

Patient agreement to investigation or treatment
(procedures where consciousness not impaired)**Name of procedure:** Insertion of Word Balloon Catheter for Bartholin's abscess/cyst**Statement of health professional** (to be filled in by health professional with appropriate knowledge of proposed procedure, as specified in consent policy)

I have explained the procedure to the patient. In particular, I have explained:

The intended benefits: To drain abscess/cyst and aid healing by secondary intention**Significant, unavoidable or frequently occurring risks**

	initial		initial
discomfort	<input type="checkbox"/>	balloon falling out	<input type="checkbox"/>
bleeding	<input type="checkbox"/>	abscess/cyst returns (4-17%)	<input type="checkbox"/>
infection	<input type="checkbox"/>		<input type="checkbox"/>

Document any consent variations here

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I have discussed what the procedure is likely to involve, the benefits and risks of any available alternative treatments (including no treatment) and any particular concerns of this patient. I have checked that the patient has no outstanding queries and all their questions have been answered to their satisfaction.

The following leaflet/tape has been provided: The Consent form
 Word Balloon Catheter for Bartholin's abscess/cyst

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 s/he can understand.

Signed Date Name (PRINT).....

Statement of patient**I agree** to the procedure described above.

I understand that you cannot give me a guarantee that a particular person will perform the procedure. The person who performs the procedure will, however, have appropriate experience.

I understand that the procedure will/will not involve local anaesthesia. I have had a copy of the leaflet(s) detailed above

Signature Date

Name (PRINT) Relationship to patient

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

Copy accepted by patient: yes/no (please ring)