

# Patient agreement to investigation or treatment

## Craniotomy and resection of brain tumour with insertion of Carmustine (Gliadel<sup>®</sup>) implants in adults

**Authors:** Neurosurgery, Department of Neurosciences

**Brief description:**

Your recent tests showed that you have a brain tumour. Your neurosurgeon has recommended a treatment called ‘craniotomy and resection of brain tumour with insertion of Carmustine implants (Gliadel Wafers)’. During this surgical procedure the surgeon takes out as much tumour as is safely possible before inserting chemotherapy into the hole that is left behind.

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>
- Guidance for health professionals can be found on the Addenbrooke’s intranet site <http://www.addenbrookes.nhs.uk/consent>
- Remember, you can change your mind about having the procedure at any time even after you have signed the form.

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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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## About craniotomy and resection of brain tumour

During a craniotomy procedure the neurosurgeon makes an incision in the scalp before taking out a small piece of the skull to expose the brain. Once the brain is exposed, as much tumour as possible is removed.

## About Carmustine

Carmustine implants are small discs the size of a new five pence coin that contain a type of chemotherapy called **Carmustine**. They are given to people with a particular type of malignant brain tumour called a **high grade glioma**.

The discs are inserted into the brain during brain tumour surgery. The aim is to kill any remaining tumour cells. This method gets chemotherapy straight to any cancer cells left behind. It means we can use much smaller doses of chemotherapy than we would if we were injecting chemotherapy into your vein.

Carmustine can only be given on confirmation of a high grade glioma and if at least 90% of the tumour can be removed. We will not know this for certain until surgery is underway. Therefore, it is only when you wake up after the operation that we can say whether or not we have been able to put in the Carmustine implants.

After the procedure the piece of skull is replaced and secured in place. The skin is closed with stitches or clips.

## Fluorescence-guided surgery

In some cases your consultant may feel that a more complete removal of your tumour could be achieved using a substance called 5-ALA (Gliolan<sup>®</sup>). One of the difficulties in removing brain tumours is knowing when the tumour stops and normal brain starts. There is no sharp edge to the tumour as it merges with normal brain. Being too aggressive with tumour removal runs the risk of causing damage to parts of the brain, and not being aggressive enough runs the risk of leaving tumour behind.

5-ALA is drug that can help identify the edge of the tumour. It is drunk three to five hours before the operation. 5-ALA goes into the tumour cells of the brain but not the normal brain. In the tumour it is converted to a substance that glows pink when exposed to blue light. Near the end of the operation the surgeon will use a blue light filter on the microscope and identify remaining tumour which can then be removed.

Although 5-ALA is a relatively new product in the United Kingdom, it is has been used for some time in the rest of Europe.

## Side-effects of 5-ALA

Like all medicines, 5-ALA can cause side effects, though they are rare.

Very common side effects (likely to occur in more than 1 of 10 patients):

- Mild alterations of blood cell counts.
- Transient alterations in blood tests of liver function.

Common side effects (likely to occur in more than 1 of 100 patients but less than 1 of 10 patients):

- Nausea (unsettled stomach) or vomiting (sickness).
- Neurological disorders including weakness of one side of the body, speech problems, seizures or some loss of vision. These problems occur because the amount of tumour removed is greater.
- Blood clots in the leg or more uncommonly the lung.

Uncommon side effects (likely to occur in more than 1 of 1,000 patients but less than 1 of 100 patients):

- Decrease of blood pressure.
- Skin reactions (for example rash, looking like sunburn).

Very rare side effects (likely to occur in less than 1 of 10,000 patients), including isolated reports:

- Decrease of your sense of touch.
- Diarrhoea.

