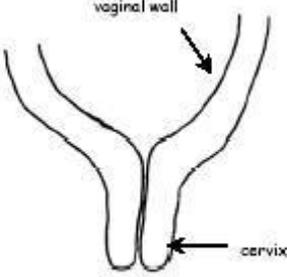


<p><b>CONSENT FORM</b> FOR <b>LLETZ</b></p>	<p>Med Rec. No:</p> <p>Surname: &lt;&lt;Patient Demographics:Surname&gt;&gt;</p> <p>Forename: &lt;&lt;Patient Demographics:First Name&gt;&gt;</p> <p>DOB: &lt;&lt;Patient Demographics:DOB&gt;&gt;</p>
<p>This means removing abnormal tissue from the cervix using a hot wire. A speculum is placed in the vagina just like having a PAP smear. The doctor then numbs the cervix with a local anaesthetic injection. A special sticky pad is placed on one of the patient's thighs to 'ground' the patient and complete the electrical circuit that is used to heat the wire loop. Either a dilute vinegar solution, or Iodine solution is painted onto the cervix to show the abnormal areas of cells or the wire loop is used to cut away the abnormal areas. The hot wire seals small blood vessels as the tissue are removed, controlling minor bleeding. The tissue that is removed is sent to pathology for microscopic examination.</p>	

**RISKS**

These are the more common risks. There may be other unusual risks that have not listed here. Please ask **Dr Rana** if you have any general or specific concerns.

I understand there are risks associated with any **anaesthetic**, and I can discuss these with the Anaesthetist. I may have side effects from any of the drugs used. The more common side effects include light-headedness, nausea, skin rash and constipation.

I understand the **LLETZ** has the following **specific risks and limitations**:

- Bleeding can occur on the day of operation, or for up to 2 weeks after. It may require vaginal packing, antibiotics, readmission to hospital or surgery. There may be a dark watery discharge for several weeks.
- There may be abdominal cramping for sometime after the operation
- Normal tissue may be removed. The cure rates for these procedures is over 90%, but follow up is essential.
- Electric diathermy may short circuit and cause skin burns (<1%).
- Infection of the cervix is common and usually settles without treatment. Occasionally antibiotics and readmission are required. Rarely infection can spread beyond the uterus.
- The Cervix when healed can be narrowed (stenosis), which can cause difficulty with Pap smears and future labours, requiring Cesarean section.
- The Cervix may remain more open than usual , increasing the risk of miscarriage or premature birth..
- There is a very small risk I may find it difficult to become pregnant or to carry the pregnancy to term if a large amount of tissue has been removed.

I understand some of the above **risks are more likely** if I smoke, am overweight, diabetic, have high blood pressure or have had previous heart disease.

**INDIVIDUAL RISKS:**

I understand the following are possible significant **risks and complications specific to my individual circumstances**, that I have considered in deciding to have this operation:

.....

.....

**DECLARATION BY PATIENT:**

- I acknowledge that **Dr Rana** has informed me about the procedure, alternative treatments and answered my specific queries and concerns about this matter.
- I acknowledge that I have discussed with **Dr Rana** any significant risks and complications **specific to my individual circumstances** that I have considered in deciding to have this operation.
- I agree to **any other additional procedures** considered necessary in the judgement of my gynaecologist during this operation.
- I consent to a **blood transfusion**, if needed.
- I agree to the disposal by the hospital authorities of any tissues or parts that may be removed during the operation. I understand that some tissues or samples may be kept as part of my hospital records.
- I have received a copy of this form to take home with me.
- If any staff member is exposed to my blood (needle stick injury) then I consent to a sample of my blood being collected for testing for infectious diseases, such as hepatitis B, C and HIV. I understand that the blood sample will not be tested until I have been informed and I have given my consent.

<b>Signature of Patient</b>		<b>Date</b>	
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***If the patient is unable to give consent, a proxy form must be completed and attached.***

**DECLARATION BY DOCTOR:**

- I declare that I have explained the nature of the patient's condition, the procedure to be performed, and discussed the risks that particularly concern the patient.
- I have given the patient an opportunity to ask questions and I have answered these.

<b>Doctor's Signature</b>		<b>Date</b>	
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<b>Doctor's Name</b> <i>(please print)</i>	Dr Ritu Rana
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**INTERPRETER'S DECLARATION:**

I confirm I have accurately interpreted the contents of this form and the related conversations between the patient and the doctor.

<b>Interpreter's Signature</b>		<b>Date</b>	
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<b>Interpreter's Name</b> <i>(please print)</i>	
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