

## **A Consensus Guideline for Thyroidectomy Consent**

At present there are no national or consensus guidelines for Thyroidectomy consent. In 2015, UK consent underwent a fundamental change moving from the principle of Bolam to Montgomery case law.

This stipulates that patients should be consented on the basis of what they may wish to know. They should be informed about all serious and life altering complications, even if rare. Alternative management options and a sufficient time for the patient to consider these should be given where possible. Finally, the consenting doctor should guarantee both the patient's capacity and understanding in the shared consent process.

In thyroidectomy the commonest reason for successful plaintiff claims are complications and inadequate informed consent.

The following guideline consent for both Total Thyroidectomy and Hemithyroidectomy was written after considering the views of BAETS surgeons (193) and patients having undergone Thyroid surgery (415).

Although this document was finally approved by the BAETS executive, it should be seen as collaborative venture involving surgeons and patients. It has thereby embraced the principles of consent as laid out in Montgomery case law. Legal advice and opinion was obtained for proof reading.

Its intention is to standardize consent practice in the UK. This may help reduce complaints and litigation claims. It will also serve as guidance to expert witnesses in their duty to the court.

### **A. Consent Guideline – Total Thyroidectomy**

I confirm I have had explained to me the purpose and likely benefits of Total Thyroidectomy.

I further confirm that it has been explained to me that the proposed operation may not be fully successful and that there are attendant risks and possible adverse side effects.

The main ones in terms of seriousness and likelihood being as follows:

**Bleeding, Infection, Vocal Cord Palsy and Voice change which may be temporary or permanent, Parathyroid gland injury requiring Vitamin D and Calcium support which may be temporary or permanent, Tracheostomy, Seroma, Scar problems – cosmetic or hypersensitivity.**

It has also been explained to me that this list is not exhaustive of all the possible adverse effects and that there remain other extremely remote possibilities. I have been advised that I may have an interview with the doctor in charge of the treatment to discuss these and I confirm either:

(1). I have had such a discussion and wish to proceed.

Or

(2). I am content to proceed without such a discussion.

I further confirm that I am aware that circumstances may arise where I might need further urgent treatment at a time when it is not possible to consult with me to obtain my informed consent. In such circumstances I authorize those carrying out the procedure/treatment to do all that any reasonably competent suitably qualified medical practitioner would consider advisable in such circumstances. I therefore consent and consider it to be in my best interests that the operation goes ahead.

I consent to the inclusion of my anonymised surgical data into the national registry: Yes or No (Please Circle)

**B: Consent Guideline for Hemithyroidectomy**

I confirm I have had explained to me the purpose and likely benefits of hemithyroidectomy

I further confirm that it has been explained to me that the proposed operation may not be fully successful and that there are attendant risks and possible adverse side effects.

The main ones in terms of seriousness and likelihood being as follows:

**Bleeding, Infection, Vocal Cord Palsy and Voice change which may be temporary or permanent, hypothyroidism, Seroma, Scar problems – cosmetic or hypersensitivity.**

It has also been explained to me that this list is not exhaustive of all the possible adverse effects and that there remain other extremely remote possibilities. I have been advised that I may have an interview with the doctor in charge of the treatment to discuss these and I confirm either:

(1). I have had such a discussion and wish to proceed.

Or

(2). I am content to proceed without such a discussion.

I further confirm that I am aware that circumstances may arise where I might need further urgent treatment at a time when it is not possible to consult with me to obtain my informed consent. In such circumstances I authorize those carrying out the procedure/treatment to do all that any reasonably competent suitably qualified medical practitioner would consider advisable in such circumstances. I therefore consent and consider it to be in my best interests that the operation goes ahead.

I consent to the inclusion of my anonymised surgical data into the national registry: Yes or No (Please Circle)

**Disclaimer** The guidance given in this leaflet is believed to be true and accurate at the time of going to press. Ultimately, the responsibility for obtaining informed consent from you for a surgical procedure lies with your surgical team and not with the British Association of Endocrine & Thyroid Surgeons (BAETS). BAETS cannot accept any legal responsibility for the contents of this leaflet which is produced in good faith.

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