## Before your procedure

- Most patients attend a pre-admission clinic. Here you will meet a neurosurgeon and will be given the details of your key worker. Your key worker is the person to contact if you have any questions or need advice or support.
- At this clinic, we will ask you for details of your medical history and carry out any necessary clinical examinations and investigations. The investigations will include blood tests and skin swabs. This clinic gives you 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. It helps us if you bring details with you of anything you are taking (for example: bring the packaging with you). We are particularly interested in Aspirin, Warfarin or other drugs that affect blood clotting.
- This procedure may involve the use of a general anaesthetic or local anaesthetic. This will be discussed with you. See below for further details about the types of anaesthetic.
- Most people who have this type of procedure will need to stay in hospital for two to four days after the operation.
- You will be admitted on the day before your operation. Before you leave home, you should telephone the admissions office on 01223 217100 to check that there is a bed available and which ward you need to go to.
- **You will be asked to not eat or drink from midnight on the day of your operation.**

## During the procedure itself

You will be taken to neurosurgery theatres on your hospital bed. The surgeon shaves a small amount of hair and then makes an incision in your scalp. The size and shape of the opening will depend on the size and position of the tumour. The incision will be made behind the hairline where possible, so the scar is hidden when the hair grows back.

The neurosurgeon then takes out a small piece of the bone of your scalp and then as much of the tumour as is safe to remove. With you still asleep, a sample of the tumour is sent for analysis. If a high-grade glioma is confirmed and at least 90% of the tumour has been removed, the neurosurgeon will place up to eight Carmustine implants into the hole left after the surgery. The bone is then replaced and secured, and the skin closed with stitches or clips (staples) and covered with a dressing. The time this takes depends upon the complexity of the procedure but you will be away from the ward for several hours.

## After the procedure

- 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, you will have a small plastic tube in one of the veins of your arm. This will be attached to a bag of fluid (called a drip), until you are well enough to drink by yourself. You may also have a tube in the wrist called an arterial line, a tube in the neck called a central line and a urinary catheter.
- While you are in the recovery room, a nurse will check your pulse and blood pressure regularly. When you are fully conscious and well enough to be moved, you will be taken back to your ward.
- Sometimes the surgeon recommends closer observation and monitoring. In this case you would be transferred to our Neurosciences Critical Care Unit (NCCU) or High Dependency Unit (HDU).
- 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.
- You may eat and drink as soon as you feel able. It is recommended you start with clear fluids and move to light food after a few hours.
- After this procedure you are able to get up as soon as you feel well enough. Often, this is within a few hours of returning to the ward.
- It is normal for the wound to feel strange but rarely painful. The scar and skin may look bruised and swollen. The scar will fade to a thin pale line in three to six months. Any shaved hair will normally re-grow.
- **When you can leave hospital:** Most people who have had this type of procedure will be able to leave hospital after two to four days. The actual time that you stay in hospital will depend on your general health, how quickly you recover from the procedure and your doctor's opinion.

- Most stitches used on your scalp will be self-dissolvable so you will need to do nothing to them. If you have skin staples however, then these are removed seven to ten days after surgery. You will be asked to make an appointment with your GP surgery so your practice nurse can remove them.
- **When you can resume normal activities including work:** You may return to light domestic work and exercise as soon as you feel able to do so. If you intend to return to work, it is best to discuss this with your neurosurgeon or key worker. How quickly you are able to return to work will depend upon the physical skills and demands of the job. You are advised to avoid contact sports such as boxing or rugby for at least three months.
- **Driving:** This depends on the type of tumour you have been diagnosed with. In most cases, a driving ban of minimum 2 years following completion of your treatment (this includes any chemotherapy or radiotherapy you may require) is required. Please see our separate leaflet entitled 'DVLA driving regulations: Brain tumours' for further information and speak to your doctor or key worker. Failure to notify the DVLA is an offence and may result in a fine of up to £1,000.
- **Special measures you need to take after the procedure:** You are advised to avoid flying for six weeks. You can gently wash your hair as soon as the stitches or clips are removed. It is recommended you use a gentle shampoo for this. It is best to avoid hair dyes and perms for a month, as this may irritate the scar.
- Dexamethasone is a steroid that you are likely to be taking – the dose needs to be reduced slowly over a few days or weeks following the surgery. A plan for your steroids will be discussed with you. If you are uncertain in any way please ask your doctor or key worker as you should not stop taking them instantly.
- **Wound Leak.** In the unlikely event that the wound starts leaking after you have gone home, please cover it up with a clean dressing and contact the hospital straight away. You should telephone 01223 245151 and ask for the neurosurgical oncology nurse practitioner or the holder of the neuroscience '908' bleep. If you have had Carmustine wafers inserted, this fluid may contain chemotherapy chemicals, which will require medical attention. You will be asked to come back into hospital – you should bring all the things that the wound has leaked over with you (such as pillowcases) as these will have to be incinerated to prevent chemical contamination of the Carmustine.
- **Check-ups and results:** A sample of the tumour will be sent for analysis. The test results take about one week but can take up to ten days. When the tests are complete, you will be invited to the next available outpatient clinic which is more than likely a Thursday afternoon. At this clinic we will check on your progress, do more blood tests if needed, discuss the test results and will discuss any further treatment that is recommended. If you wish, please do bring family and/or friends to clinic.

