Sheffield Teaching Hospitals NHS
NHS Foundation Trust

Having a diagnostic flexible sigmoidoscopy

A guide to the test for outpatients

Information for patients
Endoscopy

Welcome to Endoscopy

Sheffield Teaching Hospitals NHS Foundation Trust has two endoscopy departments.

One is at the **Northern General Hospital** and the other at the **Royal Hallamshire Hospital**.

You may have your investigation at either hospital depending on current waiting lists. When you book your investigation you will be given a choice of which hospital you would prefer to go to.

It may not be your own consultant who undertakes the procedure. It may be another doctor or a nurse endoscopist.

At the Northern General Hospital there are four endoscopy rooms and at the Royal Hallamshire Hospital there are three endoscopy rooms in operation at any one time, performing different procedures; therefore other patients may be seen before you.

Please feel free to write where your appointment is and the date and time below.

Hospital: ....

Date: ....

Time: ....

PROUD TO MAKE A DIFFERENCE
SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST

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If you are unable to keep your appointment, please tell the department you are attending as soon as possible. This will allow us to give your appointment to someone else and arrange another date and time for you.

The Endoscopy Department telephone numbers are:

- Northern General Hospital: **0114 226 9174** or **0114 226 9730**
- Royal Hallamshire Hospital: **0114 271 2990**

You may get an answer machine. If so, please leave a message and contact number and someone will get back to you.

Introduction

You have been advised to have a flexible sigmoidoscopy.

We have written this booklet to help answer some of the concerns you may have. It will also help you to make an informed decision when agreeing to the procedure.

It may not answer all of your questions, so if you do have any worries please do not hesitate to ask. The staff involved in completing your procedure will be happy to help.

The consent form

We must obtain your consent before any procedure or treatment. Your consent will be required in writing. If you later change your mind you are entitled to withdraw consent, even after signing.

All the risks, benefits and alternatives are mentioned in this booklet, but staff will check you understand all of these before they ask for your consent. A copy of the consent form is included with this booklet and it is important you bring this with you when you attend on the day.

If you are unsure about any aspect of the proposed procedure or treatment, please do not hesitate to ask for more information.

What should I know before deciding?

The admission nurse or endoscopist will ensure you have enough information about the procedure to enable you to decide about your treatment. They will write any additional information on the consent form as well as discussing choices of treatment with you. We encourage you to ask questions and inform us of any concerns that you may have. It may be helpful for you to write these down as a reminder.

What are the key things to remember?

It is your decision.

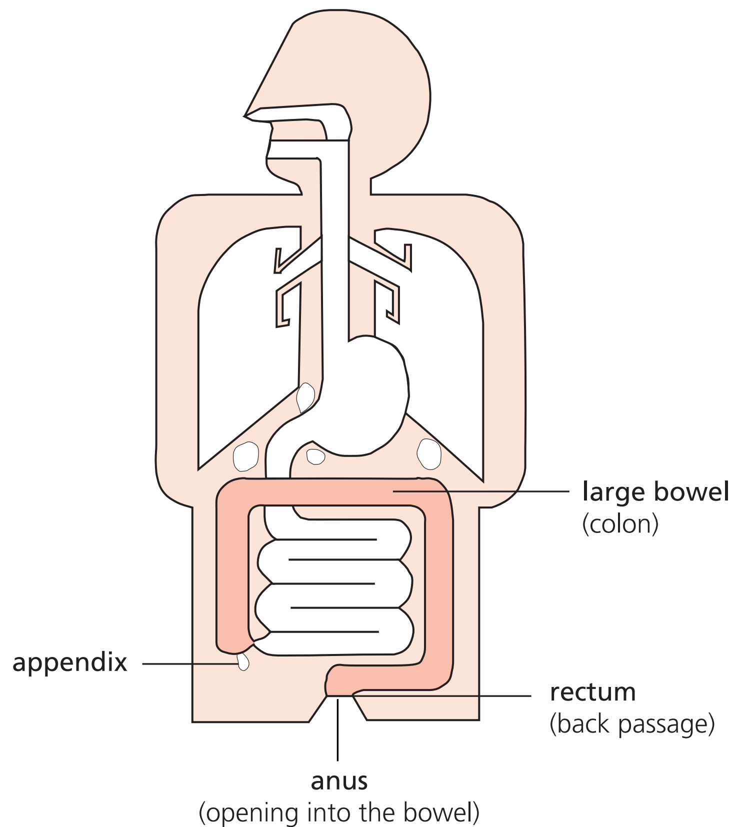
It is up to you to choose whether or not to consent to what is being proposed. Ask as many questions as you like and please express any concerns you have, for example about medication, allergies or past medical history.

