Improving the Consent Process in Foot and Ankle Surgery – The Use of Consent Clinics and Patient Specific Literature

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Summary:
informed consent is integral to good practice. In this study we compare the efficacy of an evolving standard practice in informed consent. We assess the effectiveness of last clinic consent vs specialised consent clinic with or without provision of patient specific literature. Our study suggests that consent process is improved by the use of routine pre-operative consent clinics; however the addition of patient specific literature is also observed to improve recall and patient satisfaction.

Introduction:
informed consent is integral to good practice. Reflecting a process of discussion and interaction between the surgeon and the patient, of all relevant facts with time and opportunity for questions. It is questionable if informed consent is ever completely achieved and litigation relating to consent has become more prevalent, particularly in the usa. In the uk there is an expectation that all patients are provided with informative literature regarding their condition and the procedure and other available treatments, to facilitate shared decision making. We compare the patient satisfaction and patient recall between consent undertaken at the time of clinical decision and vs. A specialised consent clinic with or without the provision of dictated patient specific literature.

Methods:
this study included 162 patients between jul 2012 to may 2013. All patients undergoing forefoot, mid-foot or hind-foot procedures were included. The patients were divided in to three groups. Group a underwent written consent at their last outpatient clinic and conformation of consent on the morning of surgery. All patients were given a copy of their consent form and a standard hospital leaflet regarding their surgery. A second group (b) underwent consent in designated pre-admission clinic in the week prior to surgery by a senior author. They were also provided with the same standard hospital leaflet and a copy of their consent form. A third group (c) of patients attended the same pre-admission clinic and were provided with a surgeon dictated written explanation of their surgery and particular risks. This was dictated in front of the patient. It included an explanation of the procedure, complications, risks and rewards, advice concerning alternative procedures and the consequences of taking no action. They were given the same standard hospital leaflet and a copy of their consent form. All patients undertook a questionnaire on the morning of surgery by an independent blinded observer prior to any contact with the surgical team. Questions focused on their planned procedure, post-operative instructions and possible complications in order to assess recall of the consent process. A vas scale was added to assess overall satisfaction. Comparison of recall and of vas scores was made using a two-tailed student’s t test to compare groups.

Results:
162 patients were assessed, the response rate was 68.5% (n=111). In-group a (n=16) 18.8% patients remembered 3 relevant complications, 56.2% recalled their post-operative considerations. In-group b (n=57) 45.5% remembered three complications, 63.7% recalled their postoperative considerations. In-group c (n=38) 48.3% remembered three complications, and 70.7% recalled postoperative considerations. Satisfaction was observed to improve with the evolving consent process. The mode satisfaction improved from 4/10 in group a to 5/10 in group b and finally 6/10 in group c.

**Conclusion:**
during this study all patients underwent the same basic discussion and had similar opportunities to ask questions, and received a relevant information leaflet. However there is a clear difference in patient satisfaction and recall. We believe that the consent process is improved by the use of pre-operative consent clinics; and that the addition of patient specific literature is observed to improve recall and patient satisfaction.