

## Hospital Logo

Web: www. [REDACTED]

### [REDACTED] Hospitals NHS Foundation Trust Surgical care during the coronavirus (COVID-19) Pandemic

Patient's surname/family name

Patient's first names

Date of birth

Health professional seeking consent

Job Title

NHS Number

Male

Female

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

## Statement of health professional seeking consent

### Key information for patients

The [REDACTED] Hospitals NHS Foundation Trust will do everything we can to provide care during your surgery at this time. However, the Covid-19 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.

### We must make you aware that:

**Your assessment and care may be disrupted, delayed or performed differently during the pandemic.**

**Coming to hospital might increase your chances of contracting Covid-19, or you may already be carrying it when you come for your operation.**

**If Covid-19 infection occurs when you have surgery or whilst in hospital, this could make your recovery more difficult, or increase your risk of serious illness, or death.**

**We will do everything we can to perform your operation, keep you safe, and to provide you with information at all stages. We will listen to your concerns and discuss them.**

**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.**

**These are examples of the ways in which your surgical care may be different from normal pathways of NHS services:**

**Before your operation:**

- Your consultations and advice may be given by telephone, emails or by letters
- We may also ask you to email or post medical information to us.
- You will be given a copy of your consent form that explains your operation
- Your anaesthetic assessment will be by telephone with a nurse and possibly an anaesthetist if needed.
- We will arrange for you to have coronavirus testing 2-3 days before your operation.
- Your operation would be likely to be postponed if you test positive or if you are unwell.
- Routinely, we will ask you go into strict isolation for 7 days before a procedure. You will be given clear instructions and information about this.

**Your operation:**

- Your operation may not take place at the site that you were expecting. It may be at one of the NHS or other local hospitals.
- There may be transfer of some of your records to other local hospitals, but these will be treated with strict confidentiality.
- Circumstances will be very different in the hospital; wards/rooms will be reorganised and staff will be wearing protective equipment.
- You may not meet your surgeons until the day of treatment, and they might not be the one(s) you expected. They will however be experienced and trained to perform your operation.
- It is likely you will not be able to have your family and friends visit whilst in hospital.
- You can choose not to go ahead with your operation for any reason at any stage, if you wish.

**After your operation:**

- You will be discharged from hospital when you are ready.
- We will initially check on your recovery by telephone.
- Follow-up care may be in the same or different hospital; in the case of an emergency you may be advised to visit your local NHS hospital with emergency / A&E services.

**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**

**I acknowledge the information above, which I have read together with my surgical consent form**

Signed: ..... Date.....

Name (PRINT) ..... Job title.....

**Confirmation of consent** (to be completed by a health professional when the patient is admitted for the procedure, if the patient/parent has signed the form in advance)

Signed: ..... Date.....

Name (PRINT) ..... Job title.....