

Patient information and consent to primary surgery for gynaecological cancer

Key messages for patients

- **Please read your admission letter carefully. It is important to follow the instructions we give you about not eating or drinking or we may have to postpone or cancel your operation.**
- **Please read this information carefully**, you and your health professional will sign it to document your consent.
- **It is important that you bring the consent form with you when you are admitted for surgery.** You will have an opportunity to ask any questions from the surgeon or anaesthetist when you are admitted. You may sign the consent form either before you come or when you are admitted.
- Please bring with you any medications you use (including patches, creams and herbal remedies) and any information that you have been given relevant to your care in hospital, such as x rays or test results.
- Please follow the instructions we give you regarding any medications you are taking.
- Please call the pre-admissions sisters on **01223 586847** or the lead nurse gynaecological oncology on **01223 586892** if you have any questions or concerns about this procedure.

After the procedure we will file the consent form in your medical notes and you may take this information leaflet home with you.

Important things you need to know

Patient choice is an important part of your care. You have the right to change your mind at any time, even after you have given consent and the procedure has started (as long as it is safe and practical to do so). If you are having an anaesthetic you will have the opportunity to discuss this with the anaesthetist, unless the urgency of your treatment prevents this.

We will also only carry out the procedure on your consent form unless, in the opinion of the responsible health professional, a further procedure is needed in order to save your life or prevent serious harm to your health. However, there may be procedures you do not wish us to carry out and these can be recorded on the consent form. We are unable to guarantee that a particular person will perform the procedure. However the person undertaking the procedure will have the relevant experience.

All information we hold about you is stored according to the Data Protection Act 1998.

About primary surgery for gynaecological cancer (laparotomy and total hysterectomy, bilateral salpingo- oophorectomy and staging)

Your doctors have recommended an operation as part of your treatment of a possible ovarian (or ovarian-like) cancer or cancer of the womb (endometrial cancer). The aim is to remove as much of the tumour as possible.

During this procedure we shall remove the ovaries, fallopian tubes, uterus (womb) and cervix (unless you have previously had a hysterectomy or related surgery). We shall also remove the omentum (part of the lining to the abdomen often called a fatpad) and possibly the appendix, which are common sites for spread of the cancer (not for all cancers)*. On a small number of occasions, we shall also need to remove a piece of affected bowel. We usually aim to join up the bowel within your abdomen if at all possible, but might need to form a stoma (an opening on the abdominal wall) to allow the passage of faeces into a bag on the tummy.

In addition, we may remove some of the lymph nodes in the pelvis or next to the large blood vessels in the abdomen (pelvic and para-aortic lymph node sampling).

Usually, we use a midline incision (up and down cut on the abdomen [tummy wall]) rather than a bikini line or transverse incision.

Before your procedure

Usually you will see one of the consultant gynaecological oncologists (gynaecological cancer surgeons) and discuss your case with the need for surgery. Information will be given to at that visit. You will be seen at the pre-admission outpatients clinic by the preadmission team. We will have discussed your case in our weekly multidisciplinary meeting and decided that, on balance, offering surgery will be beneficial for your future care.

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.

We will ask if you are taking any tablets or other types of medication - these might have been prescribed by a doctor or bought over the counter in a pharmacy. It helps us if you bring with you details of anything you are taking (for example, bring the prescription copy from your GP or bring the packaging with you). Usually, we will ask you to stop hormone-replacement treatment (HRT) at approximately two weeks prior to surgery. If you are taking aspirin then we usually ask you to stop this one to two weeks before surgery. With the non-steroidal class of drugs such as Neurofen, we ask you to stop these about five days before the operation. If you are taking anticoagulant drugs such as warfarin or clopidrogel, then please tell the preadmission sister as we shall organise appropriate anticoagulation cover for you during and after your operation.

This procedure involves the use of anaesthesia. See below for further details about the types of anaesthesia we shall use.

Most people who have this type of procedure will need to stay in hospital for about three days after this type of surgery. Usually you are admitted on the day of surgery early in the morning which saves you an unnecessary night in hospital. It is very unlikely that you may be asked to stay in hospital the night before surgery to help with preparation for the operation.

You will be given medication to reduce the likelihood of infection and blood clots. Usually this is when you are asleep and in the time after the surgery.

During the procedure

Before your procedure, you will be given the necessary anaesthetic - see below for details of this.

