

1434 An Audit of Surgical Consent Standards in Patients Undergoing Elective ENT Surgery

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Aim: Good Surgical Practice (RCS England) and GMC guidelines inform a surgeon's practice in the consent process for an operation. Since the Covid-19 pandemic, many surgical departments have converted from face-to-face to telephonic consultations. The clinic letter is of increased importance given that it forms a key part of the medical record which the patient should receive to ensure sufficient time and information to make an informed decision.

Method: Clinic letters of patients undergoing elective ENT surgery at our trust over a four-week period were examined in this retrospective audit of compliance with RCSEng and GMC guidelines. Additional data was collected on clinician grade and proportion of letters sent to patients. Patients rated satisfaction with consultation on a five-point Likert scale.

Results: 135 eligible patients were included in our audit and the majority were listed by a consultant (57%). In all domains, consultant letters were more likely to be comprehensive as compared to registrars. Overall quality of clinic letters was highly variable regarding documentation of diagnosis (52%), surgical risks (50%), discussion of alternative or no treatment (30%) and registrar discussion with consultant (31%). There was also a stark difference between registrars and consultants sending patients copies of clinic letters (10% vs 47%). Only 10% of patients received a leaflet on their condition. 90% of patients were either satisfied or very satisfied with their clinic consultation.

Conclusions: Refresher sessions on consent, updated template letters and increased provision of patient information leaflets will be introduced to the ENT department, and improvements monitored with further re-audit.