## Intended benefits of the procedure

The aims of the craniotomy and resection procedure are:

- To get a diagnosis.
- To remove as much of the tumour as possible.
- Insert chemotherapy to further reduce the number of tumour cells therefore maximising survival.

## Who will perform my procedure?

This procedure will only be performed by a consultant neurosurgeon or neurosurgery specialist registrar operating under the supervision of a consultant. These surgeons will have undergone extra training in treating people with Carmustine implants.

## Alternative procedures that are available

There are generally three other treatment options for brain tumours. All of these options will be discussed and explored with you with benefits and risks of each individual approach along which option we feel is the best for you:

- Brain tumour biopsy. During this procedure a small amount of the tumour is removed and sent for analysis. Once a diagnosis is known, further treatment options for chemotherapy and radiotherapy can be discussed. This is the safest and least intrusive surgical procedure but it probably offers less benefit too as the majority of tumour bulk is still left behind.
- Brain tumour resection **without** Carmustine implants or without 5-ALA guidance. This reduces the likelihood of post-operative complications but could result in a poorer survival outlook.
- You may decide not to have surgery at all. This may also prevent you from having other types of treatment such as radiotherapy or chemotherapy as these depend upon having a tissue diagnosis. The full implications of deciding not to have surgery will be discussed with you.

## Serious or frequently occurring risks

There are risks of surgery in general and risks associated specifically with craniotomy and resection surgery. The risks of surgery in general include urinary infections, problems with breathing, such as chest infection and blood clots, for example in the legs and, less frequently, the lungs.

- Infection in the brain (some reports suggest higher with Gliadel): two in 100 people
- Leakage of brain fluid (CSF): five in 100 people.
- Bleeding (haemorrhage) into the brain: four in 100 people.
- Superficial wound infection: two in 100 people.
- Delayed wound healing: 15 in 100 people.
- Brain swelling: nine in 100 people.
- Permanent 'neurological deficit' such as speech, visual, arm or leg weakness if the tumour is away from a critical area of the brain: five in 100 people.

- Permanent 'neurological deficit' such as speech, visual, arm or leg weakness if the tumour is in or close to a critical area of the brain: 15 in 100 people.
- Death: two in 100 people.

The risk of your surgery depends very much upon which part of your brain the tumour is in. Your surgeon will discuss your particular risks with you.

If you do wake up with a new neurological deficit then remember that most patients with a new neurological deficit following this procedure will improve over a few days. Some will resolve completely.

## Warnings

After administration of the 5-ALA medicine, you should avoid strong light for 24 hours (for example direct sunlight or brightly focused indoor light). This is because this drug makes you slightly more sensitive to strong sunlight for a few days.

## Do not take 5-ALA

- If you are allergic to 5-aminolevulinic acid hydrochloride or porphyrins.
- If you have or are suspected to have acute or chronic types of porphyria.
- If you are or might be pregnant.

## 5-ALA should be used with caution if:

### If you have a heart disease or had heart disease in the past

You should tell your doctor. In this case, this medicine should be used with caution because the blood pressure may be decreased.

### Women who are breastfeeding

It is not known whether this medicine enters breast milk. Breast-feeding mothers should not breastfeed for 24 hours after treatment with this medicine.

### If you are taking other medicines

Please tell your doctor or pharmacist if you are taking or have recently taken any other medicines, particularly medicines that may cause skin problems when the skin comes under strong light (for example some types of antibiotics), but also medicines obtained without prescription (for example hypericin or Saint John's wort extracts). You should not take any such products up to two weeks after you have taken 5-ALA.

