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Improving Surgical Consent

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Dear Editor,

Consent forms a basic principle on which surgical practice relies, and its use in patient care is both a clinical skill and departmental process which can be improved[1]. There is a legal and ethical obligation on health professionals to obtain valid informed consent before any surgical procedure. Failings in this area may result in patient dissatisfaction, as well as surgical error and more and more are becoming the scrutinised subject of legal claims. The need for consent is recognised in Irish and international law and the RCSI Code of Practice for Surgeons 2018[2] states that the onus is on doctors to familiarise themselves with the HSE National Consent Policy 2019[3] and ensure that your practice complies with the provisions of that policy.

In University Hospital Waterford, we carried out a closed loop audit of surgical consent practice in the orthopaedic department, with a view to evaluating our performance around surgical consent against national guidelines[2,3]. Our goal was to identify deficiencies in our practice and introduce and promote new strategies for achieving and maintaining national consent standards.

For the initial cycle of our audit, we critically reviewed 40 consecutive orthopaedic trauma consent forms from March 2020 against HSE and RCSI guidelines. Information collected included procedure details (operation name and laterality of procedure), clinician's/patient's details (printed name, signature, and date), adequacy of procedure-specific complications listed as well as legibility of forms.

Results from the initial audit were then disseminated to the department at our research meeting reinforcing the deficiencies highlighted. A few practical and simple measures initiated from this meeting included staff re-education about the importance of avoiding abbreviations and ensuring clear legible writing when filling out consent forms to ensure we are compliant with national standards. We also introduced a new surgical consent form in the department in July 2020 over a 1-month pilot period. This was developed in collaboration with the consultants, with the hope of improving in key areas highlighted from cycle 1 and improve our departmental consent standards.

Our cycle was then completed when we re-audited 40 of the new consent forms over 1 month. Results were compared with cycle 1 and again, presented at our departmental meeting. In cycle 2, 100% of consent forms had adequate documentation of risks, up from 50% in cycle 1. 15% had abbreviated form of procedure on consent form, down from 35%. 95% of forms were easily legible, which was up from 50%. Correct patient identification (written or labelled) was present on all consent forms across both cycles.

Through the process of an audit cycle, we saw improvement across all areas of surgical consent in our department with a pilot introduction of new consent form as well as simple staff education and emphasis on consent standards. Achieving high standards in the surgical consent process can lead to less surgical error and more informed and satisfied patients. This highlights the benefit of regular auditing of surgical practice and we believe it can be directly transferable to other surgical departments across the country.

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