Can I find out more about giving consent?

Further information can be found on the NHS website:

- **www.nhs.uk/conditions/Consent-to-treatment/Pages/Introduction.aspx**

What is a flexible sigmoidoscopy?



Flexible sigmoidoscopy is an examination of the left side of the large bowel.

It is a very accurate way of looking at the lining of the large bowel to establish whether there is any disease present.

The instrument used is called an endoscope, which is a long flexible tube about the thickness of your index finger, with a bright light at the end. It also has a very small camera at the end which sends a live image to a screen where it is viewed by the endoscopist.

During the procedure the endoscopist may need to take some small tissue samples, called biopsies, or remove polyps which are growths on the wall of the bowel. These samples will be sent to the laboratories for analysis.

The tissue samples and associated clinical information will be kept and may be used for teaching or research purposes to improve diagnosis and treatment of bowel disease. If you do not wish us to keep the tissue samples for these purposes, please inform us before signing the consent form.

What are polyps?

A polyp is a small clump of cells that form on the lining of the bowel. Some polyps are attached to the bowel wall by a stalk and look like a mushroom, whereas others are flat without a stalk. If a polyp is found, it is usually removed by the endoscopist as it may grow and cause problems later. Polyps are removed or destroyed painlessly, using a high frequency electric current. Alternatively, the endoscopist may take some tissue samples from the polyp for further examination.

Why do I need a flexible sigmoidoscopy?

The results of this examination will help us decide on the best treatment for you and whether we need to carry out further investigations. You may have been advised to have a flexible sigmoidoscopy for any of the reasons listed below:

- ❑ to try and identify the cause of rectal bleeding
- ❑ to find out more about an abnormality seen on an X-ray or scan
- ❑ to find out more about the presence of a rectal mass
- ❑ on-going surveillance following polyp removal
- ❑ on-going surveillance for an inflammatory bowel disease
- ❑ on-going surveillance due to a previous bowel cancer
- ❑ on-going surveillance due to a familial bowel cancer risk

Do I have to have a flexible sigmoidoscopy or is there another type of procedure available which can examine the inside of my body?

For some conditions it may be possible to perform a CT scan. The disadvantage of this procedure is that a biopsy cannot be taken or a polyp removed. Flexible sigmoidoscopy is also the most accurate method of detecting serious bowel abnormalities.

Can there be risks, complications or side effects?

The majority of flexible sigmoidoscopies are very safe and uncomplicated. However, as with any procedure there is a small chance of risks, complications and side effects.

- Bleeding can sometimes occur where we take a tissue sample (biopsy) or remove a polyp. The risk is small, occurring in approximately 1 in every 150 people. This often settles without treatment, but if it continues it may be necessary to return to hospital for re-assessment. Bleeding can occur up to 7 to 10 days after polyp removal.
- Perforation (causing a small tear in the lining of the bowel). Nationally, this happens to approximately 1 in 5,000 people. The risk of a tear is higher with polyp removal, approximately 1 in 500 people. This would require a short stay in hospital with antibiotics or may require an operation to repair the tear.
- Risk of a missed lesion. Although flexible sigmoidoscopy is considered an accurate procedure, no procedure is perfect. There is a small risk in approximately 3 in 100 people that a polyp or other important finding may be missed.
- Incomplete procedure. Around 90% of examinations are completed, but up to 10% are incomplete and may require an additional investigation (X-ray or scan) to be arranged.
- Short term problems with breathing, heart rate and blood pressure related to sedation. Older people and those with significant health problems (for example people with serious breathing difficulties) may be at higher risk.
- Short term effects relating to entonox ('gas and air') can include dizziness, nausea, disorientation and a dry mouth. A tingling sensation, usually felt in the fingers, can occur due to breathing the entonox too quickly.
- 1 in 10 people may experience pain or discomfort due to the bowel being stretched.