## Your anaesthesia

### Local anaesthetic / awake craniotomy

You may be having this procedure under local anaesthetic. This means you will be awake during most of the procedure. Sometimes this is referred to as an 'awake craniotomy'. The skin is numbed by injecting local anaesthetic directly at the site of the operation. You will be fully asleep during the first part of your operation. Once part of your skull has been removed and your brain tumour is visible to the surgeon you are gently woken up.

The anaesthetist is still present to monitor you during the procedure and will talk to you throughout the procedure. You will not be able to move your head as it will be held in place by a frame. Please feel free to bring your choice of music if you wish.

## 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.

### Before your operation

Before your operation your anaesthetist will visit you in the ward, although occasionally this will happen in the anaesthetic room in neuro theatres. If you are admitted on the day of surgery as a day case patient it may not be until just before your operation. 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. If you are a female between certain ages, they will need to ask whether you could be pregnant. 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 the name given to medication (drugs) given to you some hours before your operation. These drugs may be given as tablets. They relax you and may send you to sleep. They are not always given.

Do not worry if you do not have a pre-med, your anaesthetist has to take many factors into account in making this decision and will take account of your views on the topic if possible. 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 anteroom 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 Analgesia (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, and if you are a day patient will be allowed to go to the waiting area to fully recover before you are accompanied home. Do not expect to feel completely normal immediately!

## 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 that 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):  
Eye damage, serious drug allergies, nerve damage, death, and equipment failure.

### **Local anaesthesia – nerve blocks**

Sometimes, while you are asleep a local anaesthetic drug is injected into the skin and tissues around the site of the operation – this is known as a nerve block. This helps with pain relief once you are awake.

### **Information and support**

- If you have any questions or anxieties, please feel free to ask your key worker or any other member of staff even after discharge.
- Brain Tumour UK – for regular meetings, phone pals, information and advice.  
Telephone: 0845 450 0386, website: [www.braintumour.org.uk](http://www.braintumour.org.uk)
- Macmillan Cancer Support – they have merged with Cancerbackup. For information and advice on all types of brain tumour, including benign tumours. For online information, advice and support please call Freephone: 0808 8001234, website: [www.macmillan.org.uk](http://www.macmillan.org.uk); [www.cancerbackup.org.uk](http://www.cancerbackup.org.uk)
- Mary Wallace Cancer Support Centre – located in the corridor alongside the restaurant in the main concourse of Addenbrooke's Hospital.

### **References:**

EMA – European Medicines Agency 'European public assessment report (EPAR) on Gliolan'.

MEDAC – Summary of product characteristics for Gliolan.

Archimedes Pharma product information

*Summary of Product Characteristics for gliadel 7.7mg Implants.* Accessed on 27/11/07 on [emc.medicines.org.uk](http://emc.medicines.org.uk) Last updated March 2006.



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)



### Document history

Authors	Department of Neurosciences
Department	Cambridge University Hospitals NHS Foundation Trust, Hills Road, Cambridge, CB2 0QQ <a href="http://www.cuh.org.uk">www.cuh.org.uk</a>
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Version number/Ref	4/CF386

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**

**Craniotomy and resection of brain tumour with insertion of Carmustine implants      Side and site (left/right)**

.....

**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: To get a diagnosis, to remove as much of the tumour as possible and insert chemotherapy to further reduce the number of tumour cells.  
 Other (specify) .....
- Any serious or frequently occurring risks from the procedures including those specific to the patient: Urinary infections; problems with breathing, such as chest infection; blood clots, for example in the legs and, less frequently, the lungs; infection in the brain (some reports suggest higher with Carmustine); leakage of brain fluid (CSF); bleeding (haemorrhage) into the brain; superficial wound infection; delayed wound healing; brain swelling; permanent 'neurological deficit' such as speech, visual, arm or leg weakness if the tumour is away from a critical area of the brain; permanent 'neurological deficit' such as speech, visual, arm or leg weakness if the tumour is in or close to a critical area of the brain; death.
- Any extra procedures that might become necessary during the procedure:

Blood transfusion     Other procedure (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: Craniotomy and resection of brain tumour with insertion of gliadel implants Version/Date/Ref: TBC

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 up to 20ml blood that would not otherwise be taken) 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: .....