

# Patient agreement to investigation or treatment

## Laparoscopic sterilisation

**Authors:** Gynaecological Services

**Brief description:**

- This procedure involves blocking or removing the two Fallopian tubes. This prevents the sperm from reaching the end of the tubes where fertilisation occurs. Occasionally operations to reverse sterilisation are performed but are difficult and may not be successful. You should, therefore think of the operation as irreversible.
- 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 laparoscopic sterilisation

### Before your procedure

- In most cases you will have been given a date for your operation and have completed the necessary Day Surgery screening forms during your visit to the Sterilisation Assessment Clinic. However if, for medical reasons, you are unsuitable for surgery at the Day Surgery Unit, you will be asked to attend a pre-admission clinic, when you will meet one of the gynaecology pre-admission sisters.
- 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).
- This procedure involves the use of general anaesthesia. See below for further details about the types of anaesthesia/sedation we shall use.
- Most people who have this operation will have it done as a day-case procedure.
- There is nothing you need to do between now and when you come into hospital, although being fit usually helps people recover more quickly from an operation.
- Do not stop taking contraceptive precautions before the operation. If you have any suspicion that you might be pregnant, even a few days before the operation, you should let the doctor know when you come into hospital.

### During the procedure (operation/treatment) itself

- Before your procedure, you will be given the necessary anaesthetic - see below for details of this.
- Sterilisation is carried out using an instrument called a laparoscope, which is a form of small telescope. Two small cuts (about 1.5cm long) are made in the abdomen. One cut is made just below the tummy button and the other is made lower down near the pubic hair line or to one side.
- The laparoscope is inserted through the cut within the belly button. It is connected to a video camera and television so that the inside of the abdomen can be seen on the screen. The doctor is able to get a good view of your Fallopian tubes.
- Gas is pumped through one of the cuts into the abdomen to inflate it, because this makes it easier to see what is happening through the camera. The gas is let out through the cuts at the end of the operation.
- Watching on the TV screen, the surgeon puts small clips onto the Fallopian tubes. The lower cut is used to introduce the 'clip applicator' into the abdomen.
- Other procedures may be carried out at the same time (for example: coil removal) and, if so, your doctor will have discussed this with you in advance.

- The two small cuts are closed with a dissolvable stitch. The cuts will be covered with a small dressing. The dressing can be removed the following day and the areas must be kept clean and dry. We advise you to shower and avoid long soaks in the bath or swimming until they have fully healed. The stitches on occasion can cause irritation of the skin and we advise that you visit your practice nurse or GP approximately five to seven days after your surgery to have these removed.
- In a small number of cases, the sterilisation procedure cannot be completed through the laparoscope (keyhole). This may be due to technical reasons or of there are factors such as dense scarring or you have a BMI greater than 30. These factors will make it difficult for the surgeon to get to your fallopian tubes. In such circumstances, the doctors may need to perform open surgery (laparotomy) through a larger cut on your tummy to complete the operation. Alternatively, the doctor may decide that it is not safe to proceed and the sterilisation may have to be abandoned. If this were to happen, alternatives will be discussed with you.

### **After the procedure (operation/treatment)**

- The general anaesthetic may make you feel lethargic for a few days and you may have some general muscular aching. Your throat may feel dry and sore but this will improve after a couple of days.
- You may experience some soreness around the cuts, and a bloated feeling in your tummy due to the gas used during the operation. The gas can also create pressure on an abdominal nerve that is connected to the shoulder area and make the shoulders ache. The discomfort can last for up to a week. You may take painkillers, such as paracetamol, which will help to relieve it.
- **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. Typically, you will be able to get up after one hour.
- **When you can leave hospital:** You will normally be discharged on the same day as your operation. You should not go home unaccompanied as the anaesthetic drugs will still be in your system and will make you feel sleepy. You will probably still be feeling some discomfort when you are back home. Ordinary painkillers such as paracetamol should help. If the pain becomes distressing, please contact your GP.
- **When you can resume normal activities including work:** For 24 hours following general anaesthetic you should not:
  - Drive a car or any other vehicle or cycle
  - Operate any apparatus or machinery – including a cooker
  - Do any strenuous exercise
  - Drink any alcohol
  - You should take it easy for about a week after your operation and avoid lifting heavy items. Be guided by how strong you feel.