The incision (cut) is of the midline ('up and down') type. A catheter is also placed in the bladder to allow accurate measurement of the urine that you produce. Rarely a nasogastric tube will be placed down your nose when you are asleep. This keeps the stomach empty of food etc and will be removed as soon as possible. Sometimes a fine tube is placed in a vein in the side of your neck (a central line). This helps the anaesthetist during surgery and your team after surgery to monitor your wellbeing. A hidden suture (stitch) or small metal staples are used to close the skin wounds at the end of the operation.

After the procedure

Once your surgery is completed you will usually be transferred to the recovery ward where you will be looked after by specially trained nurses, under the direction of your anaesthetist. The nurses will monitor you closely until the effects of any general anaesthetic have adequately worn off and you are conscious. They will monitor your heart rate, blood pressure and oxygen levels too. You may be given oxygen via a facemask, fluids via your drip and appropriate pain relief until you are comfortable enough to return to your ward.

After certain major operations you may be transferred to the intensive care unit (ICU/ITU), high dependency unit (HDU), intermediate dependency area (IDA) or fast track/overnight intensive recovery (OIR). These are areas where you will be monitored much more closely because of the nature of your operation or because of certain pre-existing health problems that you may have. If your surgeon or anaesthetist believes you should go to one of these areas after your operation, they will tell you and explain to you what you should expect.

If there is not a bed in the necessary unit on the day of your operation, your operation may be postponed as it is important that you have the correct level of care after major surgery.

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 water. As you recover, other fluids and food will be introduced until you return to your normal diet. Returning to a normal oral input (fluid and food by mouth) allows you to recover quicker.



Getting about after the procedure. We will help you to become mobile as soon as possible after the procedure. This helps improve your recovery and reduces the risk of certain complications. If you have an epidural, you will find that you might not be as mobile at first. We do encourage you to be as mobile as possible even with the epidural in place. When the epidural is removed and the effects are wearing off, we will encourage you to be active for your own wellbeing.



Leaving hospital. The time that you stay in hospital will depend on how quickly you recover from your operation and the type of operation you have had. If you have problems with the operation or require further treatment you might need to stay in for longer. Using the enhanced recovery techniques, we allow you to go home when you are ready. This means controlling your pain by tablets, passing urine or coping with your catheter, passing wind (flatus) from your bottom and moving safely about the ward.



Resuming normal activities including work. You can usually resume normal activities including beginning gentle work within two to six weeks of your operation. Often you will want to wait a little longer before resuming more vigorous activity. No special diet or exercise is required.



Special measures after the procedure. There are no special measures that you need to take after this procedure.



Check-ups and results: We will give you information about the results of your surgery as soon as possible after the operation. This is usually between one to two weeks after surgery. Please do not hesitate to ask questions of any of the staff treating you. They can also help you contact your surgeons if necessary. We do not usually bring you back to the clinic for a routine check up.

Intended benefits

For suspected ovarian cancer or pelvic mass we aim to remove as much of the ovarian or ovarian-like tumour as possible.

For endometrial cancer or problem associated with the womb or endometrium we shall remove the womb, cervix, tubes and ovaries and carry out the appropriate staging operation to decide on further treatment.

Who will perform my procedure?

A consultant gynaecological oncologist surgeon or a senior trainee in gynaecological oncology (working under supervision) will perform this procedure.

Alternative procedures that are available

The main alternative to this surgery is to decide not to have surgery; please discuss this with your surgeon. In general we think you are more likely to have a successful recovery if you undergo this surgery.

Significant, unavoidable or frequently occurring risks of this procedure

- Damage during the surgery to the bowel or to the urinary tract (including the bladder or ureters/tubes from kidneys to bladder).
- Haemorrhage (bleeding) during or after the surgery.
- Infection (including of the chest, wound, line, bladder, blood).
- Thrombosis (including pulmonary embolus).
- Problems at the wound openings/scars (including hernia).
- There is a tiny risk of death (less than 0.5%) You will be cared for by a skilled team of doctors, nurses and other health care workers who are involved in this type of surgery on a daily basis. Any problems that arise can be rapidly assessed and appropriate action taken.

Anaesthesia

Anaesthesia means 'loss of sensation'. There are three types of anaesthesia: general, regional and local. **The type of anaesthesia chosen by your anaesthetist depends on the nature of your surgery as well as your health and fitness.** Sometimes different types of anaesthesia are used together.

