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## Timely consenting: A patient centered approach to elective surgical decision making

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### Background:

The process of seeking valid informed consent for surgical procedures has been outlined by various UK medical bodies. One point that is stressed throughout is the importance of allowing patients sufficient time to reflect and be able to make informed decisions prior to the procedure without duress. This suggests consent should ideally be taken well in advance of the procedure, ideally when listing in clinic, to prevent patients from feeling pressured to agree to surgical management after arrangements have already been made. This will allow patients to reflect and avoid unconscious coercion.

### Aim:

Our aim was to assess the timeliness with which informed consent for elective surgical procedures is obtained in our institution and to compare consenting practice between two surgical departments.

### Methods:

Over a two-week period, consent forms for patients undergoing elective surgeries in general surgery and urology were reviewed prospectively for data on: date of consent, date of surgery, presence of consent on the day of surgery and provision of information leaflets at the time of consent. Consent was defined as signing of an official consent form by both patient and surgeon after adequate discussion on intent, risks and benefits.

### Results:

A total of 76 consent forms were reviewed (n=38 for general surgery, n=38 for urology). 26.32% of patients overall were consented in advance to surgery, such as in outpatient clinic or on the ward. 52.63% of General Surgery patients were consented

prior to the day of surgery and re-consented on the day, whereas 0% of Urology patients were consented prior to the day of surgery, with 100% of consent obtained on the day of surgery. 0% of patients overall were provided written information when consent was obtained.

### Conclusions:

We demonstrate that there is significant room for improvement for timely consenting amongst our surgical departments, as well as the presence of a clear difference in practice between departments with regards to timely consenting. According to UK guidelines, all patients seen in outpatient clinic or on the ward with plan for elective surgery should be formally consented when the procedure is initially proposed, to allow sufficient time for reflection on the decision. Adequate time should be provided in clinic to accommodate for discussion. Patients' understanding should be maximized with written information. Consent should be reviewed and confirmed with the patient on the day of the surgery in order to allow patients to reconsider their management decisions.

### Biography

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