

Patient identifier/label

Patient Copy

Name of proposed procedure (Include brief explanation if medical term not clear)	ANAESTHETIC
RADICAL ADRENALECTOMY SIDE..... THIS INVOLVES REMOVAL OF ADRENAL AND SURROUNDING FAT FOR SUSPECTED CANCER	<input type="checkbox"/> - GENERAL/REGIONAL <input type="checkbox"/> - LOCAL <input type="checkbox"/> - SEDATION

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 REMOVE ABNORMAL ADRENAL

Serious or frequently occurring risks including any extra procedures, which may become necessary during the procedure. 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. Please tick the box once explained to patient

COMMON

- TEMPORARY INSERTION OF A BLADDER CATHETER AND WOUND DRAIN

OCCASIONAL

- BLEEDING REQUIRING FURTHER SURGERY OR TRANSFUSIONS
- ENTRY INTO LUNG CAVITY REQUIRING INSERTION OF TEMPORARY DRAINAGE TUBE
- NEED OF FURTHER THERAPY IF CANCER
- INFECTION, PAIN OR BULGING OF INCISION SITE REQUIRING FURTHER TREATMENT
- PROBLEMS WITH BLOOD PRESSURE REQUIRING TREATMENT
- HORMONE REPLACEMENT REQUIRED IF OPPOSITE ADRENAL NOT FUNCTIONING

RARE

- ANAESTHETIC OR CARDIOVASCULAR PROBLEMS POSSIBLY REQUIRING INTENSIVE CARE ADMISSION (INCLUDING CHEST INFECTION, PULMONARY EMBOLUS, STROKE, DEEP VEIN THROMBOSIS, HEART ATTACK AND DEATH.)
- INVOLVEMENT OR INJURY TO NEARBY LOCAL STRUCTURES –BLOOD VESSELS, SPLEEN, LIVER, LUNG, PANCREAS, KIDNEY AND BOWEL REQUIRING MORE EXTENSIVE SURGERY
- MAY BE ABNORMALITY OTHER THAN CANCER ON MICROSCOPIC ANALYSIS

ALTERNATIVE THERAPY: OBSERVATION, EMBOLISATION AND LAPAROSCOPIC APPROACH.

A blood transfusion may be necessary during procedure and patient agrees **YES or NO (Ring)**

Signature of Health Professional	Job Title
Printed Name	Date

The following leaflet/tape has been provided

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.

Signature of interpreter:	Print name:	Date:
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