

# Acupuncture

A patient's guide and  
consent form



This information is provided to answer questions you may have about acupuncture and to see if it may be suitable for you.

## What is acupuncture?

Acupuncture has existed as part of traditional Chinese medicine for thousands of years and is increasingly being included in general medicine as a complementary therapy (given alongside conventional treatment).

Acupuncture is a form of therapy in which fine needles are inserted into specific points of the body.

Acupuncture stimulates the nerves in the skin, muscle and other tissues, and can produce a variety of effects. It can increase the release of the bodies' natural painkillers, such as endorphin and serotonin, in the pathways of both the spinal cord and brain. This modifies the way pain signals are received by the brain.

It is believed that acupuncture can also have some psychological benefits, with some people often noticing an improved sense of well being after treatment.

## What can acupuncture be used for?

Acupuncture is effective for a range of painful conditions and is commonly used to treat musculoskeletal pain, such as back and shoulder pain.

It is also used to treat symptoms that can occur with some conditions such as:

- Pain
- Nausea
- Breathlessness
- Dry mouth

## Could I have acupuncture?

It is important that your medical team agree that acupuncture is appropriate as this will be dependent on your current condition. Each person is different and will be assessed on individual need.

## Are there any risks?

Acupuncture is generally safe, but you need to let the practitioner know if you have had any of the following:

- Fits, faints
- Pacemaker or any other electrical implants
- Bleeding disorder
- Taking any anti-coagulants or any other medication
- Have damaged heart valves or any other risk of infection
- If you are pregnant

## Are there any side effects?

- Drowsiness can occur after treatment in some patients. Therefore if you have acupuncture in outpatient clinic it is advisable to bring someone with you who can drive you home.
- Minor bleeding or bruising can occur in about 3% of treatments.
- Pain during treatment can occur in about 1% of patients. Some symptoms can get worse after treatment (less than 3%). If this is the case please discuss with your practitioner.
- Fainting can occur in some patients.

If there are any risks that are particular to your case, your practitioner will discuss these with you.

Complications can occur during or after the treatment. Although very rare, potential complications of acupuncture include:

- Infection, although sterile, disposable needles are always used to prevent risk.
- Damage to an internal organ from the insertion of a needle.

## Who can do or provide acupuncture?

Practitioners will practice acupuncture dependent on the level of training they have had. Acupuncture should only be used by trained practitioners who have undergone a period of training and are equipped to assess the risks and benefits of applying it.



Please affix patient label or complete details below.

Full name:

Hospital number:

NHS number:

DOB:

## PIC 88: patient agreement to

## PI 88 - Acupuncture

### Intended procedure

### Statement of health professional

(To be filled in by health professional with appropriate knowledge of proposed procedure, as specified in consent policy). I have explained the procedure to the patient. In particular I have explained:

The intended benefits:

.....  
.....

### Unavoidable or frequently occurring risks:

- Drowsiness occurs after treatment in a small number of patients, and, if affected, you are advised not to drive.
- Minor bleeding or bruising occurs after acupuncture in about 3% of treatments.
- Pain during treatment occurs in about 1% of treatment.
- Existing symptoms can get worse after treatment (less than 3% of patients). You should tell your acupuncturist about this, but it is usually a good sign.
- Fainting can occur in certain patients, particularly at the first treatment.

I have discussed what the procedure is likely to involve, the benefits and risks.

### Consultant/performer

Signed: .....

Date: .....

Name (PRINT): .....

Job title: .....

### Contact details

If you require further information at a late date, please contact the supportive and palliative care team on 01223 638747

### Statement of patient

Please read the patient information and this form carefully. If your treatment has been planned in advance, you should already have your own copy which describes the benefits and risks of the proposed treatment. If not, you will be offered a copy now.

If you have any further questions, do ask - we are here to help you. You have the right to change your mind at any time, including after you have signed this form.

- I understand what the procedure is and I know why it is being done, including the risks and benefits.
- I agree to the procedure or course of treatment described on this form and have read this information leaflet on acupuncture (PI 88) and had the opportunity to ask questions.
- I have listed below any procedures which I do not wish to be carried out without further discussion:

.....  
.....  
.....

I have advised my practitioner know:

- If I have ever experienced a fit, faint or funny turn.
- If I have a pacemaker or any other electrical implants.
- If I have a bleeding disorder.
- If I am taking anti-coagulants or any other medication.
- If I have damaged heart valves or have any other particular risk of infection.

Please affix patient label or complete details below.

Full name:

Hospital number:

NHS number:

DOB:



**Royal Papworth Hospital**  
NHS Foundation Trust

### **Statement of consent**

I confirm that I have read and understood the above information, and I consent to having acupuncture treatment.

I consent to have up to six treatments between the following dates:

From.....

To.....

I understand that I can refuse treatment at any time.

Signature .....

Print name in full.....

.....

Date.....

### **Confirmation of consent**

(To be completed by a health professional when the patient is admitted for the procedure, if the patient has signed the form in advance).

**On behalf of the team treating the patient, I have confirmed with the patient that they have no further questions and wish the procedure to go ahead.**

Signed: .....

Date: .....

Name (PRINT): .....

Job title: .....

### **Statement of interpreter (where appropriate)**

If an interpreter was present to support this consent, please state the name and number of the interpreter present:

Date: .....

Interpreter's number:.....

Name (PRINT): .....

Interpreter PIN:.....

If a telephone / video service has been used, please document the name of the interpreter and company below

.....

.....



## Procedure diary

Date	Time	Completed

## Notes

# Royal Papworth Hospital NHS Foundation Trust

A member of Cambridge University Health Partners



Papworth Road  
Cambridge Biomedical Campus  
CB2 0AY



[royalpapworth.nhs.uk](http://royalpapworth.nhs.uk)



01223 638000

## Alternative versions of this leaflet

Large print copies and alternative language versions of this leaflet can be made available on request.

View a digital version of this leaflet by scanning the QR code.



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