

	Affix Patient Label
	Patient Name: _____ Date of Birth _____

## Informed Consent Tubal Sterilization

This information is given to you so that you can make an informed decision about having **Surgery for Tubal Sterilization**

### Reason and Purpose of the Procedure

Sterilization is an elective procedure. Elective means it is your choice. If you want this procedure it means you do not want to become pregnant or have more children now or in the future.

Tubal Ligation or “having your tubes tied” is done by sealing off or removing a portion or all of the fallopian tubes. This can be done by using bands, clips or electrocoagulation (burning). Fallopian tubes go from the ovary to the uterus. The sealing or cutting of the tubes keeps the egg and sperm separate. This prevents fertilization so pregnancy cannot occur.

The risk of becoming pregnant afterward is less than one percent. This is about the same as other methods of sterilization. Women who become pregnant after sterilization are more likely to have an ectopic (tubal) pregnancy.

Even with this risk, it’s important that you understand this procedure is permanent and irreversible.

Surgical Sterilization can be done at time of cesarean section with open abdominal incision. It may also be done shortly after a vaginal delivery with a small cut near your naval.

Laparoscopy is an alternative if you are not pregnant. Laparoscopic surgery is done through a small cut in the area of the navel. A harmless gas is then inserted through the cut or a needle into the abdomen. The gas inflates the abdomen cavity. This makes it easier for the doctor to see internal organs. A long thin instrument is then inserted. It has a small camera and light system so the physician can see inside the abdomen. A second cut may be made just for another instrument that will be used to grasp the fallopian tubes. Once the tubes are removed, banded or burned the instruments are removed. The incisions are sutured closed.

### Benefits of this surgery

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.

- You will no longer be able to get pregnant.

### Risks of Surgery

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.

### General risks of surgery

- **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 surgery**

- Infection.
- There is a less than one percent chance of becoming pregnant.
- If you become pregnant there is a high chance of having an ectopic pregnancy. This is when the pregnancy develops outside the uterus. This will need medical attention.
- Injury to the bladder, ureter and/or bowel can occur. These risks are small.
- Bleeding which may require a transfusion.

**Risks of Laparoscopic Approach**

- Shoulder pain, abdominal pain, or cramping, gassiness, and bloating.

**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 infection. It can also lead to heart and lung complications and clot formation.

**Risks specific to you**

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**Alternative Treatments**

- Do nothing. You can decide not to have the procedure.

**If you choose not to have this treatment**

There are other methods of birth control. Please talk with your provider about those choices.

**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.

**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:  
• Surgery for **Tubal Sterilization** \_\_\_\_\_
- I understand that my doctor may ask a partner to do the surgery.
- I understand that other doctors, including medical residents or other staff may help with surgery. 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 surgery. IF so, please obtain consent for blood/product.

Patient Signature \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

**Relationship:**  Patient     Closest relative (relationship) \_\_\_\_\_     Guardian

**Interpreter's Statement:** I have translated this consent form and the doctor's explanation to the patient, a parent, closest relative or legal guardian.

Interpreter: \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

*Interpreter (if applicable)***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**

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.

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: \_\_\_\_\_