



Royal College of Obstetricians and Gynaecologists

Consent Advice No. 1

December 2008

DIAGNOSTIC HYSTEROSCOPY UNDER GENERAL ANAESTHESIA

This is the second edition of this guidance, which was previously published in October 2004 under the same title.

This paper provides advice for clinicians in obtaining the consent of women undergoing diagnostic hysteroscopy under general anaesthesia. It follows the structure of Consent Form 1 of the Department of Health, England/Welsh Assembly Government/Scottish Government/Department of Health, Social Services and Public Safety, Northern Ireland. It should be used in conjunction with RCOG Clinical Governance Advice, *Obtaining Valid Consent*.¹

The aim of this advice is to ensure that all women are given consistent and adequate information for consent; it is intended to be used together with dedicated patient information. After discharge, all women should have clear direction to obtain help if there are unforeseen problems.

Clinicians should be prepared to discuss with the woman any of the points listed on the following pages.

Presenting information on risk

Term	Equivalent numerical ratio	Colloquial equivalent
Very common	1/1 to 1/10	A person in family
Common	1/10 to 1/100	A person in street
Uncommon	1/100 to 1/1000	A person in village
Rare	1/1000 to 1/10 000	A person in small town
Very rare	Less than 1/10 000	A person in large town

The above descriptors are based on the RCOG Clinical Governance Advice, *Presenting Information on Risk*.² They are used throughout this document.

To assist clinicians at a local level, we have included at the end of this document a fully printable page 2 of the Department of Health, England/Welsh Assembly Government/Scottish Government/Department of Health, Social Services and Public Safety, Northern Ireland, Consent Form 1. This page can be incorporated into local trust documents, subject to local trust governance approval.

CONSENT FORM

1. Name of proposed procedure or course of treatment

Diagnostic hysteroscopy under general anaesthesia.

2. The proposed procedure

Describe the nature of hysteroscopy. Explain the procedure as described in the patient information.

Note: If any other procedures are anticipated (such as endometrial biopsy, removal of polyp, insertion of levonorgestrel-releasing intrauterine system, treatment of fibroids or division of adhesions) these must be discussed and a separate consent obtained.

3. Intended benefits

To find the cause of symptoms; as it is a diagnostic procedure it will not alter symptoms unless additional procedures are anticipated. Occasionally, a minor procedure is appropriate to treat some of the identified causes or relieve the symptoms.

4. Serious and frequently occurring risk

It is recommended that clinicians make every effort to separate serious from frequently occurring risks. Women who are obese, who have significant pathology, who have undergone previous surgery or who have pre-existing medical conditions must understand that the quoted risks for serious or frequent complications will be increased. The risk of serious complications also increases if an additional therapeutic procedure is performed. Women should be advised that hysteroscopy may not identify an obvious cause for presenting complaint.

4.1 Serious risks

Serious risks include:³

- The overall risk of serious complications from diagnostic hysteroscopy is approximately two women in every 1000 (uncommon)
- Damage to the uterus (uncommon)
- Damage to bowel, bladder or major blood vessels (rare)
- Failure to gain entry to uterine cavity and complete intended procedure (uncommon)
- Infertility (rare)
- three to eight women in every 100 000 undergoing hysteroscopy die as a result of complications (very rare).

4.2 Frequent risks

Frequent risks include:

- infection
- bleeding.

5. Any extra procedures which may become necessary during the procedure

Laparoscopy or laparotomy in the event of perforation.

6. What the procedure is likely to involve; the benefits and risks of any available alternative treatments, including no treatment

Vaginal approach and insertion of a hysteroscope through the cervix. The role of endometrial biopsy and pelvic ultrasound should be discussed along with the option of no investigation.

7. Statement of patient: procedures which should not be carried out without further discussion

Other procedures which may be appropriate but not essential at the time should be discussed and the woman's wishes recorded.

8. Preoperative information

A record should be made of any sources of information (e.g. RCOG or locally produced information leaflets/tapes) given to the woman prior to surgery.

9. Anaesthesia

Where possible, the woman must be aware of the form of anaesthesia planned and be given an opportunity to discuss this in detail with the anaesthetist before surgery. It should be noted that, with obesity, there are increased risks, both surgical and anaesthetic.

References

1. Royal College of Obstetricians and Gynaecologists. *Obtaining Valid Consent*. Clinical Governance Advice No. 6. London: RCOG; 2008 [www.rcog.org.uk/womens-health/clinical-guidance/obtaining-valid-consent].
2. Royal College of Obstetricians and Gynaecologists. *Presenting Information on Risk*. Clinical Governance Advice No. 7. London: RCOG; 2009 [www.rcog.org.uk/womens-health/clinical-guidance/presenting-information-risk].
3. Jansen FW, Vredevoogd CB, van Ulzen K, Hermans J, Trimbos JB, Trimbos-Kemper TC. Complications of hysteroscopy: a prospective, multicenter study. *Obstet Gynecol* 2000;96:266-70.

This Consent Advice was produced by Dr MD Read FRCOG, Gloucester, with the support of the Consent Group of the Royal College of Obstetricians and Gynaecologists.

Peer reviewed by:

Dr SIMF Ismail MRCOG, Yeovil, and RCOG Consumers' Forum

The final version is the responsibility of the Consent Group of the RCOG.

Consent Advice review process will commence in
2012 unless otherwise indicated

DISCLAIMER

The Royal College of Obstetricians and Gynaecologists produces consent advice as an aid to good clinical practice. The ultimate implementation of a particular clinical procedure or treatment plan must be made by the doctor or other attendant after the valid consent of the patient in the light of clinical data and the diagnostic and treatment options available. The responsibility for clinical management rests with the practitioner and their employing authority and should satisfy local clinical governance probity.

Patient identifier/label

Name of proposed procedure or course of treatment

(include brief explanation if medical term not clear) *Diagnostic hysteroscopy under general anaesthesia.*

Statement of health professional (to be filled in by health 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 find the cause of symptoms although sometimes no cause may be found. As it is a diagnostic procedure, it will not alter symptoms unless additional procedures are anticipated. Occasionally a minor procedure is appropriate to treat some of the identified causes or relieve the symptoms.*

Serious risks:

- *The overall risk of serious complications from diagnostic hysteroscopy is approximately 2 women in every 1000 (uncommon)*
- *Damage to the uterus (uncommon)*
- *Damage to bowel, bladder or major blood vessels (rare)*
- *Failure to gain entry to uterine cavity and complete intended procedure (uncommon)*
- *Infertility (rare)*
- *3 to 8 women in every 100000 undergoing hysteroscopy die as a result of complications (very rare)*

Frequent risks:

- *Infection*
- *Bleeding*

Any extra procedures which may become necessary during the procedure

- blood transfusion *(very rare)*
- other procedure (please specify) *Laparoscopy or laparotomy in the event of perforation*

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/tape has been provided

This procedure will involve:

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

Signed Date

Name (PRINT) Job title

Contact details (if patient wishes to discuss options later)

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 s/he can understand

Signed Date

Name (PRINT).....

Top copy accepted by patient: yes/no (please ring)