

INTRODUCTION

- Informed consent is essential prior to any medical intervention and requires that patients have capacity, act voluntarily, and receive clear, understandable information about procedures and associated risks.
- In obstetric anaesthesia, failure to obtain adequate consent has been identified as a recurring factor in medico-legal claims, issues with negligence in obstetric anaesthesia resulted in pay-outs of over **19 million** pounds between 2000-2010 accounting for 3.8% of all successful claims and may contribute to **increased patient anxiety and dissatisfaction**.
- Effective communication and shared decision-making are key to improving patient experience and outcomes.

AIMS/ OBJECTIVES

This audit aims to

1. Evaluate the process of obtaining informed consent for spinal and general anaesthesia in elective caesarean sections
2. Benchmark current practice against **Royal College of Anaesthetists guidelines to identify areas for improvement**
3. Promote patient involvement, satisfaction, and improved communication between clinicians and patients

METHOD

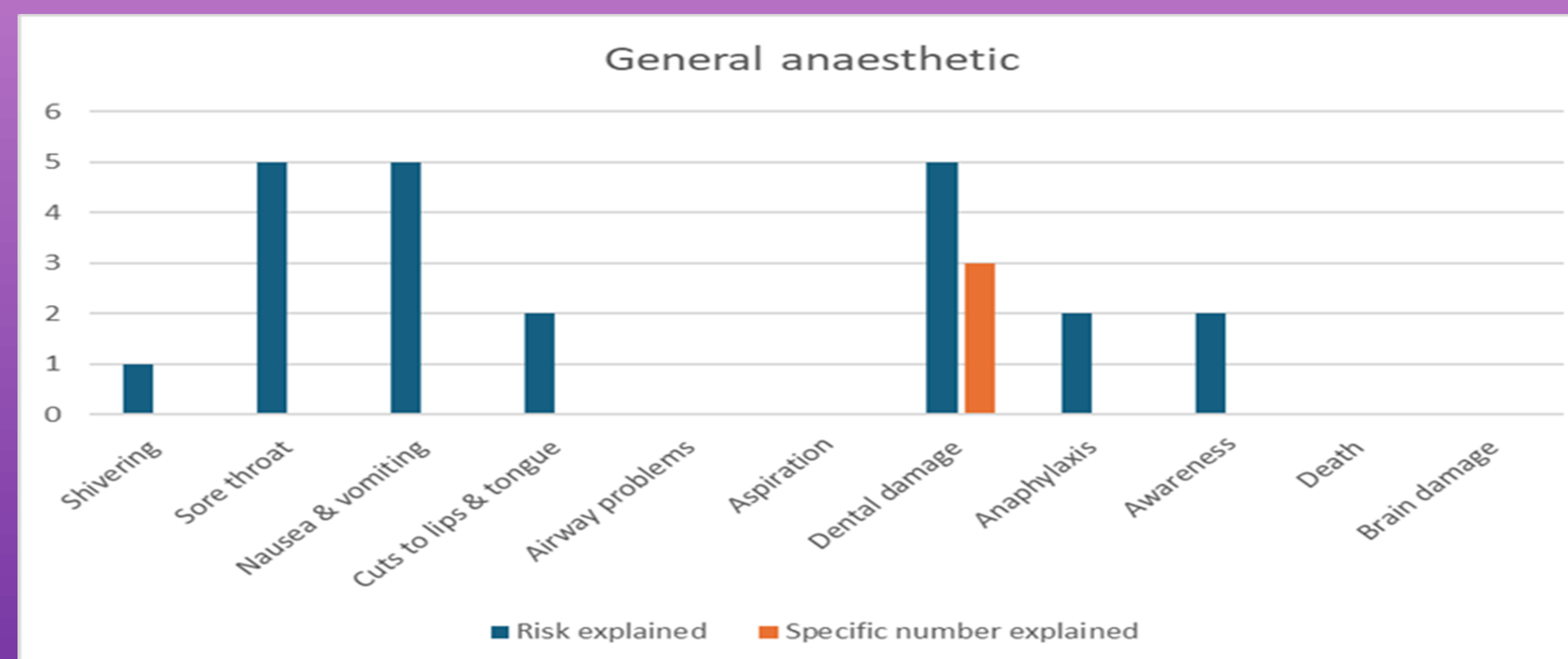
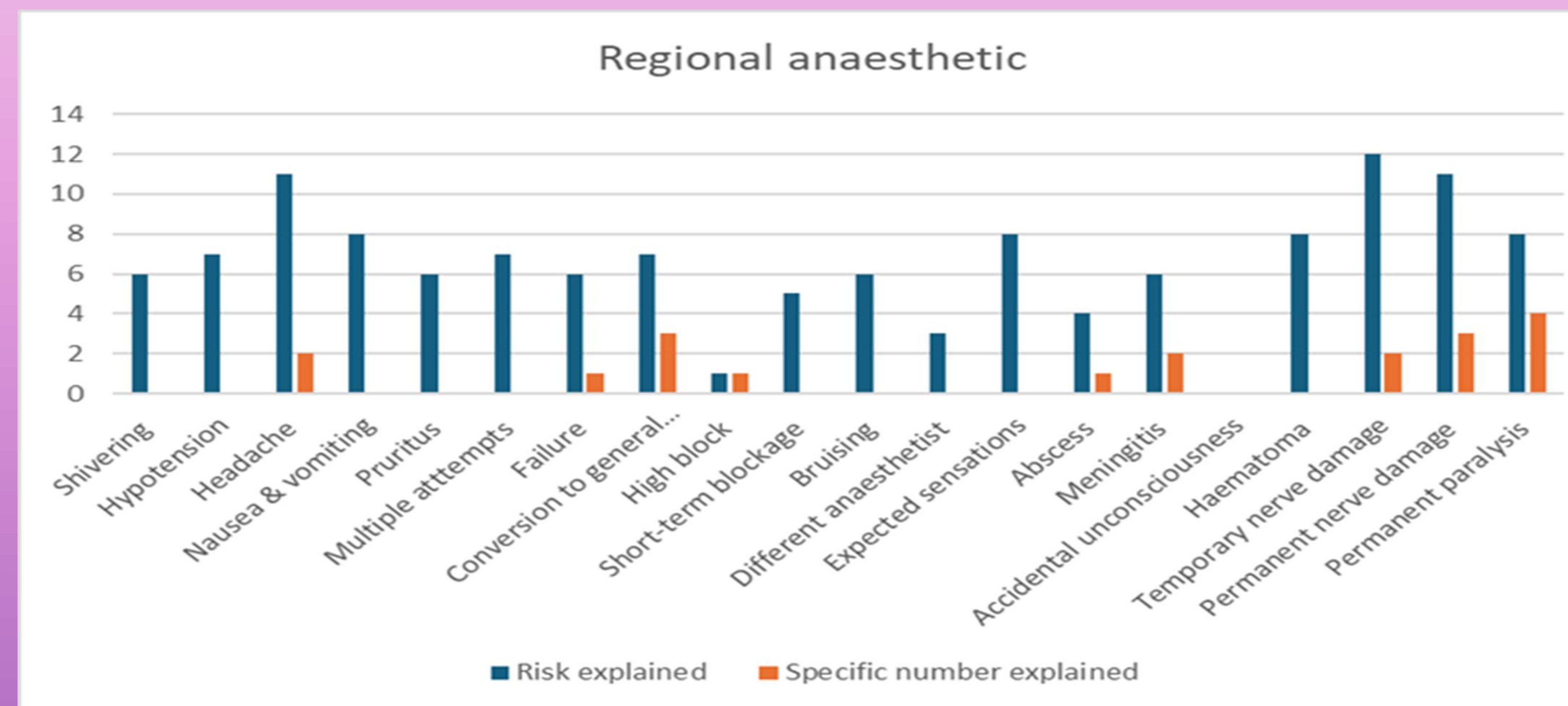
This audit was conducted in line with **RCOA best practice guidelines on consent in anaesthesia, patient information provision, and shared decision-making** and carried out in Liverpool Women's Hospital.