If you are worried about any of the risks, complications or side effects, please contact the Endoscopy Department you are attending on the telephone number above or speak with one of the doctors or nurses during your visit.

Complications are more likely to occur as a result of the more complicated treatments that can be performed during these procedures, for example if a very large polyp needed to be removed. The specific risks would be explained by the endoscopist beforehand.

Training at the hospital

The Sheffield Teaching Hospitals NHS Foundation Trust is a teaching organisation and has a responsibility to ensure that students, both medical and nursing, receive a high standard of training. The Endoscopy Department is also a regional training centre. Occasionally, there may be students observing procedures in the department or the doctor may be a trainee under the supervision of an experienced endoscopist. In all cases you will be informed beforehand. You do not have to allow students or trainees to be part of your care, so please tell us if you do not want them involved. This will not affect your treatment in any way.

Preparing for the investigation

If we are to see clear views of your bowel it must be completely empty of waste material. If it is not, certain areas will be difficult to see and the investigation may have to be repeated.

We may ask you to follow a low fibre diet for 2 days before your procedure. This should consist of minced or lean well cooked meat or fish, white bread, eggs, cheese or potato without skins. High fibre foods such as fruit, vegetables, cereals, nuts, salad and wholemeal foods must be avoided. You should also have plenty of clear fluids to drink. You will be given a detailed list of the foods you may eat and the ones to avoid.

You will also be given detailed instructions about how to clear your bowel. You may only need an enema which will be given in the department immediately before your procedure. Sometimes it is necessary to take laxative powders which will cause you to have loose bowel movements (diarrhoea). Full instructions on how to use these will be enclosed. Please note that some endoscopists may prefer for you to use different types of laxatives.

If you are prone to constipation, it may be necessary to follow an extended low fibre diet and to take additional laxative tablets a few days prior to starting your bowel preparation. This will be discussed with you beforehand.

It is important that you follow any instructions carefully. You can help lessen the soreness around the back passage that the laxatives may cause by applying a barrier cream (for example Sudacream) before taking them.

Medication

If you are taking essential medication (for example for epilepsy or a heart condition), you may take these as normal. There are some medications we would ask you to stop taking before your investigation:

- **Iron tablets** (Ferrous Sulphate, Ferrous Fumerate, Ferrous Gluconate) should be stopped at least **5 days** prior to your investigation.
- **Anti-diarrhoea tablets** (Loperimide, Immodium, Lomotil, Kaolin) should be stopped **2 days** prior to your investigation.
- **Diuretics / water tablets** (Furosemide, Bumetanide, Spironolactone) should be omitted **on the day** of your investigation.
- **ACE inhibitors** (Ramipril, Lisinopril, Enalapril, Perindopril-medications ending in "pril") and **Angiotensin receptor blockers / ARB** (Candesartan, Losartan-medications ending in "sartan") should be omitted **on the day** of your investigation and for 2 days after.
- **Blood thinning tablets** Warfarin and direct oral anticoagulants (DOACS) (Rivaroxaban, Apixaban, Dabigatran, Edoxaban) and **Anti-platelets** (Clopidogrel, Ticagrelor, Prasugrel). The clinician requesting your procedure should have made a decision regarding whether these should be continued or discontinued prior to the investigation.

If you are on **Warfarin** and this is to continue, you should have had a recent INR check to ensure it is within your usual target range. It is safe to perform endoscopies whilst on these medications, but additional interventions such as removing polyps would not be performed.

If you are taking a **DOAC** (Rivaroxaban, Apixaban, Dabigatran, Edoxaban), the clinician requesting your sigmoidoscopy will need to decide whether these should be discontinued 3 to 5 days prior to your investigation or whether they should be continued. If you have been advised to continue, you should still omit these **on the morning** of your investigation.

If you are taking Aspirin it is safe to continue this.

If you are diabetic, please refer to the 'Managing your diabetes' booklet which you received with your appointment letter. If you have any queries regarding your diabetes, please contact us for advice.

If you are unsure about any of your medications and whether you should continue to take them, please contact the Endoscopy department you are attending on the telephone number below:

- Northern General Hospital: **0114 226 9174** or **0114 226 9730**
- Royal Hallamshire Hospital: **0114 271 2990**

Do bring your other tablets or medicines with you so that you can take them after you have had your investigation.

