



ABDOMINAL DELIVERY (CESAREAN) INFORMED CONSENT FORM



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PATIENT'S

Name Surname:.....

Birthdate :.....

Hospital Admission Date:.....

Hospitalization Date:.....

Protocol Number:.....

Telephone Number:.....

Address:.....

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- In order for you to decide on the procedure to be performed, you have right to be informed about your condition and the recommended surgical, medical or diagnostic procedures and other treatment options before the procedure.
- This document and explanation gives you information about the definition, necessity, risks of treatment, treatment alternatives and the consequences you may encounter if the treatment is not applied.
- After you have been informed about the intervention, you can accept or refuse the intervention with your own free will.
- If you have difficulty in understanding any of the information provided to you, please ask your doctor to explain it.

DIAGNOSIS AND PROCEDURE: If vaginal delivery is not possible or carries a risk for the mother and/or the baby, surgery is performed. Cesarean section is the operation of giving birth by incising baby's abdominal anterior wall and uterus surgically. This operation is performed by cutting the lower part of the abdomen and the uterus. After the bladder is separated from the anterior wall of the uterus and the uterine cavity is opened, the baby is removed from the uterine cavity. Sometimes, due to the difficulties that may occur during the operation birth forceps use may be required.

After that, placenta is separated and removed. Then, all layers from the uterus to the skin are sutured separately and the operation is terminated.

RISKS OF THE SURGICAL PROCEDURE: If the non-treated condition persists, risks and damages may occur, and there are risks associated with surgery or medical procedures that are planned for me. I am aware of the fact that infection being typical to all surgical or medical procedure, blood clots in the veins and lungs, bleeding, allergic reactions, heart attack, atelectasis and even death may occur. I have been told in detail about the following risks regarding the intervention to be performed.



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Some of these risks are very rare. Risks of cesarean are higher than common for patients who: had surgery before (myoma removal, cesarean section, surgeries to treat uterine anomalies) or with a disease (heart disease, diabetes, high blood pressure, kidney disease, who had kidney or liver transplant, coagulopathy and vascular disease), eclampsia-preeclampsia, placenta previa, placenta accreta, increta, ablatio placenta and who smoke.

Apart from the above mentioned risks, risks specific to cesarean section can be listed as follows:

- Nausea and vomiting, pain and inflammation with fever may develop in operative section field, inside abdomen, in urinary tract.
- Bladder injury
- Ureter injury risk
- Uterine, ovarian or tube injury
- Large and small intestine injury, colostomy
- Over bleeding occurring in uterus and uterus removal in order to stop bleeding or arteria uterina or arteria interna iliaca ligation,

Complications such as scar-celody, placenta previa or placenta accreta, hernia in section area.

RISKS FOR BABIES: Although surgery and childbirth do not carry a great risk to the baby under normal conditions, encountered difficulties during surgery, unforeseen circumstances that may be due to mother and baby, and anesthetized conditions that may occur due to anesthesia, these rare complications may occur in the baby:

- Respiratory distress
- Complications due to choking of amnion liquid,
- Incision on baby skin,
- Damage or fractures of baby bone structure,
- Complications such as nerve injuries and function loss in arms and legs.

ALTERNATIVES REGARDING THE PROCEDURE: Cesarean section may to be done due to vaginal delivery is not possible or has risks for both mother and baby, also doctor may see it fit for other reasons.

I have been informed in detail about my situation. The following birth forms have been discussed in detail whether they are appropriate for me:



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- Vaginal Delivery (with/without episiotomy)
- Delivery with forceps and vacuum
- Cervical dilation

POSSIBLE CONSEQUENCES IF TREATMENT IS REFUSED: I was told that if the birth is not performed with cesarean section which is deemed suitable for me; the baby could die in the mother's womb, even if it is rare, the baby may suffocate along with labor pains, mental and physical health problems that may occur in older age due to the lack of oxygen at the end of birth, vaginal or uterine tear may occur, long term urinary incontinence and uterine prolapse may occur as a result of difficult situations.

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ANAESTHESIA: I know that anesthesia brings additional risks, but I want anesthesia to be used for pain relief and for the scheduled procedure and for the additional operations. I know the anesthesia method can be modified without being asked.

I have been told that the pain sensation during the operation can be relieved with local (spinal and epidural) or general anesthesia, which I can choose by consulting anesthetist. I understood that the anesthesia is not controlled by the doctor who will be performing my operation, and that there could be risks of each anesthetic. I understand that there may be complications such as respiratory problems, drug reactions, nerve damage, brain damage and even death as a result of the use of anesthesia. Other risks and damages caused by general anesthesia are damaged vocal cords, trachea, teeth and eyes.

I understand other risks, including headaches and long-term back pain, from local (spinal and epidural) anesthesia.

I accept that the ANAESTHESIA

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shall be given by (title and person) or under this person's supervision.

BLOOD COMPONENTS: I accept the use of blood components when necessary.

CONSENT FOR CONTRIBUTION TO EDUCATION: Since this process may have an educational role in the training of medical/paramedical personnel, I agree with the participation of students and/or technical personnel in the process of medical education and/or the improvement of the use of products. I also know and accept that, if necessary, photo or video recording can be done during procedure. I agree to use it for scientific purposes, provided that my name is not disclosed in these records.



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CONSENT FOR THE CASES THAT CANNOT BE FORESEEN: I understand that my doctor may be able to reveal different situations that require additional or different treatments other than the scheduled procedure required by my condition during the procedure. In this case, I agree that my doctor shall make an appropriate additional attempt required by my condition and health.

CONCLUSION: I understand that medical practice is not a definitive science and results or treatment cannot be guaranteed. I have been given detailed information about my condition, procedures to be applied and risks, and treatment options in the consent document and in my consultation with my doctor. We state that we are aware of the responsibility in this matter, that we accept birth (caesarean section) by surgery without any violence, threats, indoctrination, material or moral pressure, that we will not use the results of the surgery against each other as well as against the doctors and the hospital; that we will bear the consequences and therefore we give consent to the operation and the birth procedure.

I refuse the interventions to be performed.

I was informed about the possible medical consequences of my refusal.

**Matters surgeon would like to know about patient:
Medicine used:**

Bleeding time:

Other diseases:

Surgeon's notes about briefing:
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Surgeon's stamp and signature:



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Place/Date/Time

Please write "I hereby accept that I have understood what I have read and been explained." inside the box with your handwriting.

NOTE: If the patient is not able to give consent, identification information and signature of person who gave consent are obtained.

Both parents (guardians) have to sign this form. If only one of the parents has signed the form, the signer must prove that he/she is taking care of himself/herself or that the other parent has given permission.

The person provides information in cases when direct communication cannot be made with the patient (e.g. interpreter):

Name - Surname:

Address:

I have interpreted the information defined in this "Informed Consent Form" to patient/patient's parent/relative explicitly.

Signature of Patient/Patient's Guardian/Relative

Signature:

Date and Time: