

SPSO decision report

Case: 201602584, Lanarkshire NHS Board
Sector: health
Subject: communication / staff attitude / dignity / confidentiality
Decision: upheld, recommendations

Summary

Mr C complained that the board did not obtain his consent to carry out a vasectomy (a procedure where the tubes that carry sperm from a man's testicles to the penis are cut, blocked or sealed) at Hairmyres Hospital, as he said that he was not fully advised of the risks in advance. He also complained that his vasectomy was not performed appropriately, as afterwards he developed complications such as a blood clot and chronic pain.

We took independent advice from a consultant urologist. The adviser considered that Mr C was properly told about the risks of having a vasectomy in advance. However, the adviser said that Mr C should have been given or emailed an information leaflet, instead of being directed to a website for information about vasectomies. The adviser also considered that the consent form Mr C signed for the procedure should have included the need to use contraception until sterilisation (inability to reproduce) had been proven.

The adviser found that a highly unusual step was taken to complete the vasectomy. The adviser considered that it was not reasonable to do this without Mr C's specific consent, as it could have increased the risk of complications. Even if Mr C's consent had been obtained, the adviser considered that it would not have been reasonable to take this step, as it would not have made procedure easier to carry out. In addition, the adviser found a discrepancy between the typed and handwritten records of the procedure, which was of concern. The adviser also found that Mr C should have been given surgical stockings after the procedure to prevent deep vein thrombosis. We upheld both aspects of Mr C's complaint.

Recommendations

What we asked the organisation to do in this case:

- Apologise to Mr C for failing to obtain appropriate consent from him and for failing to carry out the vasectomy to a reasonable standard. The apology should comply with the SPSO guidelines on making an apology, available at www.spsso.org.uk/leaflets-and-guidance.

What we said should change to put things right in future:

- Patients should either be given copies of the information leaflets or better guidance about how to find them, if they are directed to a website.
- The vasectomy consent form should tell patients to use back-up contraception (until they have provided enough semen specimens that are clear of sperm to confirm sterilisation has been achieved).
- Staff should ensure that more complex vasectomy cases are identified in advance of anaesthesia, so that additional or unusual steps can be planned with patient consent.
- All procedures should be appropriately documented in the medical records.
- The clinicians involved should reflect on the adviser's comments that it was not reasonable to take the unusual step that they did take to complete Mr C's vasectomy.
- Patients should be given surgical stockings to prevent deep vein thrombosis, unless it would cause the

patient harm.

We have asked the organisation to provide us with evidence that they have implemented the recommendations we have made on this case by the deadline we set.