



Queensland Government

Cauterisation of the Cervix Consent

Facility:

(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

Date of birth:

Sex: M F I

A. Does the patient have capacity?

Yes → **GO TO section B** No → **COMPLETE section A**

i. a) Is the patient aged under 18 years?

- Yes (document parent/guardian name below)
 No → **GO TO ii**

You must adhere to the Advance Health Directive (AHD) or the consent obtained from a substitute decision-maker.

ii. a) Does the patient have an AHD that is applicable to the procedure, treatment or investigation?

- Yes No → **GO TO iii**

b) If yes, has the AHD been sighted and a copy is in the medical record?

- Yes No → **GO TO iii**

iii. Substitute decision-maker (select one only):

- Attorney(s) for health matters under an Enduring Power of Attorney or AHD
 Tribunal-appointed guardian
 Statutory Health Attorney
 If none of these, the Office of the Public Guardian must provide consent (ph: 1300 653 187)

Name of substitute decision-maker(s) or parent/guardian:

Signature of substitute decision-maker(s) or parent/guardian:

Relationship to the patient (e.g. substitute decision-maker or parent/guardian)

Date:

Phone number:

B. Does the patient need Interpreter/ cultural services?

i. a) Is a language interpretation service required?

- Yes No → **GO TO ii**

b) If yes, is a qualified Interpreter present?

- Yes (complete section K) No N/A

ii. a) Is a cultural support person required?

- Yes No → **GO TO section C**

b) If yes, is a cultural support person present?

- Yes No N/A

C. Condition and treatment

The doctor/clinician has explained that I have the following condition (*doctor/clinician to document in patient's words*):

This condition requires a procedure (*doctor/clinician to document, include site and/or side where relevant to the procedure*):

The following treatment will be performed:

The lower portion of the cervix around the external opening is superficially cauterised (burnt) with an electrical instrument.

D. Risks and complications of cauterisation of the cervix

There are risks and complications with this procedure. They include but are not limited to the following.

Common risks and complications include:

- **infections** of the cervix can occur, may require antibiotics and further treatment
- increased risk of wound infection, chest infection, heart and lung complications, and blood clot in the leg or lungs **for people who are obese and/or smoke**
- **bleeding** could occur from the cervix and may require a blood transfusion, a return to the operating room or other measures, such as vaginal packing, to control the bleeding
- **bleeding** is more common if you have been taking **blood thinning drugs** such as warfarin, aspirin, clopidogrel (Plavix, Iscover, Coplavix), prasugrel (Effient), dipyridamole (Persantin or Asasantin), ticagrelor (Brilinta), ticlopidine (Tilodene), apixaban (Eliquis), dabigatran (Pradaxa), rivaroxaban (Xarelto) or complementary/alternative medicines, such as fish oil and turmeric.

Uncommon risks and complications include:

- **damage and narrowing of the cervix** could occur which can cause painful periods and difficulty in labour
- failure of the procedure or incomplete treatment
- **blood clot** in the leg causing pain and swelling. In rare cases, part of the clot may break off and go to the lungs.

Rare risks and complications include:

- small areas of the **lung can collapse**, increasing the risk of chest infection. This may need antibiotics and physiotherapy
- **heart attack** or stroke could occur due to the strain on the heart
- **death** as a result of this procedure is rare.

E. Specific risks for you in having this procedure

(*Doctor/Clinician to document in space provided. Continue in Medical Record if necessary*):

F. Risks of not having this procedure

(*Doctor/Clinician to document in space provided. Continue in Medical Record if necessary*):

DO NOT WRITE IN THIS BINDING MARGIN





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G. Alternative procedure, treatment or investigation options

(Doctor/Clinician to document in space provided. Continue in Medical Record if necessary):

H. Anaesthetic

This procedure may require an anaesthetic (doctor/clinician to document type of anaesthetic discussed):

I. Anticoagulant/Antiplatelet checklist

Information to discuss with your doctor/clinician about blood thinning drugs:

Aspirin Yes No

Antiplatelet agents YES No

Clopidogrel, Prasugrel, Ticagrelor, Dipyridamole, Other.

If the procedure is elective, can the Yes NO

antiplatelet be withheld and the patient maintained on aspirin alone for 7 days prior?

Date Authorising doctor/clinician ordered antiplatelet ceased/to be ceased:

Warfarin/Dabigatran/Rivaroxaban/ YES No

Apixaban/Heparins/Other new anticoagulants

If elective procedure, can all anticoagulation Yes No be ceased before the procedure?

Where there have been changes (i.e. ceased, Yes No withheld) to the above drugs, is there a management plan documented in the patient's medical record?

J. Patient/Substitute decision-maker consent

I acknowledge the doctor/clinician has explained:

- my/the patient's medical condition and the proposed procedure/treatment/investigation may require and include additional treatment if the doctor/clinician finds something unexpected. I understand the risks and benefits, including the risks specific to me
- my/the patient's requirement for anaesthetic for this procedure/treatment/investigation - I understand the risks associated with anaesthetic, including the risks specific to me (see Anaesthetic information sheet)
- my/the patient has alternative procedure/treatment/ investigation options
- my/the patient's prognosis, and the risks of not having the procedure/treatment/investigation
- no guarantee has been made that the procedure/treatment/ investigation will improve my/the patient's condition even though it has been carried out with due professional care
- my/the patient's procedure/treatment/investigation may include a blood transfusion
- my/the patient's tissues/blood may be removed and be used for diagnosis/management of my condition, stored and disposed of sensitively by the hospital
- if an immediate life-threatening event happens during my/the patient's procedure/treatment/investigation, I/the patient will be treated based on my discussions with the doctor/clinician or Acute Resuscitation Plan

- a doctor other than the consultant/specialist may conduct/ assist with the clinically appropriate procedure/treatment/ investigation/examination. I understand this could be a doctor undergoing further training. I understand that all surgical trainees are supervised according to relevant professional guidelines.

I/the patient was able to ask questions and raise concerns with the doctor/clinician about my/the patient's condition, the proposed procedure/treatment and its risks, and my/the patient's treatment options. My questions and concerns have been discussed and answered to my satisfaction

I/the patient understand I have the right to change my mind at any time, including after I have signed this form but, preferably following a discussion with a doctor/clinician

I/the patient understand image(s) or video footage may be recorded as part of and during my procedure and that these image(s) or video(s) will assist the doctor/clinician to provide appropriate treatment.

Student examination/procedure for educational purposes

For the purpose of undertaking professional training, a student(s) may observe the medical examination(s) or procedure(s) and may also, subject to patient consent, perform an examination(s) or assist in performing the procedure(s) on a patient while the patient is under anaesthetic. This is for education purposes only. A student(s) who undertakes an examination(s) or assists in performing the procedure(s) will be under the supervision of the treating doctor, in accordance with the relevant professional guidelines.

For the purposes of education I consent to a student(s) undergoing training to:

- observe examination(s)/procedure(s) Yes No
- assist and/or perform examination(s)/ procedure(s) Yes No

Student - this may include medical, nursing, midwifery, allied health or ambulance students.

I have received the following information sheet(s):

- 'About your anaesthetic'
- 'Cauterisation of the cervix'
- 'Blood and blood products transfusion'

On the basis of the above statements,

I consent to having this procedure.

Name of patient:

Signature:

Date:

I consent to:

Name of patient having procedure:

Name of substitute decision-maker:

Signature:

Date:



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K. Interpreter's statement

I have:

- provided a sight translation
 translated as per clinician explanation in:

Patient's language:

of this consent form and assisted in the provision of any verbal and written information given to the patient/ substitute decision-maker by the doctor/clinician.

Name of patient:

Language of patient:

Name of Interpreter service:

Name of Interpreter:

Interpreter's signature:

Date:

L. Doctor/Clinician/Delegate statement

Information for doctor/clinician/delegate:

The information contained within this form is not, and is not intended to be, a substitute for direct communication between the doctor/clinician/delegate and the patient/substitute decision-maker regarding the medical procedure, treatment or investigation described in this form. I have explained to the patient all the content in this patient consent form and I am of the opinion that the patient/substitute decision-maker has understood the information.

Name of doctor/clinician/delegate:

Designation:

Signature:

Date:

DO NOT WRITE IN THIS BINDING MARGIN

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Give this patient information sheet to the patient or substitute decision-maker(s) to read carefully and allow time to ask any questions about the procedure.

1. What is this procedure?

The lower portion of the cervix around the external opening is superficially cauterised (burnt) with an electrical instrument.

2. My anaesthetic

This procedure will require an anaesthetic. For more information about the anaesthetic and the risks involved please refer to the anaesthetic information sheet that has been provided to you. Discuss any concerns with your clinician.

If you have not been given an anaesthetic sheet, ask for one.

3. What are the specific risks of this procedure?

Common risks and complications include:

- **infections** of the cervix can occur, may require antibiotics and further treatment
- increased risk of wound infection, chest infection, heart and lung complications, and blood clot in the leg or lungs **for people who are obese and/or smoke**
- **bleeding** could occur from the cervix and may require a blood transfusion, a return to the operating room or other measures, such as vaginal packing, to control the bleeding
- **bleeding** is more common if you have been taking **blood thinning drugs** such as warfarin, aspirin, clopidogrel (Plavix, Iscover, Coplavix), prasugrel (Effient), dipyridamole (Persantin or Asasantin), ticagrelor (Brilinta), ticlopidine (Tilodene), apixaban (Eliquis), dabigatran (Pradaxa), rivaroxaban (Xarelto) or complementary/alternative medicines, such as fish oil and turmeric.

Uncommon risks and complications include:

- **damage and narrowing of the cervix** could occur which can cause painful periods and difficulty in labour
- **blood clot** in the leg causing pain and swelling. In rare cases, part of the clot may break off and go to the lungs
- failure of the procedure or incomplete treatment.

3. What are the specific risks of this procedure? *(continued)*

Rare risks and complications include:

- small areas of the **lung can collapse**, increasing the risk of chest infection. This may need antibiotics and physiotherapy
- **heart attack** or stroke could occur due to the strain on the heart
- **death** as a result of this procedure is rare.

4. What are the risks specific to me?

There may also be risks specific to your individual condition and circumstances. Please discuss these with your clinician and ensure they are written on the consent form before you sign it.

5. What are the risks of not having this procedure?

There may be consequences if you choose not to have the proposed procedure. Please discuss these with your clinician.

If you choose not to have the procedure you will not be required to sign a consent form.

6. Who will be performing my procedure?

A doctor other than the consultant/specialist may conduct/assist with the clinically appropriate procedure/treatment/investigation/examination. I understand this could be a doctor undergoing further training, and that all trainees are supervised according to relevant professional guidelines.

If you have any concerns about which doctor/clinician will be performing the procedure, please discuss with the doctor/clinician.

For the purpose of undertaking professional training in this teaching hospital, a student(s) may observe the medical examination(s) or procedure(s).

