

Informed Consent for Lower Segment Caesarean Section (LSCS)

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:	

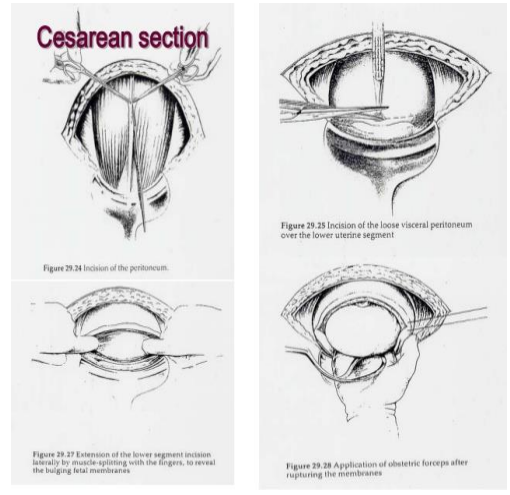
Medical Condition
 The doctor has explained that I/my child/myhave the following medical condition:

 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
 Caesarean section is an operation performed to deliver the baby from the uterus. This is most often done by cutting approximately 2cms above the pubic bone (pubic hair) in the lower abdomen. After entering the abdomen, a similar cut (incision) is made across the lower uterus to enter the uterus and deliver the baby and the placenta. This is referred to as a lower uterine segment caesarean section (LSCS). In some cases, a vertical (up and down) incision is required on the body to enter the uterus and deliver the baby and placenta. This is referred to as a classical caesarean section. Occasionally, forceps may be needed to assist the delivery of the baby. The procedure will be done under general or regional anaesthesia. If requested, tubal sterilisation may be performed in the same operation once baby has been delivered. After the operation, you will be transferred to recovery area for close monitoring. Based upon your medical condition the doctor will advise you to shift to the room or ICU. The baby will be transferred to your bedside only after it is assessed to be safe to do so. If there is increased bleeding or the uterus does not contract:

- 1) Additional medications might be required to reduce bleeding.
- 2) Additional procedures like:
 - Intrauterine balloon tamponade – In this procedure, multiple catheters are inserted into the uterus and is distended to help in the compression.
 - Uterine artery embolisation might be required.
- 3) Additional surgical procedures might be required: Uterine artery ligation or internal iliac artery ligation or removal of uterus (hysterectomy).



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)	Alternatives (To be documented by doctor)
<ul style="list-style-type: none"> To help in the emergency delivery of the baby and healthy recovery of both the baby and the mother. To secure the safest and / or quickest route of delivery in the circumstances present at the time the decision is made, where the anticipated risks to the mother and / or baby of an alternative mode of delivery outweigh those of caesarean section. To reduce vaginal delivery related risk to baby and/or mother. Others, if any specify: 	<ul style="list-style-type: none"> Delivery by vaginal route (unassisted or using forceps or vacuum) Others, if any specify:

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Potential Risks and Complications (To be documented by doctor)	Patient Specific Risks (To be documented by doctor)
<ul style="list-style-type: none"> • Bleeding from blood vessels around the uterus or in the wound or abdomen. • Infection at the operation site. • Injury to nearby organs such as ureter (tube connecting kidney to urinary bladder), urinary bladder or intestine. • Development of an abnormal connection (fistula) between urinary bladder and vagina or bowel or peritoneal cavity. This may require surgical repair. • Possible injury to the baby. • Intestinal blockage. • Delayed wound healing. • Possible necessity of caesarean section in future pregnancies due to abdominal scar. • Increased chances of an adherent placenta and womb rupture in future deliveries. • Numbness, tingling or burning sensation around the operation scar. • Possible formation of blood clots that may travel to other body parts. Clotting of blood in the veins (venous thrombosis) which can rarely break off and travel to lungs (pulmonary embolism) which can be life threatening. • Multiple blood transfusions may be necessary, in cases of excessive bleeding. • If the uterus does not contract after delivery and bleeding continues, other procedures including emergency removal of the uterus may be necessary. • Chronic pelvic pain. • Others, if any specify: 	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 <ul style="list-style-type: none"> • 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. 	

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- 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:	
<p>Declaration by the Doctor</p> <p>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.</p>				
Name and Signature of the Doctor with Reg No:			Date and Time:	