- **Special measures you need to take after the procedure:** There is no need to abstain from sexual intercourse, but it is generally advisable to continue using your current form of contraceptive until your first period following surgery. Your doctor will discuss this with you. It is possible you may experience some vaginal bleeding although not everyone does. Should this occur we recommend that you use sanitary towels and not tampons for the duration of the bleeding as this will minimise the risk of infection.
- **Check-ups and results:** Before going home the staff will discuss with you when the stitches/clips should be removed if non-dissolvable stitches were used, and where to get this done.
- Being sterilised will have no effect on your menstrual cycle. Eggs are still released from your ovaries but, as they are unable to travel down the Fallopian tubes, they are simply reabsorbed.
- If you were taking the contraceptive pill before you were sterilised, you may notice changes in your menstrual cycle afterwards due to stopping the pill.

### Intended benefits of the procedure

- To prevent you from becoming pregnant.

### Who will perform my procedure?

- This procedure will be performed by a gynaecologist.

### Alternative procedures that are available

- Other contraceptive methods are available and some of these are as or more effective than female sterilisation. These options will be discussed with you in detail at the clinic.

### Serious or frequently occurring risks

- **Anaesthesia:** The risks associated with general anaesthesia include potential breathing and heart problems, as well as possible reactions to medications. For a woman who is otherwise in good health, the risk of a serious complication due to general anaesthesia is less than 1%.
- **Surgery:** There is a small risk of complications from any operation. Laparoscopy carries a small risk of injury to organs inside your tummy, such as the bowel, bladder or blood vessels. This occurs on average about once in 300 cases.
- If complications occur the doctor may decide to perform open surgery (laparotomy). This means making a cut in your abdomen and possibly major surgery to correct any damage caused. Every effort is made to reduce the chances of this happening.
- Being sterilised is one of the safest forms of contraception but still has a small failure rate of 1 in 200 cases. This is thought to be higher in younger women (under 30). If you miss a period, contact your General Practitioner as soon as possible since, if pregnancy does occur, there is more chance of pregnancy occurring in the Fallopian tubes (ectopic pregnancy). Failure can occur in the months following the operation or many years later.

## Information and support

- You might be given some additional patient information before or after the procedure for example: leaflets that explain what to do after the procedure and what problems to look out for. If you have any questions or anxieties, please feel free to ask a member of staff including the nursing staff at the Day Surgery Unit.
- If you are worried after leaving the hospital you can ask for advice from the nursing staff on the gynaecology assessment ward, Daphne ward, on Telephone number 01223 217636 between 08:00 to 20:00 Monday to Friday. 08:30 to 14:00 at weekends. Out side of these hours contact the inpatient gynaecology ward L4, on Telephone number 02113 348500.

## Day case anaesthesia

Many operations these days are carried out as day cases. This means you will come into hospital on the day of the operation, often only a short time before it is due to start. Sometimes you will be seen preoperatively for assessment, which is important because some people are not fit enough for day care. You will usually be seen by your anaesthetist on the admission day, in the day care ward.

Take all you normal drugs on the day of operation (unless they are diabetic drugs - do not take them): it is OK to take a sip of water to wash tablets down. The hospital will tell you when to stop eating and drinking before the operation: be sure to follow those instructions, or your operation may be cancelled.

It is not usual to have a premed for day care operations, as these can slow recovery. Most day case operations are more minor, and usually do not require major pain killers afterwards. However, you may need tablets, and it is important that you have some sort of pain killers at home. If you have not, the hospital should give you a supply to take with you.

Sometimes patients do have quite a bit of pain after day case operations, and may feel sick. Do not expect to feel normal straight away, and do not plan anything important for the evening after your day case operation. Occasionally the pain or sickness is severe enough for you to be kept in hospital, though that is unusual.

## 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 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 ইনফরমেশন' 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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Consent form 1

# Patient agreement to investigation or treatment

<b>For staff use only:</b>
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

### Laparoscopic Sterilisation

#### 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:

- The intended benefits of the procedure .....
- Any serious or frequently occurring risks from the procedures 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: .....

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 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 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: .....