Please remember that if you are taking the oral contraceptive pill, you will need to take extra precautions until your next period. This is because the laxatives used to prepare your bowel for the procedure will affect the absorption and effectiveness of the pill.

Before your appointment

Before you come to the Endoscopy Department you should:

- ensure you have completed your pre-assessment questionnaire and returned it to the department you will be attending
- let us know if you are suffering from a sore throat, cold or chest infection, as it may be necessary to postpone your procedure because of the risks from sedation
- bring with you any letters or cards you have received from the hospital
- bring any tablets you are currently taking. It is especially important to remember any asthma inhalers, angina sprays or diabetic medication
- follow all instructions included with this booklet
- arrive on time for your appointment
- you should not bring valuables or large amounts of money into hospital, as we cannot accept responsibility for them
- **If you are planning to have sedation, please ensure someone is able to collect you. You must have a responsible adult to accompany you home and remain with you for 24 hours after the procedure**

How long will I spend in hospital?

This will depend on your individual procedure and on whether or not you choose to be sedated for your investigation.

If you choose sedation, you will be observed for at least an hour after you have received the sedation.

If you choose not to be sedated, then your stay may be shorter.

Please note that your appointment time is for your pre-procedure assessment and not the time of your investigation.

Occasionally, you may find your investigation is delayed. We do sometimes have to deal with unexpected emergency cases and this can prevent us seeing you as quickly as we would like. We apologise if such delays happen to you. If they do, we will try to keep them to a minimum and make sure you know the reason for the delay.

When you arrive at the Endoscopy Department

On arrival at the hospital, please go to the reception desk. A site map of the hospital is included with this booklet.

Once checked in, you will be asked to take a seat in the waiting room.

A nurse will call you in for pre-assessment. This involves checking your pulse and blood pressure, whether you have any allergies and they will also discuss discharge arrangements with you. Please feel free to ask questions or voice any worries you may have about your investigation.

The nurse will explain the options of sedation (injection) and entonox (gas and air). Both are available for you to have during the investigation. However, some medical conditions may determine which is more suitable. The endoscopist will discuss this with you

If you find the procedure particularly uncomfortable, there are additional pain medications that can be given.

Sedation and pain-relieving injection

Sedation mean an injection which may make you sleepy. It is not like a general anaesthetic, so you may still be aware of having the procedure or experience some discomfort. It does, however, sometimes have a short term 'amnesic effect' which means you may not remember having the procedure.

This is sometimes combined with a pain-relieving injection that can reduce pain and discomfort during your examination

The pros and cons of sedation are that you:

- will be less anxious
- may be sleepy
- may not remember the test at all
- may improve your tolerance of the examination. Without intravenous sedation or pain relief some patients are unable to tolerate the examination.
- will need to be monitored carefully
- will take longer to recover
- will not be able to drive home
- will need to have a responsible adult to take you home.

We advise you **not** to take any sleeping tablets on the day of your investigation if you have had sedation.

Entonox

Entonox is a gas made up of 50% oxygen and 50% nitrous oxide. This gas is colourless and odourless and acts as a painkiller. You breathe this in through a mouth piece. The pros and cons of entonox are:

- it is safe
- you are in control over the amount of entonox you need
- you generally recover more quickly
- there is generally no delay in going home
- it acts as a painkiller, not a sedation
- you cannot drive for 30 minutes

After pre-assessment

After pre-assessment you will be taken through to a gender separate changing cubicle and asked to change into a hospital gown, a dressing gown and disposable shorts. You may be asked to remove any jewellery or metal objects in case a special piece of equipment called a diathermy is used. All your other belongings will be placed into a property bag, which will stay with you at all times.

Once you are changed, if you have chosen to have a sedative injection an intravenous cannula (small flexible tube) will be inserted into a vein either in your arm or hand. You will then be seated in a gender separate waiting area until you are called to the procedure room.

What happens during the investigation?

We will ask you to lay on an examination trolley, resting comfortably on your left side with your knees slightly bent. A nurse will stay with you throughout the procedure.

If you have chosen to have a sedative injection, a small peg will be placed on your finger to monitor your heart rate and oxygen levels and a cuff will be placed on your arm to monitor your blood pressure. You will also be given oxygen via tiny tubes into your nose. The sedative injection will be given at this point. The sedation will help you to feel relaxed and you may not remember the examination, but it will not put you to sleep.

