



The objective of this form is to enable your participation into the decision making process about your healthcare by informing you.

This form has been designed in order to meet the needs of many patients under most conditions, nevertheless, it should not be considered as a document containing the risk of the entire applicable treatment. Based upon your individual healthcare, your physician may provide you with different or additional information.

After acquiring the advantages and possible risks of diagnosis, medical treatment and surgical interventions, it is up to your decision whether or not to accept these procedures. You are entitled to refuse to be informed except for the legal and medical necessities or withdraw your consent at any time.

### What is a Cesarean Section?

When vaginal delivery is not possible to achieve or when it carries risks for the mother and/or the baby, then the delivery is carried out with cesarean section. Cesarean section (C-section) an operation in which the baby is delivered by making incisions on the anterior abdominal wall and the uterus.

It is implemented in multiple pregnancies, posture abnormalities of the baby such as breech delivery/transverse position, previous uterine surgery (C-section, for myoma etc.), inappropriate proceeding of the delivery, head-pelvis inconsistency, deterioration in the heart rate of the baby, big baby, placenta previa (placenta's inferior placement covering the cervix), medical problems related to mother, problems related to vulva and vagina.

### Intervention to be Applied

C-section is initiated with performing a horizontal incision at the lower part of the abdomen, on the bikini line. Then, subcutaneous tissues, membranes on the muscles, muscle layer, peritoneum are opened, respectively and the abdominal cavity is accessed. The place to perform incision is then prepared by pulling the bladder away from the part where it is adjacent to the uterus, after that incision is made and then the baby is delivered. Sometimes vacuum has to be used due to the difficulties that can arise during the head's coming out. After this, the placenta is separated and removed. The uterine cavity is cleaned and then all of the layers are stitched starting from the uterus to the skin and the operation is terminated.

C-section is a life-saving operation for the mother and/or the baby in cases when vaginal delivery is not possible. If C-section is not performed even though it is medically necessary, then the baby might die, uterus might be torn. This is a very serious situation that can result in the death of the mother unless intervened.

Sometimes unexpected or adverse situations may be experienced during the planned process. In this case, additional interventions may be implemented on the condition that it is the most appropriate one in respect to the health of the mother and the baby.

In order not to feel pain during the operation, general or combined spinal epidural anesthesia may be applied. The physician and the anesthesiologist decide on the type of the anesthesia to be applied.

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### Information Related to the Risks of Cesarean Section

There is the risk of experiencing some adverse events some of which are explained below. Though rare, they may require another intervention-process-operation. In order not to experience aforementioned problems necessary precautions are taken; if they occur, treatment period may be extended or additional treatments may be required. Though rare, these situations may result in death. It is fairly hard to predict all of these adverse events beforehand, some of which are explained below.

### Risks Related to the Mother

**Infection:** Infection accompanied with nausea-vomiting, pain and fever may develop in the incision site, inside the abdomen and the uterus (endometritis) or in the tuba (salpingitis), in the urinary tract. Though antibiotic treatment sufficient in general, other surgeries might have to be performed according to the severity of the condition.

**Bladder and Ureter (the channel extending to the bladder from the kidney) Injury:** This may be experienced as a result of adhesions formed due to previous surgeries or anatomical differences. The injury found in the bladder is stitched, and according to the severity of the injury, other interventions might have to be performed by an urologist.

**Injury of the Uterus, Ovaries and Tubas:** This may be experienced as a result of adhesions formed due to previous surgeries or anatomical differences. Treated accordingly.

**Risk of Thromboembolism:** This is a condition arising as a result of occlusion of a vessel due to the formation of a clot within the vessel. Pregnancy is a process in which the risk of thromboembolism is increased on its own. This risk is 3 times higher in pregnant women giving birth by C-section, compared to normal delivery. Anticoagulant injections may be necessary for treatment. The patient may have to stay at the hospital for an extended period of time and may also have to be followed up in the intensive care unit according to the severity of the condition.

**Injury of Small and Large Intestines:** General surgeon is invited to the surgery. The intestines are closed primarily due to the magnitude of the injury or a part of the intestines has to be removed. In rare cases, colostomy (temporarily construction of an artificial opening from the intestines to the abdominal wall) may be required.

**Excessive Bleeding of the Uterus:** This condition may also be encountered following normal delivery and the uterus might have to be removed and/or the vessels that supply blood to the uterus might have to be ligated (arteria uterina or arteria interna iliaca).

**Scar-Keloid Formation:** After the operation, hard scarring may form in the incision site in the long term. This is a problem due to the skin conditions and the healing process of the injury independent of the suture material that has been used. The physician may recommend the usage of a cream in order to prevent or minimize this condition.

**Placenta Previa-Placenta Acreata:** Adhesion of the placenta to the muscle layer of the uterus and sometimes until the outer surface of the uterus, rather than being limited to the uterine cavity. Since efforts to remove the placenta following the delivery of the baby may result in life-threatening bleedings in this condition that is named as placenta acreata, placenta is either left in its place or removed together with the uterus. It is especially seen in patients undergoing 2nd or 3rd C-section, in which placenta is located in the previous incision site. Its frequency is increased nowadays due to the increased number of C-sections, and its ratio is determined to be 1/533 (ACOG Committee Opinion 2012). Since it may result in severe hemorrhage, it is very risky condition.

**Hernia:** Hernia may develop at the site of incision in time. Surgery may be required by the Department of General Surgery for this condition called incisional hernia.

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### Risks Related to the Baby

Delivery with C-section usually does not pose a major risk to the baby under normal conditions. However, the below mentioned conditions, although rare, may arise due to some difficulties experienced during the surgery; unpredicted special conditions that can be experienced by the mother and the baby and due to anesthesia. Most of these complications of the baby are also valid for vaginal delivery and cannot be predicted beforehand.

