

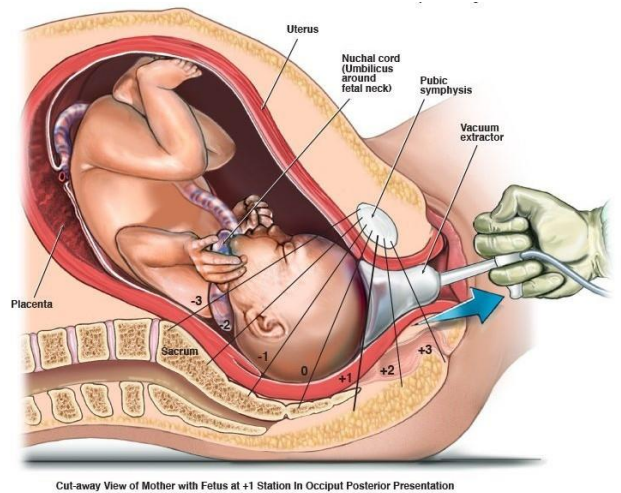
## Informed Consent for Vacuum Extraction

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/my .....have 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**

A vacuum extraction is a type of assisted delivery. It is a method of delivering the baby in situations where the baby is "stuck" in the birth canal. It is performed during the second stage of labour — i.e. the "pushing" phase — when the baby is very close to being delivered. Before a vacuum extraction is done, usually an epidural (if you haven't had it already) or numbing medication will be given to block the pain. The doctor may need to perform an episiotomy — an incision (cut) of the tissue between the vagina and the anus — to enlarge your vaginal opening to place the vacuum extractor. Between contractions, the doctor will place the vacuum extractor's cup onto your baby's head and guide the head out and under your pelvic bone. During the procedure, your feet will be placed above or at the same level as your hips, often in stirrups. The cup on the baby's head will use suction to draw skin from the scalp into the cup, while you should assist the process by pushing.



**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.

<b>Benefits (To be documented by doctor)</b>	<b>Alternatives (To be documented by doctor)</b>
<ul style="list-style-type: none"> <li>• There is no need for general or pudendal block anaesthesia.</li> <li>• Reduction in postpartum perineal pain compared to forceps use.</li> <li>• Overall caesarean section rate is lower.</li> <li>• Others, if any specify:</li> </ul>	<ul style="list-style-type: none"> <li>• Forceps delivery</li> <li>• Caesarean delivery</li> <li>• Others, if any specify:</li> </ul>

**Risks and Complications (To be documented by doctor)**

<b>Maternal Risks</b>	<b>Foetal Risks</b>	<b>Patient Specific Risks (To be documented by doctor)</b>
<ul style="list-style-type: none"> <li>• Pain in the perineum (the tissue between the vagina and anus) after delivery.</li> <li>• Lower genital tract tears.</li> <li>• Short-term difficulty in urinating or emptying the bladder.</li> <li>• Short-term or long-term urinary or faecal incontinence (involuntary urination or defecation).</li> <li>• Increased bleeding.</li> </ul>	<ul style="list-style-type: none"> <li>• Babies born with the assistance of the vacuum extractor will usually have an area of swelling caused by trapped fluid inside the tissue of the scalp where the cup was applied. This swelling goes away quickly and is usually resolved within 24 hours.</li> <li>• Occasionally there may be lacerations or abrasions on the baby's scalp because of the vacuum and friction.</li> <li>• Cephalhematomas (collections of blood</li> </ul>	<ol style="list-style-type: none"> <li>1)</li> <li>2)</li> <li>3)</li> <li>4)</li> <li>5)</li> </ol>

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• Others, if any specify:

- under the scalp).
- Intracranial haemorrhage.
- Increased bilirubin levels which may cause neonatal jaundice or hyperbilirubinemia.
- Others, if any specify:

**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).
- 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:
<b>Declaration by the Doctor</b> 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:	