**COVID-19: Checklist for Consultations Prior to Listing for Surgery**

The information given to patients in consultations either face-to-face or by telephone should include specific points with regard to the risks of COVID-19. Anyone who comes into hospital for a procedure in the next few months will inevitably be increasing their risk of COVID-19, and they should be asked to sign a consent form to highlight that they have been warned of these risks. As we know that consent is a process, not a piece of paper, it follows that the information-giving process must begin in the clinic setting.

As there is no strong evidence of immunity following exposure, this guidance applies to all, including those with a previous diagnosis of COVID-19.

So, for any patient considering an elective procedure, the following should be discussed and recorded in the notes (either paper or electronic).

* The pros and cons of the specific procedure under consideration and the alternatives to treatment which may not involve attending the hospital site.
* The risks of intervention now(coronavirus risks) versus the risks of delaying treatment.
* Whilst the hospital will strive to provide surgery in the safest manner possible, as it accepts emergency patients it cannot guarantee that the whole hospital is coronavirus-free and thus, despite all social distancing measures, coming to hospital might increase the risk of catching COVID-19.
* If they catch COVID-19 whilst in hospital it may significantly delay their recovery, and increase their risk of being seriously ill and even of death.
* The operation might not be conducted by the doctors they have been seeing so far, but the surgeon will be suitably trained to perform their surgery.
* If there is a need for critical care they may end up being moved to another hospital.
* They are unlikely to be allowed visitors.
* If the woman chooses to delay intervention then she must have the specific disease-related risks of delay described and wherever possible quantified. She must be told that rearranging future dates for surgery will probably take much longer than normal.
* The woman will be expected to undertake a period of self-isolation prior to surgery up to 14 days and depending on Hospital policy and have at least one negative coronavirus swab.
* In the event of the woman testing positive for COVID, the surgery will be deferred which may have an impact on the outcome of the underlying disease/condition.
* It may be advisable to maintain ‘shielding’ whilst recovering from surgery as being post-operative may leave the woman more at risk of the effects of COVID-19.