto:patient.information@addenbrookes.nhs.uk) ঠিকানায় ই-মেইল করে যোগাযোগ করার জন্য ডিপার্টমেন্টটিতে অনুরোধ জানান।

## Document history

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Version number/Ref	4/CF231

Consent form 1

# Patient agreement to investigation or treatment

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

Responsible health professional/job title

.....

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

**Name of proposed procedure or course of treatment**

**Hysteroscopy\***

**Hysteroscopy and polypectomy\***

**Hysteroscopic resection of polyp\***

\*Delete as required

**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: to check the lining of the womb and remove any abnormal areas present.
- Any serious or frequently occurring risks including those specific to the patient: Failure to complete the surgery, damage during the surgery to the uterus (womb) or cervix (neck of the womb), infection and further bleeding.
- 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: Hysteroscopy .....  
..... Version/Date/Ref: 4/May 2010/CF231.....

This procedure will involve:

General and/or regional anaesthesia     Local anaesthesia     Sedation

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.

**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): .....

**Important notes: (tick if applicable)**

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

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

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

**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**

**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 I will have the opportunity to discuss the details of anaesthesia with an anaesthetist before the procedure, unless the urgency of my situation prevents this. (This only applies to patients having general or regional anaesthesia.)

**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 any tissue (including blood) removed as part of the procedure or treatment will be anonymised and may be used for teaching or quality control, and stored or disposed of in a manner regulated by appropriate, ethical, legal and professional standards.

**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** that tissue (including blood) not needed for my own diagnosis or treatment can be used for **research which may include genetic research.** **If you wish** to withdraw your consent for the use of your tissue (including blood) for research, please contact the Patient Advice and Liaison Service at Addenbrooke's Hospital.

**I agree** to the use of photography for the purpose of diagnosis and treatment.

**I agree** to anonymised photographs being used for medical teaching.

**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:** .....