

Informed Consent for Episiotomy

Name: _____ Age (in years): _____ Gender: M F Other

UHID No./Registration No.: _____

Interpreter Service: Yes 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 episiotomy (or Perineotomy) is a minor surgical procedure to widen the opening of the vagina during childbirth.

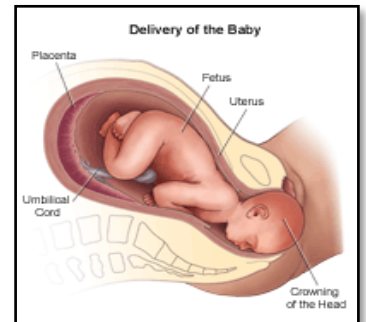
During the procedure, you will be positioned on a labour bed, with your feet and legs supported for the birth. In case any labour or delivery anaesthesia is not given, a local anaesthesia may be injected into the perineal skin and muscle to numb the tissues before the incision (cut). If epidural anaesthesia is used, then you will have no feeling from the waist down and no additional anaesthesia will be needed for episiotomy.

During the second stage of labour (pushing stage), as the foetal head stretches the vaginal opening, the doctor will use special scissors or a scalpel to make the episiotomy incision.

There are two types of episiotomy incision:

- Midline or median: A vertical incision will be made from the lower opening of the vagina toward the rectum.
- Medio-lateral: An incision will be made at a 45-degree angle from the lower opening of the vagina to either side.

The baby and placenta will be delivered. The episiotomy incision will be examined for any further tearing. A local anaesthesia may be injected into the perineal skin and muscle to numb the tissues. The perineal tissues and muscle will be repaired using sutures, which will dissolve over time.



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)

Maternal:

- A clear and controlled incision is made during the procedure which is easy to repair and heals better.
- It reduces the duration of second stage of labour.
- It reduces the trauma to muscles.
- Others, if any specify:

Foetal:

- It minimises intracranial injuries.
- Others, if any specify:

Alternatives (To be documented by doctor)

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Risks and Complications (To be documented by doctor)

- Bleeding
- Tearing past the incision into the rectal tissues and anal sphincter
- Perineal pain
- Infection
- Perineal hematoma (collection of blood in the perineal tissues)
- Pain during sexual intercourse
- Others, if any specify:

Patient Specific Risks (To be documented by doctor)

- 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.
- 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

Hospital Logo

Patient Identification Label

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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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