

Informed Consent for Ectopic Pregnancy

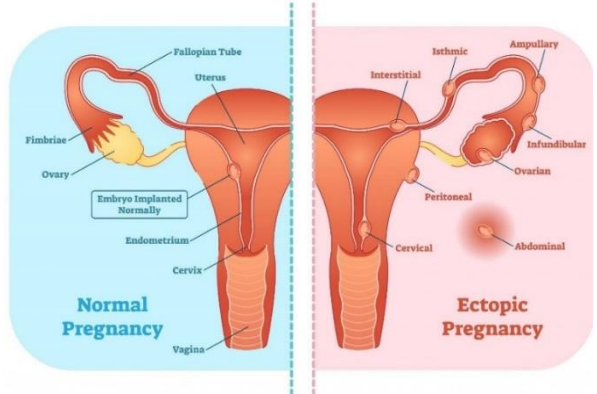
Name:	Age (in years):	Gender: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Other
UHID No./Registration No.:		
Interpreter Service: <input type="checkbox"/> Yes <input type="checkbox"/> No	Consultant's Name:	

Medical Condition
 The doctor has explained that I/my child/myhave the following medical condition:

 and I/my child/my.....have been explained and advised to undergo the following treatment/procedure:

 I authorise Dr. and his/her associates to perform the above treatment/ procedure.
 The doctor should document the site and/or side where relevant to the procedure:.....

Introduction
 An ectopic pregnancy is an abnormal pregnancy that occurs outside the uterus (womb). The most common site of an ectopic pregnancy is one of the fallopian tubes. This is called a tubal pregnancy. Sometimes the pregnancy develops in the ovary and rarely, in the abdominal cavity or cervix. The foetus cannot grow in the ectopic pregnancy. And in such a case, the fallopian tube or ovary can rupture and internal bleeding can occur.
 If the pregnancy cannot be removed, you may need open surgery, which will need a longer cut (incision) across or down the abdomen.
 For a laparoscopic procedure under general anaesthesia, several small cuts will be made in the abdomen. To allow clear vision, the belly will be filled with gas that is let out at the end of the surgery. The uterus will be moved using instruments that are inserted into the vagina at the start of the operation and removed at the end of the operation.



- Types of laparoscopic procedure**
- Salpingotomy: The ectopic (tubal) pregnancy will be removed through a hole made in the side of the tube. This procedure does not involve removing the fallopian tubes.
 - Partial or total salpingectomy: The fallopian tube, where the ectopic pregnancy is, will be removed. The inside of the womb will sometimes be checked and the lining of the womb scraped.

Consent for Blood Transfusion
 Please see Blood Transfusion Consent Form. This will give you information about the type of the blood products, benefits and risks of blood transfusion. If you have any concern(s), please discuss with your doctor.

Consent for Anaesthesia
 Please see Anaesthesia Consent Form. This will give you information about the type of the anaesthesia, its benefits and general risks. If you have any concern(s), please discuss with your anaesthetist(s).

Benefits (To be documented by doctor)

<ul style="list-style-type: none"> • It is a life-saving procedure. 	Others, if any specify:
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Alternatives (To be documented by doctor)

In a few early cases, one dose of methotrexate can be used to stop the cells of the pregnancy dividing, allowing them to be reabsorbed. The drug can be injected directly into the pregnancy or into a muscle and absorbed into the bloodstream thus avoiding any damage to the fallopian tube.	Others, if any specify:
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Risks and Complications (To be documented by doctor)

