

Avicenna Clinic

Open MRI and Minimally Invasive Surgery

Planned Surgery during the COVID Pandemic

Statement of Health Professional Seeking Consent

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

This form is to make you aware that your surgical care may be affected in a number of ways as a result of corona virus pandemic.

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

The clinic does not treat patients who have corona virus infection; however the risk of catching the infection cannot be completely eliminated.

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.
- Routinely, we will ask you go into strict isolation for 14 days before a procedure. You will be given clear information about this.
- You will be require to have corona virus testing 3 days before your operation.
- To book a corona test please visit the NHS website <http://me2.do/58hwmUq6> OR call 119 to book an appointment.
- Your operation would be likely to be postponed if you test positive or are unwell

Your operation

- Staff will be wearing protective equipment.
- You will not be able to have your family and friends visit whilst in hospital

After your operation

- You will be discharged from the clinic when you are ready.
- 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 clinic.
- 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).....

Affix Patient Id Label

Surname:

Forename:

Avicenna / 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 the Clinic 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