Before your operation

Before your operation you will meet an anaesthetist who will discuss with you the most appropriate type of anaesthetic for your operation, and pain relief after your surgery. To inform this decision, he/she will need to know about:

- your general health, including previous and current health problems
- whether you or anyone in your family has had problems with anaesthetics
- any medicines or drugs you use
- whether you smoke
- whether you have had any abnormal reactions to any drugs or have any other allergies
- your teeth, whether you wear dentures, or have caps or crowns.

Your anaesthetist may need to listen to your heart and lungs, ask you to open your mouth and move your neck and will review your test results.

Pre-medication

You may be prescribed a 'premed' prior to your operation. This is a drug or combination of drugs which may be used to make you sleepy and relaxed before surgery, provide pain relief, reduce the risk of you being sick, or have effects specific for the procedure that you are going to have or for any medical conditions that you may have. Not all patients will be given a premed or will require one and the anaesthetist will often use drugs in the operating theatre to produce the same effects.

Moving to the operating room or theatre

You will usually change into a gown before your operation and we will take you to the operating suite. When you arrive in the theatre or anaesthetic room and **before starting your anaesthesia, the medical team will perform a check of your name, personal details and confirm the operation you are expecting.**

Once that is complete, monitoring devices may be attached to you, such as a blood pressure cuff, heart monitor (ECG) and a monitor to check your oxygen levels (a pulse oximeter). An intravenous line (drip) may be inserted. If a regional anaesthetic is going to be performed, this may be performed at this stage. If you are to have a general anaesthetic, you may be asked to breathe oxygen through a face mask.

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. Your anaesthetist achieves this by giving you a combination of drugs.

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 at the correct level of unconsciousness for the period of the surgery. 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.

Regional anaesthesia

Regional anaesthesia includes epidurals, spinals, caudals or local anaesthetic blocks of the nerves to the limbs or other areas of the body. Local anaesthetic is injected near to nerves, numbing the relevant area and possibly making the affected part of the body difficult or impossible to move for a period of time. Regional anaesthesia may be performed as the sole anaesthetic for your operation, with or without sedation, or with a general anaesthetic. Regional anaesthesia may also be used to provide pain relief after your surgery for hours or even days. Your anaesthetist will discuss the procedure, benefits and risks with you and, if you are to have a general anaesthetic as well, whether the regional anaesthesia will be performed before you are given the general anaesthetic.

Local anaesthesia

In local anaesthesia the local anaesthetic drug is injected into the skin and tissues at the site of the operation. The area of numbness will be restricted and some sensation of pressure may be present, but there should be no pain. Local anaesthesia is used for minor operations such as stitching a cut, but may also be injected around the surgical site to help with pain relief. Usually a local anaesthetic will be given by the doctor doing the operation.

Sedation

Sedation is the use of small amounts of anaesthetic or similar drugs to produce a 'sleepy-like' state. Sedation may be used as well as a local or regional anaesthetic. The anaesthesia prevents you from feeling pain, the sedation makes you drowsy. Sedation also makes you physically and mentally relaxed during an investigation or procedure which may be unpleasant or painful (such as an endoscopy) but where your co-operation is needed. You may remember a little about what happened but often you will remember nothing. Sedation may be used by other professionals as well as anaesthetists.

What will I feel like afterwards?

How you will feel will depend on the type of anaesthetic and operation you have had, how much pain relieving medicine you need and your general health.

Most people will feel fine after their operation. Some people may feel dizzy, sick or have general aches and pains. Others may experience some blurred vision, drowsiness, a sore throat, headache or breathing difficulties.

You may have fewer of these effects after local or regional anaesthesia although when the effects of the anaesthesia wear off you may need pain relieving medicines.

What are the risks of 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 performed in an emergency.

Very common (1 in 10 people) and common side effects (1 in 100 people)

Feeling sick and vomiting after surgery
Sore throat
Dizziness, blurred vision
Headache
Bladder problems
Damage to lips or tongue (usually minor)
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
Muscle pains
Slow breathing (depressed respiration)
Damage to teeth
An existing medical condition getting worse
Awareness (becoming conscious during your operation)

Rare (1 in 10,000 people) and very rare (1 in 100,000 people) complications

Damage to the eyes
Heart attack or stroke
Serious allergy to drugs
Nerve damage
Death
Equipment failure

Deaths caused by anaesthesia are very rare. There are probably about five deaths for every million anaesthetics in the UK.

