



INFORMED CONSENT PROFORMA

This document is intended to assist patient understanding of and written consent for a common gynaecological procedure or condition. It is intended to assist structured discussion of a medical condition and procedure. It never replaces discussion with the health care team and individualised clinical care.

Developed and endorsed by SASOG as part of the BetterGYN® programme

CONSENT FOR GYNAECOLOGICAL PROCEDURE

I, the undersigned: _____

hereby authorise my gynaecologist: _____

to perform the following procedure(s) on myself: _____

The specific nature, extent and purpose of the procedure(s) were discussed with me, as well as possible alternative methods of treatment. The risks involved, and the possibility of complications were also discussed with me.

I also give consent for the use of local or systemic analgesic (pain stilling) medication and / or general anaesthesia as may be needed.

I was / was not given extra printed material to read, namely about: _____

I understand that:

- The indication, and the explanation, and was given the opportunity to ask questions.
- Photographs or videos of my procedure may be an essential part of medical record keeping.
- Transfusion of blood products will be discussed with me prior to ordering of these; in a life- threatening emergency I have no objection to receive blood products per discretion of my medical team.
- Due care is taken to prevent complications and to mitigate risks, but that no guarantee can be given regarding the safety of the procedure and the results that may be obtained.

I also understand that the risks and possible complications associated with surgical procedures and anaesthetic may include, but are not limited to:

- Excessive blood loss during the procedure or some ongoing bleeding after the procedure
- Urinary, lung, wound or other infections after the operation
- Blood clots in the superficial or deep veins and possible embolism to the lungs
- Unintended injury to other organs (e.g., urinary system, bowel, blood vessels)
- Need to abandon or use an alternative incision due to inability to conclude the procedure
- Allergic or untoward reaction to any of the drugs used during or after the procedure
- Unintended trauma due to the infusion needles, tubes and catheters
- Heart, blood pressure, lung and other anaesthetic complications

The estimated costs were discussed with me and that any other service providers involved in my care will bill me separately. I understand that it is my responsibility to establish how much my Medical aid will contribute towards this operation, because the final responsibility for payment rests with me.

In addition to the above, I am aware, or have been made aware of the following medical conditions, treatments or allergies that I have which may be of importance: _____

I certify that I have read and fully understand the above consent, that I was given the opportunity to ask questions and to make an alternative decision.

Patient: _____

Witness: _____

Date: _____

Date: _____

Health care giver: _____

Date: _____