Journal of Plastic, Reconstructive & Aesthetic Surgery (2006) **59**, 983—989

JPRAS
An International Journal of Surgical Reconstruction
www.JPRASurg.com

Consent for plastic surgical procedures

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Received 26 March 2004; accepted 6 March 2006

KEYWORDS
Consent;
Information disclosure;
Plastic and reconstructive surgery

Summary The objective of this study was to examine patients' attitudes to providing consent for elective plastic and reconstructive surgical procedures and to identify their priorities in terms of information disclosure. Sixty-three consecutive patients attending the elective plastic and reconstructive surgery preadmission clinics at Sandwell Hospital, West Bromwich were prospectively audited by means of a questionnaire which included both open and closed questions.

Seventy-five percent of patients volunteered that 'they ought' to have certain information disclosed prior to giving their consent to a surgical procedure. (It was interesting to note that the information they volunteered as wanting to know was not consistently the information that guidelines suggest they are told.)

The provision of information is at the centre of the process of valid consent. This study shows the priorities of a group of elective patients prior to plastic surgery procedures, and highlights to clinicians the importance of tailoring information to individual patients.

Many guidelines have been issued regarding information disclosure prior to obtaining consent for surgical procedures. Guidance varies according to the country and jurisdiction in which the surgery is to occur. In the United Kingdom guidance has been issued by the Royal Colleges, the Government, hospital trusts, and individual departments.[1,2]

This study aims to discover patients' concerns and what they consider essential, desirable, and unimportant categories of information for disclosure.

The study is patient-focussed and was undertaken to assess what a cohort of patients from a district general hospital considered to be the

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1748-6815/$ - see front matter
doi:10.1016/j.bjps.2006.03.002

appropriate information that they required to be able to give valid consent to plastic and reconstructive procedures. In reviewing the literature, we have noticed a problem with papers that consider the issue of providing information for consent. One group deals with measuring retention of information by patients but the information is chosen by clinicians. Another group deals with the minimum standards of information provision but the standards are set by the courts via case law. The requirements that patients have of the consent process is seldom considered.

Methods

A prospective study of 63 consecutive patients undergoing elective plastic and reconstructive surgery at Sandwell Hospital, West Bromwich was undertaken over a six month period in 2002. There were no exclusion criteria, however, two patients did not complete the questionnaire. Twenty-two patients were male, 39 patients were female. The mean ages were 42 and 46 years, respectively.

Patients attending a preadmission clinic were invited to answer a series of both open ended and directed questions regarding information disclosure prior to obtaining their consent for surgery. Before the preadmission clinic, patients had been seen by the consultant surgeon in charge of their care at an outpatient appointment, assessed and counselled.

Patients were initially asked an open-ended question requiring them to volunteer what they felt they 'ought' to be told and then what they may additionally 'want' to know prior to surgery.

They were then asked to categorise a list of criteria according to whether they felt it constituted an essential, desirable, or unimportant part of the discussion prior to giving their consent. They were also specifically asked about categories which included information that they would not wish to be informed about.

Results

Sixty-three consecutive patients were prospectively recruited in this study. Two patients, however, did not complete the questionnaire. Twenty-two patients were male, 39 were female. The mean ages were 42 and 46 years, respectively.

Seventy-five percent of patients attending a preadmission clinic volunteered that they 'ought' to have certain information disclosed before signing a consent form. Of those who responded the most common replies were ''risks of the procedure'' (26%), ''everything about the procedure'' (22%), ''how the operation is performed'' (20%), ''length of stay'' (13%), ''general details'' (11%), and ''success rate'' (7%).

Less than 5% of patients specifically replied that they ought to know about the benefits of the intended surgery and time away from work. Less than 2% volunteered that they ought to know about the type of anaesthetic.

Seventy-four percent volunteered that they would 'want' to have certain information disclosed. Twenty-six percent of those who replied wanted to know 'anything relevant', 18% wanted to know risks, 9% wanted to know the 'success rate' and 'general details'. In only 2% of cases was information about the scar requested by the patients.

To provide a more objective measurement, patients were asked to categorise a list of factors that they considered essential to discuss prior to giving permission for elective surgery. Ten patients failed to complete this part of the questionnaire. The results are based on the replies of 51 patients. In the essential category the patients' 'top ten' considerations in order of popularity were: the opportunity to ask questions (67%), risks of treatment (57%), whether the treatment was experimental (57%), how the treatment will specifically affect them (55%), the nature of their condition (53%), the nature of treatment (53%), the opportunity to change their mind about undergoing surgery (51%), the benefits of the procedure (45%), the common side effects (45%) and uncommon but serious side effects (43%).

The following criteria were rated by patients to be desirable but not essential prior to giving their permission for elective surgery. The top five included provision of a relevant information leaflet (43%), information about the seniority of the doctor performing their surgery (33%), repeat of information within 24 h of the procedure (29%), the consenting procedure to be performed by a doctor rather than other healthcare professional (27%) and the opportunity of a second opinion (25%).

The criteria identified as 'unimportant' by a minority of patients included a second opinion, repeat of information less than 24 h prior to surgery, seniority of doctors involved and information leaflets. Twenty percent of patients regarded the cost as unimportant.

Some overlap was noted between the desirable and unimportant categories.

Four percent of patients expressed a wish not to be informed of the risks of treatment, of no