For more information about anaesthesia, please visit the Royal College of Anaesthetists' website: www.rcoa.ac.uk

**Information and support**

We may give you some additional patient information before or after the procedure, such as 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.

Lead Nurse Gynaecological Oncology	01223 586892	Monday to Friday 08:00 to 16:00 hours
Surgical Care Practitioner	01223 216251 (bleep 156-2074)	
Pre admissions sisters preadmission.reception@addenbrookes.nhs.uk	01223 256847	Monday to Friday 09:00 to 17:00 hours.
Gynaecological Oncology Co-ordinators The pre admission service runs from 08:00 to 18:00 Monday to Friday.	01223 216251/348203	Monday to Thursday 09:00 to 17:00, Friday 09:00 to 16:00 hours

Further information is also available from:

Cancer BACKUP

Telephone 020 7739 2280

Freephone 0808 800 1234

www.cancerbackup.org.uk

Cancer Research UK

www.cancerresearchuk.org

Ovacome

Telephone 020 7380 9589

ovacome@ovacome.org.uk

www.ovacome.org.uk

Information about important questions on the consent form

1 Creutzfeldt Jakob Disease ('CJD')

We must take special measures with hospital instruments if there is a possibility you have been at risk of CJD or variant CJD disease. We therefore ask all patients undergoing any surgical procedure if they have been told that they are at increased risk of either of these forms of CJD. This helps prevent the spread of CJD to the wider public. A positive answer will not stop your procedure taking place, but enables us to plan your operation to minimise any risk of transmission to other patients.

2 Photography, Audio or Visual Recordings

As a leading teaching hospital we take great pride in our research and staff training. We ask for your permission to use images and recordings for your diagnosis and treatment, they will form part of your medical record. We also ask for your permission to use these images for audit and in training medical and other healthcare staff and UK medical students; you do not have to agree and if you prefer not to, this will not affect the care and treatment we provide. We will ask for your separate written permission to use any images or recordings in publications or research.

3 Students in training

Training doctors and other health professionals is essential to the NHS. Your treatment may provide an important opportunity for such training, where necessary under the careful supervision of a registered professional. You may, however, prefer not to take part in the formal training of medical and other students without this affecting your care and treatment.

4 Use of Tissue

As a leading bio-medical research centre and teaching hospital, we may be able to use tissue not needed for your treatment or diagnosis to carry out research, for quality control or to train medical staff for the future. Any such research, or storage or disposal of tissue, will be carried out in accordance with ethical, legal and professional standards. In order to carry out such research we need your consent. Any research will only be carried out if it has received ethical approval from a Research Ethics Committee. You do not have to agree and if you prefer not to, this will not in any way affect the care and treatment we provide. The leaflet '*Donating tissue or cells for research*' gives more detailed information. Please ask for a copy.

If you wish to withdraw your consent on the use of tissue (including blood) for research, please contact our Patient Advice and Liaison Service (PALS), on **01223 216756**.



Privacy & dignity

Same sex bays and bathrooms are offered in all wards except critical care and theatre recovery areas where the use of high-tech equipment and/or specialist one to one care is required.



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 **large print**, another language or in audio format, please ask the department to contact Patient Information on 01223 216032 or patient.information@addenbrookes.nhs.uk

Document history

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Consent Form

Primary surgery for gynaecological cancer (laparotomy and total hysterectomy, bilateral salpingo-oophorectomy and staging)

For staff use only:

Hospital number:

Surname:

First names:

Date of birth:

NHS no: _ _ _ / _ _ _ / _ _ _ _

Use hospital identification label

A Patient's side left / right or N/A

Consultant or other responsible health professional

Name and job title:

Any special needs of the patient (e.g. help with communication)?