**Respiratory Distress:** May also be called wet lung syndrome or temporary respiratory distress of the newborn. Though it is usually resolved within the first 24 hours, the baby has to stay in the intensive care unit for a longer period of time in some cases.

**Presence of Amnion Fluid in the Trachea:** Complications may be encountered due to the presence of amnion fluid (the fluid in which the baby is developed) in the trachea.

**Incision on the Baby's Skin:** May occur during the operation. Usually heals by itself, may require stitches in some cases due to the depth or localization of the incision.

**Injuries or Fractures in the Bone Structures of the Baby:** Taking the baby out of the uterus may sometimes be difficult due to the position of the baby (breech, transverse position, inappropriate position of the arm etc.). Bone fractures may occur during the process. Followed-up by orthopedists.

**Nerve Injury and Associated Function Loss in the Extremities:** Taking the baby out of the uterus may sometimes be difficult due to the position of the baby (breech, transverse position, inappropriate position of the arm etc.). Followed-up and treated by the Department of Orthopedics and Physical Therapy.

### General Risks

Various complications identified in the literature may arise due to the medicines and medical products that are used during and after the C-section. In addition, infections, formation of a scar, serious or non-serious bleedings, formation of blood clots in the vessels and in the lungs, atelectasia (insufficient ventilation in the lungs), rhythm disorders of the heart, cardiac arrest, allergies, losses and insufficiencies in limb and organ functions, stroke, brain damage, epilepsy episodes are among the undesired rare conditions that can be experienced. For example, in many studies performed on the deliveries by C-section, the reason for increased risk of infection that has been emphasized in most of these studies is its performance in patient groups that have to undergo C-section due to emergencies occurring during vaginal delivery, also having a high risk for infection.

Delivery with C-section is more risky in patients who had undergone previous surgeries (removal of myoma, C-section, operations performed to correct uterine abnormalities etc.), or in patients having coexisting diseases (cardiac disorders, diabetes, hypertension, renal diseases, patients who have undergone kidney or liver transplants, patients with coagulation problems or vascular disorders), patients with gestational hypertension (preeclampsia-eclampsia), patients with abnormal placenta position or with placenta deeply attached to the uterine wall (such as placenta previa, placenta accreta and increta) or in patients having premature separation of the placenta (ablatio placenta) and in patients smoking cigarettes.

### Blood and Blood Product Transfusion and its Risks

Hemorrhages may occur during C-section. After these bleedings or to compensate for anemia, blood and blood products such as whole blood, erythrocyte, freshly frozen plasma, thrombocyte suspensions can be applied. Minor reactions like fever, itchiness, redness and other allergic reactions associated with the usage of these products may be seen with a ratio of 1/100.000. The ratio of more serious reactions such as bleeding, decrease in blood pressure, renal insufficiency or death is lower than 1/10.000. The ratio of viral hepatitis, HIV is 1/10.000- 1/500.000.

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### Risk of Death

While the risk ratio of mother's death associated with C-section is 2 in 100.000 live births, the risk of the death of a baby is 1.77 in 1000 deliveries. When these ratios are being evaluated, C-section's being an operation that is usually performed during risky deliveries should be considered.

### Information on Post-Cesarean Section

After this operation, the patient usually has to stay in the hospital for 2-3 days. In addition to usual puerperium care, follow-ups and cares related to the abdominal surgery are also provided. It is normal to feel pain while sitting down or standing up. Pain killers can be used during hospital stay when necessary. If no additional problem is present, then the patient can be discharged after her intestinal functions return to normal.

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Diagnosis \_\_\_\_\_

Treatment/procedure to be applied \_\_\_\_\_

Should you not intend to be informed about the purpose, duration, advantages, success ratio, potential risks and complications and alternative options of the treatment to be applied and as well as about the subsequent potential risks in case you do not accept the treatment, please declare so below with your hand writing.

I hereby declare that;

My attending physician informed me about my disease, the treatment option to be applied, its duration, advantages, success ratio, the fact that it does not necessarily guarantee the recovery of current status, period of healing, potential risks and complications, alternative techniques, the potential situations I will experience on the condition that I reject the treatment and compulsory performance of an additional operation/intervention/procedure if deemed necessary and s/he answered all my questions regarding these matters.

Above mentioned procedure has been disclosed to be performed on myself/patient I legally represent by the physicians, nurses as well as other healthcare professionals under the authority, surveillance and control of my attending physician.

I have been informed that if required, anesthesia will be performed by an anesthetist, sedation will be performed by an anesthetist or another physician competent in sedation and local anesthesia will be performed by my attending physician.

While being entitled to make decision and think straightly, I accept the medical procedure to be performed, and consent that my attending physician and his/her team will carry out any medical treatment option/surgical technique/intervention they deem to be necessary.

I authorize the hospital to examine, inspect, dispose of or keep the tissues or organs removed during the procedure for which I have consented above.

I allow my medical reports to be used for scientific researches provided that my identifying information is kept hidden.

### Patient's

Full Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

### Legal Representative's

Full Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Degree of Relationship: \_\_\_\_\_

Reason why the consent is delivered by legal representative of the patient:

- Patient is not conscious  Patient is under 18  
 Patient is not entitled to make decision  Emergency

### Witness'

Full Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

### Informing Physician's

Full Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

### Interpreter's (If required)

Full Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Informed consent is delivered by the patient himself/herself if s/he is older than 18 years old, by the patient himself/herself together with his/her legal representative if the patient is aged between 15 and 18 and by the representative of the patient if the patient is under 15 years old and/or is unconscious and/or is not entitled to make decision and in case of emergency.