

## PATIENT INFORMATION

# Planned Surgery during the COVID Pandemic

## Statement of Health Professional Seeking Consent

**Key Information for patients: Please bring this form to Hospital with you on the day of your surgery**

Torbay Hospital will do everything we can to provide your surgery at this time. The coronavirus pandemic is however placing significant demands on the entire health service. This form is to make you aware that your surgical care may be affected in a number of ways.

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

The hospital has been reorganised to prevent patients who have coronavirus infection from coming in to contact with patients who do not. There are separate zones, wards and treatment pathways for our patients with coronavirus, and we will take all possible steps to reduce the chance of disease transmission, however risks cannot be completely eliminated. 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 to normal

## **Before your operation**

- Most of your consultations will occur by telephone or by email and letter.
- We may also ask you to email or post medical information to us.
- You will be sent a copy of your letter that explains your operation
- Your anaesthetic assessment may be by telephone with a nurse, and possibly an anaesthetist too.
- We will arrange for you to have coronavirus testing before your operation.
- Your operation would be likely to be postponed if you test positive or are unwell
- Routinely, we will ask you go into strict isolation for 14 days before a procedure unless it is an emergency. You will be given clear information about this.

## **Your operation**

- Wards will be reorganised, and staff will be wearing protective equipment.
- It is likely 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 'step-down' unit to complete your recovery.
- We will check on you by telephone and may arrange home visits
- Some follow up care may need to happen at your GP practice or this hospital
- You may have less access than normal to physiotherapy after discharge. We will provide you with information and support to help you with this.

## **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) .....

<p><b><u>See page 3 – Form for Confirmation of Patient Consent</u></b></p>
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Affix Patient Id Label

Surname:

Forename:

Hospital / NHS Number:

Date of Birth:

### Statement of patient

**I acknowledge the information above.**

Signature ..... Date .....

Name (PRINT) ..... Relationship to patient .....

**Please bring this form to Hospital with you on the day of your surgery**

**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)

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

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

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

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For further assistance or to receive this information in a different format, please contact the department which created this leaflet.