We developed two surveys:

- **Observer survey** (filled by us)- to assess which anaesthetic risks (and their statistics) were communicated to the patients during the consent process
- **Patient survey**- to evaluate patient recall of information provided and overall satisfaction of the consent process.

RESULTS

1. **Risks explained** (observer study)- tables
2. **Patient satisfaction** (patient survey)
 - **Overall satisfaction:** Reassuringly **no** patients reported being very dissatisfied or dissatisfied, 1 neutral, 8 satisfied and 21 very satisfied.
 - Would written information regarding the anaesthetic options and details have been useful? (as outlined by the RCOA as best practice): **1/3 (10)** felt written information would have been useful
 - **100%** reported shared decision making
 - Would you have preferred to give consent for the anaesthetic in the form of a written signature rather than verbal consent?**7 patients** would have preferred written, the others were satisfied with verbal consent



DISCUSSION

1. **Frequency of Risks Mentioned**
 - Observation of consent discussions for elective caesarean sections **revealed significant variation** in the risks communicated.
 - Commonly discussed risks included temporary nerve damage (12 patients), permanent nerve damage (11), and headache (11).
 - Expected sensations and nausea/vomiting were addressed in 61% of cases, leaving a **substantial proportion unprepared**.
 - Several **serious risks** were rarely or never mentioned, including accidental unconsciousness (0 patients), high spinal block (1), abscess (4), and meningitis (6).
 - **Procedural risks** such as multiple attempts (7 patients) or different anaesthetist involvement (3) were also infrequently discussed.
 - This **variability** suggests a **lack of standardisation** and indicates that key material risks are not consistently conveyed, leaving room for improvement in patient preparation and satisfaction.
2. **Communication of Numerical Risk**
 - Numerical probabilities were **rarely** shared with patients.
 - For the most serious complications, risk figures were inconsistently provided: temporary nerve damage (2/13), permanent nerve damage (3/13), and paralysis (4/13).
 - Less severe but common side effects (e.g., shivering, hypotension, nausea) were not quantified.
 - This gap may impact patient **understanding, expectations, and satisfaction**. Consistent provision of numerical risk, alongside written information, could support shared decision-making and align with GMC and RCoA guidance.

CONCLUSION

This audit demonstrated **high patient satisfaction** & universal perception of shared decision making but identified **variability** in the content & depth of consent discussions, mainly regarding less common risks & numerical risk communication. Many patients felt that **written information** would have enhanced the consent process, supporting existing RCoA guidance. These findings highlight opportunities to improve consistency, through standardised consent tools & supplementary written information.

Recommendations:

1. QR code & patient leaflets in waiting area
2. Introduction of standardised proforma for anaesthetist use, when consenting for neuraxial & general anaesthesia