If you have chosen to have entonox only, the nurse will give you instructions on how to use it correctly. We will still need to monitor your pulse rate and oxygen levels by attaching a small peg to your finger.

Before the investigation begins, the endoscopist will perform a finger examination of your back passage (rectum) to ensure there are no obstructions.

Once the endoscope has been gently inserted through the back passage, air will be passed through to expand the large bowel to give us a good view of your bowel lining. This may give you a 'wind-like' pain but this does not usually last long.

You may get the sensation of wanting to go to the toilet, but as the bowel is empty, there is no danger of this happening. You may also pass some wind. This is perfectly normal and nothing to be embarrassed about - remember the staff do understand what is causing it.

Sometimes, the doctor or nurse performing the investigation will need to take tiny samples of the bowel lining (biopsy) or remove polyps (small growths). Both these are taken painlessly using equipment through the endoscope and are sent to the laboratory for analysis.

It usually takes around 15 minutes for the left side of the colon to be examined, but can sometimes take a little longer.

What happens after the investigation?

If you had the investigation without sedation, or with entonox only, you will be able to go home as soon as you are dressed and feel ready to leave.

If you had sedation, you will be taken into a gender separate recovery area where you will rest for about an hour after receiving the injection.

Occasionally, we may transfer you to a ward for your recovery period.

You may feel a little bloated with wind pains. These usually settle quickly once you have passed the wind and will not need any treatment.

Once you are fully awake the cannula in your arm or hand will be removed. You will then be able to get up, get dressed and have a drink and biscuits.

If you had sedation, the effects can last for at least 24 hours and even though you will probably feel perfectly recovered, your judgement can remain impaired during this time.

It is important that you do not:

- **drive a car**
- **operate machinery or domestic appliances as your reaction times may be slowed**
- **drink alcohol**
- **sign legally binding agreements**

When can I get back to my normal activities?

You should be ready to get back to your normal activities by the next day.

Getting your results

The endoscopist may be able to tell you the results of your investigation straight away. However, if you had a sedative injection you may not remember what has been said. To make sure you have understood your results, the discharge nurse will discuss them with you again when you are fully awake.

If a biopsy has been taken or if polyps have been removed, these will be sent to the laboratory and the results from these may take up to 3 weeks. A copy of the procedure report will be sent to your referring doctor and GP. Further details of the investigation and any necessary treatment should be discussed with your GP or at your next outpatient appointment.

What should I do if I have any problems when I get home?

Be sure to tell us if you have any pain, persistent bleeding, or are feeling worse than you expected in the hours or days after your investigation. Please contact the Endoscopy Department you attended on the telephone numbers given to you on discharge.

Frequently asked questions and answers

What if my bowel preparation hasn't worked after 3 hours of taking the laxatives?

Please be patient. We anticipate that the laxatives will work within a few hours as outlined in the manufacturer's guidelines, but this can sometimes take a little longer depending on your age, diet, if you have diabetes and whether you suffer from constipation. If you do have any concerns, please contact us for advice. Once it does start working, please stay close to a toilet as sometimes no warning may be given.

If my symptoms have stopped before the flexible sigmoidoscopy, should I still come for the investigation?

It is important that you still come. Your doctor has organised this investigation to ensure you have no problems in your large bowel. Although the symptoms may have gone, it is important to have a look to ensure all is clear.

Will it hurt?

You may feel some discomfort or pain from the air that is pumped into the large bowel so that the endoscopist can view the lining adequately. Some patients find the stretching of the bowel uncomfortable or painful. If you are finding the procedure painful please tell us, there are additional pain medications that can be given.

Can I drive myself home after the flexible sigmoidoscopy if I choose to have sedation?

You will not be allowed to drive yourself home and must arrange for someone to collect you and accompany you home. Sedative medication given during the investigation will prohibit you from driving for 24 hours after the examination. Please do not plan to take public transport home. If you are unable to arrange transportation we can arrange a taxi to take you home, however you are responsible for the fare. You will need a responsible adult at home for 24 hours.

Will I get any results on the day?

Upon completion of the procedure, the findings will be discussed with you. We will be able to tell you any visual findings, however any samples will need to be sent to the laboratory for analysis; this can take up to 3 weeks. A copy of the report will be sent to your referring doctor and your GP.

What is the address for the Endoscopy Department?

Endoscopy Department, Huntsman B Floor
Northern General Hospital, Herries Road, S5 7AU

Endoscopy Department, B Floor
Royal Hallamshire Hospital, Glossop Road, S10 2JS

Can I park at the hospital?

We have car parks at both hospitals; these are indicated on the enclosed map. The rates are as follows*:

Northern General Hospital
Up to 4 hours = £2.40
Over 4 hours = £3.70

Disabled car parking spaces are available near the main entrances to all major buildings. Blue Badge holders are also able to use the pay and display spaces free of charge; a valid badge must be displayed at all times.

Royal Hallamshire Hospital
Up to 2 hours = £2.50
Up to 4 hours = £3.70
Over 4 hours = £8.40

The multi-storey car park ground floor is dedicated to the use of Blue Badge holders. Disabled car parking spaces are also available near the main entrances to all major buildings. Blue Badge holders are also able to use the pay and display spaces free of charge; a valid badge must be displayed at all times.

*Car parking charges are correct at time of printing. Please ensure you check the rates before parking.

Can I get public transport to the hospital?

You may use public transport. See below for details of how to find out which bus routes serve the hospital you are visiting.

Please remember, if you have a sedative injection you will not be able to travel home using public transport.

- **0170 951 5151** (Traveline)
- **www.travelsouthyorkshire.com**

Are there facilities for my relatives or friends to obtain refreshments while they are waiting for me?

We have refreshments available at both hospitals.

- Northern General Hospital: situated in the main entrance, C Floor
- Royal Hallamshire Hospital: situated on B Road in the main entrance, B Floor

Please use this space to make a note of any questions you may have about your test

To help support your local hospitals visit
sheffieldhospitalscharity.org.uk

Alternative formats can be available on request. Email: **sth.alternativeformats@nhs.net**

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Consent Form 1

Patient agreement to: Having a diagnostic flexible sigmoidoscopy

Name:

DoB:

(Affix Patient Label here)

Hosp. no.

NHS no.

Responsible healthcare professional:

Name: ……………………………………………………

……………………………………………………………

Job title: …………………………………………………

……………………………………………………………

Does this patient have any special requirements? (e.g. other language / other communication method)

Yes ☐ No ☐

If Yes, details to be provided here: …………………………………………………………………...

Does this patient have an advanced decision to refuse treatment? (e.g. Jehovah's Witness form)

Yes ☐ No ☐

If Yes, has the advanced decision been included within the consent discussions? Yes ☐ No ☐

Statement of healthcare professional (to be filled in by healthcare professional with appropriate knowledge of proposed procedure, as specified in consent policy)

In particular, I have explained to the patient the:

1. Name of the proposed treatment or procedure (or course of treatment or procedures - include brief explanation if medical term is not clear):

Flexible sigmoidoscopy is an examination of the left side of the large bowel.

During the procedure the endoscopist may need to take some small tissue samples, called biopsies, or remove polyps which are growths on the wall of the bowel. These samples will be sent to the laboratories for analysis.

Before the investigation begins, the endoscopist will perform a finger examination of your back passage (rectum) to ensure there are no obstructions.

2. The intended benefits, for this patient, being to:

❑ to try and identify the cause of rectal bleeding
❑ to find out more about an abnormality seen on an X-ray or scan
❑ to find out more about the presence of a rectal mass
❑ on-going surveillance following polyp removal
❑ on-going surveillance for an inflammatory bowel disease
❑ on-going surveillance due to a previous bowel cancer

- [ ] on-going surveillance due to a familial bowel cancer risk

3. I have also discussed:

- [ ] what the procedure is likely to involve
- [ ] the benefits and risks of any available alternative treatments
- [ ] the benefits and risks of no treatment

In particular, I have explained to and discussed with the patient the;

4. Recognised risks and/or complications for this particular procedure or treatment:

4.1 What are the known risks for this treatment or procedure? In particular the recognised significant, serious, frequently occurring or other risks this patient should be made aware of:

- Bleeding can sometimes occur where we take a tissue sample (biopsy) or remove a polyp. The risk is small, occurring in approximately 1 in every 150 people. This often settles without treatment, but if it continues it may be necessary to return to hospital for re-assessment. Bleeding can occur up to 7 to 10 days after polyp removal.
- Perforation (causing a small tear in the lining of the bowel). Nationally, this happens to approximately 1 in 5,000 people. The risk of a tear is higher with polyp removal, approximately 1 in 500 people. This would require a short stay in hospital with antibiotics or may require an operation to repair the tear.
- Risk of a missed lesion. Although flexible sigmoidoscopy is considered an accurate procedure, no procedure is perfect. There is a small risk in approximately 3 in 100 people that a polyp or other important finding may be missed.
- Incomplete procedure. Around 90% of examinations are completed, but up to 10% are incomplete and may require an additional investigation (X-ray or scan) to be arranged.
- Short term problems with breathing, heart rate and blood pressure related to sedation. Older people and those with significant health problems (for example people with serious breathing difficulties) may be at higher risk.
- Short term effects relating to entonox ('gas and air') can include dizziness, nausea, disorientation and a dry mouth. A tingling sensation, usually felt in the fingers, can occur due to breathing the entonox too quickly.
- 1 in 10 people may experience pain or discomfort due to the bowel being stretched.

4.2 Do any of the risks discussed carry a greater significance for this patient? For example, existing co-morbidities, patient's concern, patient's work, hobbies, driving or other.

Yes ☐ No ☐

If Yes, details to be provided here;

……

……

……

5. Are there any extra procedures which may become necessary during the treatment or procedure?

- [ ] blood transfusion
- [ ] other procedure/s (please specify)

……

Name:

DoB:

(Affix Patient Label here)

Hosp. no.

NHS no.

6. This treatment or procedure will involve pre-operative assessment to determine the appropriate type of anaesthesia required: Yes ☐ No ☐

Type of anaesthesia likely to be determined for you for this procedure/treatment:

☐ general and/or regional anaesthesia ☐ local anaesthesia ☐ sedation

7. I have explained that tissue may be removed as part of their treatment and may be used for teaching, education, quality assurance/improvement, research or audit in addition to diagnostic purposes. I have explained that this will only be done with their consent (see patient statement below).

8. The following leaflet(s) has been provided: PIL4486, Issue Date: December 2021

Accompanying leaflet accepted by patient: Yes ☐ No ☐

I have fully informed this patient about this procedure or treatment to the best of my ability and in a way in which I believe they can understand.

Patient refused information ☐

(NB: If this patient has refused information ensure this is documented in the patients' medical records. Notify the GP of this and send the patient information leaflet to the GP with the letter in case the GP gets the opportunity to discuss this with the patient at a later date.)

Signed (Healthcare professional) ………………………………………… **Date** …………………

Name (PRINT) ……………………………… **Job title** ………………………………………………

Professional Registration Number ……………………………………

Statement of interpreter

Does this patient require an Interpreter? Yes ☐ No ☐

I have interpreted the information above to the patient to the best of my ability and in a way in which I believe they can understand.

Signed (Interpreter) ……………………………………… **Date** …………………..

Name (PRINT) ………………………………..

Statement of patient (to be signed, printed and dated by the patient)

Please read this form and the accompanying leaflet carefully. The leaflet describes the benefits and risks of the proposed treatment or procedure and possible alternatives. If your treatment or procedure has been planned in advance, you should already have your own copy of the leaflet. If not, you will be offered a copy now. If you have any further questions, do ask – we are here to help you. You have the right to change your mind at any time, including after you have signed this form.

I agree to the procedure or course of treatment described on this form.

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

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. Information regarding anaesthesia in general can be found on http://www.rcoa.ac.uk/document-store/you-and-your-anaesthetic. Alternatively please ask for a copy of the leaflet 'You and your anaesthetic' (provided at Pre-Operative Assessment).

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

………

I consent to the use of residual tissue following diagnosis for research Yes ☐ No ☐
(If No, the healthcare professional will inform the relevant department who will respect your wishes.)

Signed (Patient) ….…………………………………………. **Date** ……………..……

A witness should provide their signature if the patient is unable to sign but has indicated his or her consent.

Name (PRINT) …………………………………………..

Name:

DoB:

(Affix Patient Label here)

Hosp. no.

