Caesarean Section Consent

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1. The intended benefits:

- To secure the safest / quickest route of delivery in the circumstances present at the time the decision is made,such that maternal and fetal health are preserved at optimal levels

2. Possible serious risks:

a. Maternal

- Hysterectomy – 0.7 to 0.8% of cases
- Need for further surgery later including curretage – 0.5%
- Admission to intensive care facilities – 0.9% but largely dependent on indication
- Damage to the bladder – 0.1% of cases
- Ureteric injury – 0.03% of cases
- Thromboembolism

b. Fetal injury

- Lacerations – 2% of babies

c. Future pregnancies

- Increased risk of uterine rupture in subsequent pregnancies / deliveries – up to 0.4% of cases
- Antepartum stillbirth – 0.4% of cases
- Increased risk of placenta praevia and placenta accreta in subsequent pregnancies – 0.4 to 0.8% of cases

3. Possible frequently occurring risks:

- Wound infection and bruising
- Persistent abdominal discomfort in first few months after surgery
- Increased risk of caesarean section in subsequent pregnancies

4. Any extra emergency procedures which may become necessary during the procedure

- Blood transfusion
- Repair to bladder, bowel or major blood vessel
- Ovarian cystectomy / oopherectomy in response to unsuspected pathology
- hysterectomy

Women who are obese, who have had previous abdominal surgery or pre-existing medical conditions must understand that the quoted risks for both serious and frequent complications may be increased.

It is also likely that all such risks will be increased when a caesarean section is performed as an emergency.

All operations carry some risk of death. The risk in an operation such is this is estimated as 1 in 12000 procedures but is also largely dependent on the indication.

I have also informed her that she may choose to refuse this surgery and have discussed the likely detrimental outcome to her own health or the wellbeing of her fetus.

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1. Kebaikan yang diingini:

- Untuk melahirkan bayi dengan cara paling selamat / segera dalam situasi sepertimana semasa keputusan

dibuat untuk memastikan kesihatan ibu serta bayi pada tahap optima

2. Risiko serius ysng mungkin terjadi:
a. Ibu

- Hysterectomy (rahim terpaksa dikeluarkan) – 0.7 to 0.8% kes
- Perlu untuk pembedahan lanjut termasuk ‘curretage’ – 0.5%
- Kemasukan ke unit rawatan rapi (ICU) – 0.9% tetapi banyak bergantung kepada indikasi pembedahan
- Trauma kepada pundi kencing – 0.1% of kes
- Trauma kepada ureter (salur kencing) – 0.03% of cases
- Thromboembolism

b. Bayi

- Luka – 2% bayi

c. Kandungan masa hadapan

- Penambahan risiko ‘uterine rupture’ semasa mengandung / bersalin seterusnya - sehingga 0.4% kes
- Bayi meninggal dalam kandungan – 0.4% kes
- Penambahan risiko placenta praevia and placenta accrete (uri melekat) dalam kandungan seterusnya – 0.4 to 0.8% kes

3. Risiko yang mungkin berlaku pada kadar agak kerap:

- Infeksi luka pembedahan atau kesan lebam
- Kerap rasa sakit untuk beberapa bulan selepas pembedahan
- Penambahan kemungkinan pembedahan caesarean dalam kandungan selanjutnya

4. Prosedur tambahan (kecemasan) yang mungkin harus dilakukan semasa pembedahan:

- Transfusi darah
- Membaik-pulih kerosakan kepada pundi kencing, usus serta saluran darah utama
- Ovari / pertumbuhan pada ovari dikeluarkan semasa pembedahan (sekiranya tidak dicadangkan pada asalnya) akhibat masalah yang tidak dijangka

- Hysterectomy (rahim dikeluarkan)

Wanita yang gemuk, pernah menjalani pembedahan abdomen atau sememangnya menghidapi penyakit lain, harus faham bahawa risiko yang kerap serta serius seperti yang telah tertera mungkin berlaku pada kadar yang lebih tinggi.
Semua risiko ini mungkin bertambah sekiranya pembedahan caesaraean dilakukan secara kecemasan
Semua pembedahan boleh membawa risiko kematian. Risiko untuk pembedahan seperti ini adalah dijangka 1 per 12000 prosedur, tetapi juga banyak bergantung kepada indikasi pembedahan.
Saya juga telah memberi pilihan kepada seibu untuk menolak procedur ini (tiada rawatan) serta akhibat pilihan ini kepada kesihatannya / kesihatan janinnya.