

Patient identifier/label:	Patients Name:
	Date of birth:
	Case Note Number:

Statement of health professional seeking consent

Key Information for patients

At SWLEOC we will do everything we can to provide your surgery in a timely manner. However the coronavirus pandemic is placing huge demands on the entire health service. This form is to make you aware that your surgical care may be affected in many ways and of some of the risks.

Please take note of the following:

Your assessment and care may be performed differently during the pandemic.

You may experience delays in your assessments and your care.

Before your operation, we will assess your health in relation to the risk factors for surgery, anaesthesia and Covid-19 (disease resulting from coronavirus infection). If your surgery is deemed high risk, your operation may have to be deferred.

When you come in to hospital for your operation, there is a risk that you may already be carrying coronavirus and not be aware of this. You will be required to take extra precautions to reduce this risk. These precautions may include shielding or self isolating. We will make the extent of these precautions clear to you and you must follow all the instructions. This is to prevent you from catching coronavirus prior to your treatment.

If you contract coronavirus infection whilst in hospital or during your recovery, this could make your recovery more difficult and could increase your risk of serious illness. This could lead to a longer stay in hospital and you may need to be admitted to an intensive care unit (ICU). In some people, severe illness with coronavirus leads to death. This risk is greater if you are over 65 years of age or if you have underlying conditions such as diabetes, serious obesity, chronic lung disease, serious heart disease, chronic kidney disease, liver disease or if you are immunocompromised.

In the unlikely event that you develop an unexpected medical or surgical complication you may need to be transferred to another department or hospital, where there may be a risk of acquiring coronavirus.

We will do everything we can to keep you safe before, during and after your operation and to provide you with information at all stages.

We will listen to your concerns and discuss them with you.

You may wish to delay your operation, and we would understand your reasons for this. However future dates for surgery may take much longer than normal to arrange.

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These are examples of the ways in which your surgical care may be different to normal:

Before your operation

- Some of your consultations will occur by telephone or video call.
- We may ask you to email or post medical information to us.
- You will be sent a copy of your consent form that explains your operation.
- Your anaesthetic assessment may be by telephone OR in person with a nurse, and possibly with an anaesthetist.
- We will arrange for you to have testing for coronavirus before your operation.
- Your operation would be likely to be postponed if you test positive, have symptoms suggestive of coronavirus infection or are unwell.
- Routinely, we will ask you go into strict isolation or shielding for 14 days before a procedure unless it is an emergency. You will be given clear information about this and what is expected of other members of your household.

Your operation

- Your operation may take place at SWLEOC or in some instances at another local hospital that we are using and is deemed free of Covid-19.
- Circumstances will be very different in the hospital. Wards will be re-organised, and staff will be wearing protective equipment.
- You will be required to wear a face mask, which will be provided.
- Whilst we will try to ensure that your operation is carried out by your primary surgeon's team, in some instances the procedure may have to be performed by a different team. In that case you may not meet your surgeon and their team until the day of treatment. They will however be experienced and trained to perform your operation.
- You will not be able to have your family and friends visit whilst in hospital.

After your operation

- You will be discharged from hospital when you are ready, or may be moved elsewhere to a 'rehabilitation' unit to complete your recovery.
- You will be required to self-isolate or shield for two weeks following surgery.
- This also means that you will not be able to see a physiotherapist while you are self-isolating. To minimise the effect of this restriction, we will provide you with instructions for the exercises that you should undertake and provide you with telephone and/or online support from our physiotherapy team.
- Some follow up care may take place by telephone or virtual consultation.

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Name and Signature of responsible clinician

Signed: Date.....

Name (PRINT) Job title.....

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 he/she can understand.

Signed Date.....

Name (PRINT)

Statement of patient

The following leaflets have been provided:

- “Information on Surgery during the Covid-19 pandemic”
- “Social Distancing before and after your operation”

I acknowledge and understand the information above, which I have read together with my surgical consent form. I agree to abide with the instructions I have or will be given relating to self-isolation/ shielding before and after surgery and relating to other precautions.

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)

I have confirmed that the patient has no further questions and wishes the procedure to go ahead.

Signed: Date

Name (PRINT) Job title

Supplementary Consent Form

Treatment during the COVID-19 Pandemic

Patient details: *(affix pre-printed label if available)*

Surname/family name:

First names:

Date of birth: Male Female

Case Note Number:

Special requirements:

(eg other language/other communication method)

Details of health professional obtaining consent:

Forename: Surname:

Job title: Speciality: Orthopaedics and Trauma

This supplementary consent form should be completed in conjunction with the consent form related to the procedure to be performed and retained in the patient’s notes.