

# Patient Management and Consent

## Overview

You will have extensive contact with patients during minor surgical procedures such as suturing and this module gives guidance on how to build a professional relationship based on courtesy, openness, trust and good communication. It also covers patient consent and confidentiality.

### 1 Communication

Be aware of your patient as a whole person and work in partnership with them. Discuss with them their condition, treatment options, including the option not to treat, and how they are likely to feel during the procedure and afterwards. Do this in a way that is appropriate to their level of understanding.

Emphasise that you will allow time for the anaesthetic to take effect before starting the procedure. During the procedure, you should talk to your patient throughout, avoiding the use of trigger words such as “pain” or “hurt”. Remain constantly aware of how your patient is reacting, so that you recognise problems early on.

Patients may sometimes faint and should therefore be in a relaxed position in a chair or on a couch, so that they cannot injure themselves or you.

Warn your patient about postoperative pain when the anaesthetic wears off and how to deal with it. Provide written information about what to expect and what to do if problems arise.

### 2 Consent

Good Medical Practice states that patients must give informed consent to any activity.

Before accepting a patient’s consent, you must consider whether they have been given the information they want or need, and how well they understand what you have told them. This is more important than how their consent is expressed or recorded.

Patients can give their consent orally or in writing. In the case of minor procedures such as suturing, if you are satisfied that your patient understands what you propose to do and why, it is usually enough to have oral or implied consent.

#### 2.1 Complications

When consenting any patient for any procedure, you need to consider and convey information relating to:

- complications associated with surgery in general

- complications associated with local anaesthesia
- complications specific to the particular procedure to be performed

### **2.1.1 Complications associated with surgery in general**

When explaining complications associated with surgery in general, you should include:

- scar formation, including hypertrophy and keloid scarring
- wound infection, both superficial and deep
- bleeding or haematoma (including the need for transfusions)
- dehiscence (opening) of the wound - due to poor healing, or following infection or haematoma

### **2.1.2 Complications associated with anaesthesia**

When explaining complications associated with local anaesthesia, you should include:

- allergic reaction
- anaphylaxis
- pain on injection
- bleeding and haematoma due to puncture of artery or vein
- nerve injury due to direct injury
- infection due to use of contaminated needle, or injecting through an infected to a non-infected area
- ischaemic necrosis, caused by inappropriate use of anaesthetic containing adrenaline in an end artery

### **2.1.3 Complications associated with suturing**

When explaining complications associated with suturing, you should include:

- local inflammation
- infection
- scarring
- dehiscence (opening) of the wound due to poor healing, or following infection or haematoma

## **3 Record keeping**

You must use the patient's medical records or a consent form to record the key elements of your discussion with the patient. This should include:

- the information you discussed
- any specific requests by the patient
- any written, visual or audio information given to the patient
- details of any decisions that were made.

When administering local anaesthetic, it is vital that the following information is recorded as an

absolute minimum:

- drug name
- with/without adrenaline
- concentration
- amount
- who administered it.

#### **4 Confidentiality**

Confidentiality is central to trust between doctors and patients, and patients have a right to expect information about them to be held in confidence. You should not talk about a patient's case to anyone not directly involved in their care. Never share identifiable information about patients where you can be overheard, for example in a public place or in an internet chat forum. You should not share passwords or leave patients' records, either on paper or on screen, unattended or where they can be seen by other patients, unauthorised healthcare staff or the public.

You'll find useful links to regional codes of practice in the Support Materials section of this course.