Please use 'Procedure completed' stamp here on completion:

B Statement of health professional (details of treatment, risks and benefits)

1 I confirm I am 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:

a) the intended benefits of the procedure (please state)

- how it will be performed
- to remove as much of the ovarian or ovarian-like tumour as possible
- remove the womb, cervix, tubes and ovaries and carry out the appropriate staging operation to decide on further treatment

b) the possible risks involved. Addenbrooke's always ensures any risks are minimised. However all procedures carry some risk and I have set out below any significant, unavoidable or frequently occurring risks including those specific to the patient

Full details are set out in the information leaflet and include:

- damage during the surgery to the bowel or to the urinary tract
- haemorrhage
- infection
- thrombosis
- there is a tiny risk of death
- problems at the wound openings/scars.

c) what the treatment or procedure is likely to involve, the benefits and risks of any available alternative treatments (including no treatment) and any particular concerns of this patient:

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Primary surgery for gynaecological cancer

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Use hospital identification label

d) any extra procedures that might become necessary during the procedure such as:

Blood transfusion

Other procedure (please state)

The following information leaflet has been provided:

Primary surgery for gynaecological cancer

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or I have offered the patient information about the procedure but this has been declined.

3 This procedure will involve:

General and/or regional anaesthesia

Local anaesthesia

Sedation

None

Signed (Health professional): Date: D.D / M.M / Y.Y.Y.Y

Name (PRINT): Time (24hr): H.H : M.M

Designation: Contact/bleep no:

C Consent of patient / person with parental responsibility

I confirm that the risks, benefits and alternatives of this procedure have been discussed with me and that my questions have been answered to my satisfaction and understanding.

Important: please read the patient information about this procedure and then put a tick in the relevant boxes for the following questions:

1 Creutzfeldt Jakob disease (CJD)

Have you ever been notified that you are at risk of CJD or variant CJD for public health purposes? If yes, please inform your health professional.

Yes No

2 Photography, Audio or Visual Recording

a) I agree to the use of any of the above type of recordings for the purpose of diagnosis and treatment.

Yes No

b) I agree to unidentified versions of any of the above recordings being used for audit and medical teaching in a healthcare setting.

Yes No

3 Students in training

I agree to the involvement of medical and other students as part of their formal training.

Yes No

Consent Form

Primary surgery for gynaecological cancer

For staff use only:

Hospital number:

Surname:

First names:

Date of birth:

NHS no: _ _ _ / _ _ _ / _ _ _ _

Use hospital identification label

4 Use of Tissue

a) I agree that tissue (including blood) not needed for my own diagnosis or treatment can be used and stored for ethically approved research which may include ethically approved genetic research.

Yes No

b) Where additional clinical information is needed for the purposes of ethically approved research, I agree that relevant sections of my medical record may be looked at by researchers or by relevant regulatory authorities. I give permission for these individuals to have access to my records.

Yes No

I have listed below any procedures that I do not wish to be carried out without further discussion.

I have read and understood the Patient Information about this procedure and the above additional information. I agree to the procedure or treatment.

Signed (Patient): Date: D.D./M.M./Y.Y.Y.Y.

Name of patient (PRINT):

If signing for a child or young person; delete if not applicable.

I confirm I am a person with parental responsibility for the patient named on this form.

Signed: Date: D.D./M.M./Y.Y.Y.Y.

Relationship to patient:

If the patient is unable to sign but has indicated his/her consent, a witness should sign below.

Signed (Witness): Date: D.D./M.M./Y.Y.Y.Y.

Name of witness (PRINT):

Address:

Consent Form

Primary surgery for gynaecological cancer

For staff use only:

Hospital number:

Surname:

First names:

Date of birth:

NHS no: _ _ _ / _ _ _ / _ _ _ _

Use hospital identification label

D Confirmation of consent

Confirmation of consent (where the treatment/procedure has been discussed in advance)

On behalf of the team treating the patient, I have confirmed with the patient that she/he has no further questions and wishes the treatment/procedure to go ahead.

Signed (Health professional): Date: ..D.D./M.M./Y.Y.Y.Y.....

Name (PRINT): Job title:

Please initial to confirm all sections have been completed:

E Interpreter's statement (if appropriate)

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

Signed (Interpreter): Date: ..D.D./M.M./Y.Y.Y.Y.....

Name (PRINT):

Or, please note the language line reference ID number:

F Withdrawal of patient consent

The patient has withdrawn consent (ask patient to sign and date here)

Signed (Patient): Date: ..D.D./M.M./Y.Y.Y.Y.....

Signed (Health professional): Date: ..D.D./M.M./Y.Y.Y.Y.....

Name (PRINT): Job title: