

Endoscopy Consent Form 1

Gastroscopy (OGD) (G6500) and Flexible Sigmoidoscopy (H2502)

Patient agreement to investigation or treatment

Patient details (or pre-printed label)

Patient's surname/family name.....

Patient's first names

Date of birth

Hospital number (or other identifier).....

☐ Male

☐ Female

Special requirements
(e.g. other language/other communication method)

Responsible healthcare professional.....

Job title

To be retained in patient's notes

Hospital Copy:

Name of proposed procedure or course of treatment (include brief explanation if medical term not clear)

Gastroscopy (OGD) and Flexible Sigmoidoscopy +/- biopsy / polypectomy +/- injection of haemorrhoids (5% oily phenol)

Patient identifier/label

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

I have explained the procedure to the patient. In particular, I have explained:

The intended benefits

To assess the oesophagus, stomach, duodenum and lower part of colon / large bowel +/- treat haemorrhoids

Possible risk

Sore throat / discomfort / abdominal pain / abdominal bloating / sedative complications / heart arrhythmia / inhaling saliva

Rare risks

Major bleeding (<1:10000) / perforation of the gut (<1 in 10,000) / perforation of bowel (<1:1000) / polypectomy perforation rate (<1:500) which may require hospital admission or surgery / missed lesions (1:10) / reaction to medications / failure to complete colonoscopy / phlebitis / inflammation of a vein sometimes occurs during administration of IV medication (sedation) / breathing difficulty / damage to teeth or bridges

Alternatives

No investigation / CT Colonogram / Barium Swallow / Barium Meal

Any extra procedures which may become necessary during the procedure

☐ Blood transfusion.....

☐ Other procedure (please specify)

I have also discussed what the 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 leaflet has been provided – *EIDO E12 / appointment letter*

This procedure will involve:

☐ General anaesthesia

☐ Local anaesthesia

☐ Sedation

Signed.....

Date.....

Name (PRINT).....

Job title: *Consultant*.....

Statement of interpreter (where appropriate)

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.....

Date.....

Name (PRINT).....

Patient identifier/label

Statement of patient

Please read this form carefully. If your treatment has been planned in advance, you should already have your own copy of page 2 which describes the benefits and risks of the proposed treatment. 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 have understood the information that has been given to me.

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

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 anaesthesia.)

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 give consent for any necessary biopsies and for photographs or x-rays to be taken.

Patient's signature Date.....

Name (PRINT)

A witness should sign below if the patient is unable to sign but has indicated their consent. Young people/children may also like a parent to sign here (see notes).

Signature Date

Name (PRINT)

Confirmation of consent (to be completed by a healthcare 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 and wishes the procedure to go ahead.

Signed

Name (PRINT)

Date

Job title.....

Guidance to healthcare professionals (to be read in conjunction with consent policy)

What a consent form is for

This form documents the patient's agreement to go ahead with the investigation or treatment 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 www.doh.gov.uk/consent).

Who can give consent

Everyone aged 16 or more is presumed to be competent to give consent for themselves, unless the opposite is demonstrated. If a child under the age of 16 has "sufficient understanding and intelligence to enable him or her to understand fully what is proposed", then he or she will be competent to give consent for himself or herself. 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 himself or herself, some-one with parental responsibility may do so on their behalf and a separate form is available for this purpose. Even where a child is able to give consent for himself or herself, 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.

When NOT to use this form

If the patient is 18 or over and lacks the capacity to give consent, you should use form 4 (form for adults who lack the capacity to consent to investigation or treatment) instead of this form. A patient lacks capacity if they have an impairment of the mind or brain or disturbance affecting the way their mind or brain works and they cannot:

- understand information about the decision to be made
- retain that information in their mind
- use or weigh that information as part of the decision-making process, or
- communicate their decision (by talking, using sign language or any other means).

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 a form on behalf of an adult who lacks capacity to consent for themselves, unless they have been given the authority to do so under a Lasting Power of Attorney or as a court appointed deputy."

Information

Information about what the treatment will involve, its benefits and risks (including side-effects and complications) and the alternatives to the particular procedure 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 page 2 of the form or in the patient's notes.