



Affix Patient Label

Patient Name:

Date of Birth:

Informed Consent: Cesarean Section

This information is given to you so that you can make an informed decision about having **cesarean section**.

Reason and Purpose of this Procedure:

- A cesarean section or C-section is surgery to deliver your baby. The baby is removed through an incision (cut) in your abdomen (tummy).
- A C-section may be planned ahead of time or done on short notice.

You have been recommended for a C-section for the following reason:

Medical Reason: _____

Benefits of this Procedure:

You might receive the following benefits. Your doctor cannot promise you will receive any of these benefits. Only you can decide if the benefits are worth the risk.

- Avoid problems from delivery to you and your baby.
- A repeat C-section can be planned in advance.
- If you have an infection, C-section may lower the chance of passing the infection to your baby.
- Delivery of baby.

General Risks of Procedures:

No procedure is completely risk free. Some risks are well known. There may be risks not included in the list that your doctor cannot expect.

- Small areas of the lungs may collapse. This would increase the risk of infection. This may need antibiotics and breathing treatments.
- Clots may form in the legs, with pain and swelling. These are called DVTs or deep vein thrombosis. Rarely, part of the clot may break off and go to the lungs. This can be fatal.
- A strain on the heart or a stroke may occur.
- Bleeding may occur. If bleeding is excessive, you may need a transfusion.
- Reaction to the anesthetic may occur. The most common reactions are nausea and vomiting. In rare cases, death may occur. The anesthesiologist will discuss this with you.

Risks of this Procedure:

- Infection. This is treated with antibiotics. Rarely this will need surgery.
- Injury to the bladder, ureter, bowels and/or other structures can occur. This may need more surgery to repair.
- Future pregnancy after a C-section, increases the chance for the placenta to grow over the old scar. This increases the risk your uterus could tear along the C-section scar line. It also increases the risk of bleeding and premature delivery in the pregnancy. A hysterectomy (removal of the uterus) may be needed. This is rare.
- Cutting the baby during the incision into the uterus. This may require a repair to the baby. Babies will be evaluated immediately after birth.
- Pelvic pain or infertility may result from an adhesion (internal scar tissue). This is rare.

Risks Associated with Smoking:

Smoking is linked to an increased risk of infections. It can also lead to heart and lung complications and clot formation.

Risks Associated with Obesity:

Obesity is linked to an increased risk of infections. It can also lead to heart and lung complications and clot formation.

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Risks Specific to You:

Alternative Treatments:

Other choices:

- Vaginal delivery.

If you Choose not to have this Treatment:

- Your healthcare provider will continue to monitor your pregnancy.
- With some health problems, the decision not to have a cesarean may result in injury or death to you and/or the baby. Your provider will discuss this with you.

General Information

During this procedure, the doctor may need to perform more or different procedures than I agreed to.

During the procedure, the doctor may need to do more tests or treatment.

Tissues or organs taken from the body may be tested. They may be kept for research or teaching. I agree the hospital may discard these in a proper way.

Students, technical sales people and other staff may be present during the procedure. My doctor will supervise them.

Pictures and videos may be done during the procedure. These may be added to my medical record. These may be published for teaching purposes. My identity will be protected.



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By signing this form, I agree:

- I have read this form or had it explained to me in words I can understand.
 - I understand its contents.
 - I have had time to speak with the doctor. My questions have been answered.
 - I want to have this procedure: **Cesarean Section** _____
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- I understand that my doctor may ask a partner to do the procedure.
 - I understand that other doctors, including medical residents or other staff may help with procedure. The tasks will be based on their skill level. My doctor will supervise them.

Provider: This patient may require a type and screen or type and cross prior to procedure. If so, please obtain consent for blood/products.

Patient Signature: _____ Date: _____ Time: _____

Relationship: Patient Closest relative (relationship) _____ Guardian/POA Healthcare

Interpreter’s Statement: I have interpreted the doctor’s explanation of the consent form to the patient, a parent, closest relative or legal guardian.

Interpreter’s Signature: _____ ID #: _____ Date: _____ Time: _____

For Provider Use ONLY:

I have explained the nature, purpose, risks, benefits, possible consequences of non-treatment, alternative options, and possibility of complications and side effects of the intended intervention, I have answered questions, and patient has agreed to procedure.

Provider signature: _____ Date: _____ Time: _____

Teach Back:

Patient shows understanding by stating in his or her own words:

_____ Reason(s) for the treatment/procedure: _____

_____ Area(s) of the body that will be affected: _____

_____ Benefit(s) of the procedure: _____

_____ Risk(s) of the procedure: _____

_____ Alternative(s) to the procedure: _____

OR

_____ Patient elects not to proceed: _____ Date: _____ Time: _____

(Patient signature)

Validated/Witness: _____ Date: _____ Time: _____