



CONSENT FORM FOR THYROIDECTOMY - PARTIAL

Med Rec. No.....

Surname:.....

Forename:

DOB:.....

AFFIX LABEL HERE

PROPOSED TREATMENT

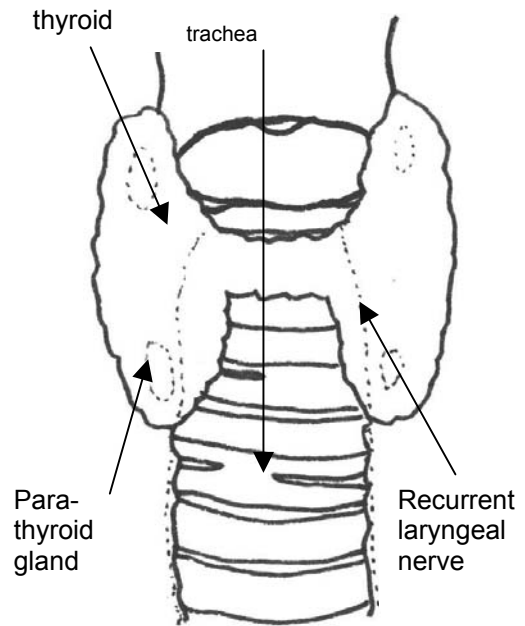
The doctor has explained that I, *(name of patient)*, have the following condition:.....

and that a **partial thyroidectomy** on theside is proposed:

This means removing part of the thyroid gland, which lies in the neck. The gland has two lobes and a joining bridge. Usually one lobe and the bridge are removed.

Under a general anaesthetic, the surgeon makes a cut in along a skin crease in the lower part of the neck and lifts upper and lower flaps of skin and underlying tissues to give a good view of the thyroid gland. The blood vessels to that part of the thyroid being removed are tied off and the lobe gradually freed, while the surgeon looks for and protects two important structures nearby – the nerve that controls the vocal cords (recurrent laryngeal nerve) and the parathyroid glands (that help control the body calcium).

When the lobe and the bridge are free, these are sent for microscopic examination and the cut edge of the gland is oversewn. Any bleeding points are sealed and a fine suction drain is left in the operation site to remove any secretions. This will be removed after a day or two. The skin wound is closed.



RISKS

These are the commoner risks. There may be other unusual risks that have not been listed here. Please ask your general surgeon if you have any general or specific concerns.

I understand there are risks associated with any **anaesthetic** (see separate *Anaesthetic Consent Form*).

I may have side effects from any of the drugs used. The commoner side effects include light-headedness, nausea, skin rash and constipation.

I understand **partial thyroidectomy** has the following **general risks and limitations**:

- My wound may rarely become infected, becoming red painful, swollen and possibly develop a discharge. I may need antibiotics if this happens

I understand **partial thyroidectomy** has the following **specific risks and limitations**:

- The nerve to the voice box may be damaged and I may notice my voice is weaker after the operation. This may be temporary or permanent.
- The parathyroid glands or their blood supply may be damaged. This is rarely a problem if the operation is only on one side as most people have two glands on each side, and the glands on the other side can usually cope.
- My wound may bleed or swell after the operation, which occasionally may require a return to theatre.

I understand some of the above risks are more likely if I smoke, am overweight, diabetic, have high blood pressure or have had previous heart disease.

INDIVIDUAL RISKS

I understand the following are possible significant **risks and complications specific to my individual circumstances**, that I have considered in deciding to have this operation:

.....
.....

**CONSENT FORM
FOR
PARTIAL THYROIDECTOMY**

(CONTINUED)

Med Rec. No.....
Surname:.....
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DECLARATION BY PATIENT

- I acknowledge the general surgeon has informed me about the procedure, alternative treatments and answered my specific queries and concerns about this matter.
- I acknowledge that I have discussed with the general surgeon any significant risks and complications **specific to my individual circumstances** that I have considered in deciding to have this operation.
- I agree to **any other additional procedures** considered necessary in the judgement of my general surgeon during this operation.
- I consent to a **blood transfusion**, if needed (*patient to circle and initial choice*) **YES** **NO**
- I agree to the disposal by the hospital authorities of any tissues that may be removed during the procedure. I understand that some tissues or samples may be kept as part of my hospital records.
- I understand that a doctor other than the specialist general surgeon may perform the procedure.
- I have received a copy of this form to take home with me.
- If any staff member is exposed to my blood (needlestick injury) then I consent to a sample of my blood being collected for testing for infectious diseases, such as Hepatitis B, C and HIV. I understand that the blood sample will not be tested until I have been informed and I have given my consent.

Signature of patient _____ **Date** _____

If the patient is an adult and unable to give consent, a proxy form must be completed and attached

DECLARATION BY DOCTOR

- I declare that I have explained the nature and consequences of the operation to be performed, and discussed the risks that particularly concern the patient.
- I have given the patient an opportunity to ask questions and I have answered these.

Doctor's signature _____ **Date** _____

Doctor's name
(*print name*) _____

INTERPRETER'S DECLARATION - I confirm I have accurately interpreted the contents of this form and the related conversations between the patient and the doctor

Interpreter's Signature _____ **Date** _____

Interpreter's name
(*please print*) _____