Laparoscopic Procedure	Open Surgery (Laparotomy)	Patient Specific Risks (To be documented by doctor)
<ul style="list-style-type: none"> • Nausea, vomiting and shoulder tip pain and/or abdominal bloating or pain. • In obese people, there is an increased risk of wound infection, chest infection, heart and lung complications and thrombosis. • In smokers, there is an increased risk of wound and chest infections, heart and lung complications and thrombosis. • Wound infection causing pain, discharge and redness of the wound. • Damage to the bowel, womb or bladder may occur due to the laparoscopy. If this occurs, then there may be a need to perform open surgery to correct damage. Very rarely, if this damage is not recognised at the time of surgery, later surgery becomes necessary. • Death in rare cases. 	<ul style="list-style-type: none"> • In obese people, there is an increased risk of wound infection, chest infection, heart and lung complications and thrombosis. • In smokers, there is an increased risk of wound and chest infections, heart and lung complications and thrombosis. • Damage of the bowel may occur which may cause leakage of bowel fluid. • Deep bleeding in the abdominal cavity. • Infections. • The bowel movement may be paralysed or blocked after surgery. • After severe trauma with blood loss, multi-organ failure can occur. • A weakness can occur in the wound with complete or incomplete, bursting of the wound in the short term or a hernia in the long term. • In some people, healing of the wound may be abnormal and the wound can be thickened and red and may be painful. • Adhesions (bands of scar tissue) may form and cause bowel obstruction. This can be a short term or a long-term complication and may need further surgery. • Others, if any specify: 	<ol style="list-style-type: none"> 1) 2) 3) 4) 5)

Specific Notes Related to Procedure (Strike out if not required)

Precise Action Points Understood by the Patient/Substitute Decision Maker (To be documented by patient/substitute decision maker in his/her language)

Patient's Authorisation

- The doctor has explained my medical condition and proposed treatment/procedure. I have been explained and have understood the risks known to be attached with the planned treatment /procedure including the risks that are specific to me and their likely outcomes.
- The doctor has explained other relevant/alternate treatment options and their associated risks. The doctor has also explained the risks of not having the procedure. I have been given the choice to take a second opinion.
- I was able to ask questions and raise concerns with the doctor about the procedure and its risks and my treatment options. My queries and concerns have been discussed and answered to my full satisfaction.
- I understand that the treatment/procedure may include blood/blood product transfusion (for which a separate consent shall be obtained).
- The doctor has explained the requirement for anaesthesia for this procedure and I understand the risks associated with anaesthesia, including the risks specific to me (for which a separate consent shall be taken).
- I understand that if organs or tissues are removed during the surgery that these may be retained for tests and shall be disposed of sensitively by the hospital as per the regulatory provisions.
- The doctor has explained and it has been agreed to me that if immediate life-threatening events occur during the treatment/procedure, they will be treated according to the prevalent medical norms.
- It has been explained to me, that during the course of or subsequent to the operation/procedure, unforeseen conditions may be revealed or encountered which may necessitate urgent surgical or other procedures in addition to or different from those contemplated. In such exigency, I further request and authorise the above named physician / surgeon or his designee to perform such additional surgical or other procedures as he or they consider necessary or desirable in my interest. I understand and agree that in such condition there will be no requirement of any additional consent from me or my family members/attendants.
- I declare that no guarantee of whatsoever nature has been given by anyone as to the results that may be obtained.

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• I understand that I have the right to refuse treatment or withdraw consent at any time. I agree that any such refusal/withdrawal shall be in writing and acknowledged by the hospital. And I shall be solely responsible for the outcome of such refusal.

• I consent to if any photographing or televising of the operation(s) or procedure(s) to be performed, including appropriate portions of my body, for medical, scientific or educational purposes. However suitable precautions shall be taken by the hospital that my identity is not revealed anywhere. Yes No

• For purposes of advancing medical education, I consent to the admittance of observers to the operating room. Yes No

Patient Name:		Signature:		Date and Time:
Substitute Decision Maker Name:	Relationship:	Reason (patient is unable to give consent because):	Signature:	Date and Time:
Witness Name:	Relationship:		Signature:	Date and Time:
Interpreter Name:	Translation given in:		Signature:	Date and Time:

Declaration by the Doctor

I have explained to the patient / authorised representatives the medical condition, need for the procedure, its alternatives and benefits/risks, likely consequences if those risks occur and the significant risks and problems specific to this patient including the risks of not undergoing the procedure. I have given the patient/ authorised representatives an opportunity to ask questions about any of the above matters and raise any other concerns. I have answered all their queries to the best of my knowledge.

Name and Signature of the Doctor with Reg No:	Date and Time:
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