



INFORMATION FOR PATIENTS UNDERGOING ELECTIVE SURGERY DURING THE CORONAVIRUS (COVID-19) PANDEMIC

Date sent/given to patient: _____

Mr Purkayastha, consultant surgeon, who is looking after you has recommended a surgical procedure for your condition. You and he will have discussed the options and the reasons for the treatment recommended.

In addition to the normal risks and benefits of any treatment it is important that you are made aware of specific risks during the Coronavirus pandemic and that you also take certain precautions.

Coming into hospital will require you to come into contact with staff who could unknowingly be carrying Coronavirus. Equally, you could be infected and not yet showing symptoms. It is important that you understand that there is a possible increased risk that needs to be weighed against the risks of you not getting the treatment you need.

Although we are still gathering evidence about this, there are reports stating that if you have an operation with Coronavirus in your system (even without symptoms) there is a significant risk that you could become ill enough with Covid-19 to need a ventilator on an intensive care unit. There is even a significant risk of death if this happens.

In order to minimise the risk as much as possible we will ask you to follow a protocol of self-isolation and screening. It is important that you observe this protocol: if you have been unable to comply there is a risk that your procedure may be cancelled.

PLEASE NOTE: Whilst we believe that this protocol gives you the best chance of being as free of Covid-19 as possible for your procedure, there is no way of being certain that you are not at risk of developing the infection.

We are learning about Coronavirus all the time. There may be some risks that we are not aware of yet that may also affect your outcome from surgery.

In light of the information above, if you decide to delay treatment your consultant will discuss alternative care options until the crisis has passed.

If you decide to go ahead, we require you to sign this form indicating that you have read it, understood it and have no further questions.

For further questions in relation to your admission and hospital stay please contact us via email on info@lgsc.co.uk and we will arrange for someone to contact you to discuss any issues that you may have.

I confirm I have read the information above, I understood it and I have no further questions

Name of patient	Signature	Date
Name of person taking consent	Signature	Date of consent

PLACE SIGNED FORM IN PATIENTS CLINICAL RECORD