NHS no.

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 they have no further questions or concerns and consent for the procedure to go ahead.

Signed (Healthcare professional) ………………………………………. **Date** …………………..

Name (PRINT) ……………………………….. **Job title** ………………………………………………….

Professional Registration Number ……………………………………

Withdrawing of consent to proceed with treatment or procedure (to be completed at any stage the patient withdraws consent to proceed with the treatment or procedure).

I, the patient, confirm that I have withdrawn consent and do not want to proceed with the treatment or procedure.

Signed (Patient) …………………………………………. **Date** ………………..……

A witness should provide their signature if the patient is unable to sign but has indicated his or her withdrawal of consent.

Name (PRINT) ……………………. …………………..

On behalf of the team treating the patient, I have confirmed with the patient that they have withdrawn consent and do not want to proceed with the treatment or procedure.

Signed (Healthcare professional) ………………………………………. **Date** …………………..

Name (PRINT) ……………………………….. **Job title** ………………………………………………….

Professional Registration Number ………………………………………

Consent to treatment or procedure - Guidance to health professionals (to be read in conjunction with *Sheffield Teaching Hospital's Consent to Examination or Treatment* policy, 2017)

What a consent form is for

This form documents the patient's agreement to go ahead with the treatment or procedure you have proposed. It is not a legal waiver – if patients, for example, do not receive enough information on which to base their decision, then the consent may not be valid, even though the form has been signed. Patients are also entitled to change their mind after signing the form, if they retain capacity to do so. The form should act as an aide-memoire to health professionals and patients, by providing a check-list of the kind of information patients should be offered, and by enabling the patient to have a written record of the main points discussed. In no way, however, should the written information provided for the patient be regarded as a substitute for face-to-face discussions with the patient.

The law on consent

See the Department of Health's, *Reference guide to consent for examination or treatment*, for a comprehensive summary of the law on consent. Also available at https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/138296/dh_103653__1_.pdf

Who can give consent

Everyone aged 16 or more is presumed to be competent to give consent for themselves, unless the opposite is demonstrated, and therefore may sign this form **(Consent form 1)**. If a child under the age of 16 has "sufficient understanding and intelligence to enable them to understand fully what is proposed", then they will be competent to give consent for themselves. Young people aged 16 and 17, and legally 'competent' younger children, may therefore sign this form for themselves, but may like a parent to countersign as well. If the child is not able to give consent for themselves, someone with parental responsibility may do so on their behalf and a **separate form (Consent form 2)** is available for this purpose. Even where a child is able to give consent for themselves, you should always involve those with parental responsibility in the child's care, unless the child specifically asks you not to do so. If a patient is mentally competent to give consent but is physically unable to sign a form, you should complete this form as usual, and ask an independent witness to confirm that the patient has given consent orally or non-verbally.

Where an adult patient (18 or over) lacks capacity to give or withhold consent to treatment then **Consent form 4** should be completed.

When NOT to use this form

If the patient is 18 or over and is not legally competent to give consent, you should use **Consent form 4** (form for adults who are unable to consent to investigation or treatment) instead of this form. A patient will not be legally competent to give consent if:

- they are unable to comprehend and retain information material to the decision; and/or
- they are unable to weigh and use this information in coming to a decision.

You should always take all reasonable steps (for example involving more specialist colleagues) to support a patient in making their own decision, before concluding that they are unable to do so. Relatives cannot be asked to sign this form on behalf of an adult who is not legally competent to consent for himself or herself.

Information

Information about what the procedure or treatment will involve, its benefits and risks (including side-effects and complications) and the alternatives to the particular procedure or treatment proposed, is crucial for patients when making up their minds. The courts have stated that patients should be told about 'significant risks which would affect the judgement of a reasonable patient'. 'Significant' has not been legally defined, but the GMC requires doctors to tell patients about 'serious or frequently occurring' risks. In addition if patients make clear they have particular concerns about certain kinds of risk, you should make sure they are informed about these risks, even if they are very small or rare. You should always answer questions honestly.

Sometimes, patients may make it clear that they do not want to have any information about the options, but want you to decide on their behalf. In such circumstances, you should do your best to ensure that the patient receives at least very basic information about what is proposed. Where information is refused, you should document this on the form or in the patient's notes.