

FISTULA CARE: INFORMED CONSENT FORM

Instructions: Read through the form with the client and print the client's full name in the space provided on the first line below. Ask the client to put her initials in the space provided before each number after she has read the statement. After the client has read or heard the statement, ask her to put either her initials, fingerprint, or other agreed-upon mark on the signature line. Follow the instructions for the signature of a witness. Ask the physician or her/his designate to sign this form before preoperative preparations begin.

I, _____, the signed, request that a fistula repair surgery be performed on my person. (client's name)

I make this request of my own free, informed will, without having been forced, pressured, or given any special inducements. I understand the following:

- 1. The procedure to be performed on me is a surgical procedure, the details of which have been explained to my understanding.
- 2. This surgical procedure involves risks of complications such as bleeding, injury to other organs, and infection, including death.
- 3. This procedure offers the benefits of eliminating the fistula and its associated symptoms of leaking, soiling, or both.
- 4. No surgical procedure can be guaranteed to work 100% on all people; there is a potential for symptoms to continue; there also may be a need for additional surgery, or additional surgery may not be an option.
- 5. This surgical procedure will not guarantee future desired fertility.
- 6. The outcomes of this surgical procedure include a period of abstinence (3–6 months postrepair), followed by the use of family planning for a period of time before I can attempt to conceive.
- 7. I can decide against the procedure at any time before the operation is performed (and no medical, health, or other benefits or services will be withheld from me as a result).

Date

Signature or mark of the client

Date

Signature of operating physician or designate

If the client cannot read, a witness of the client's choosing, and speaking the same language, must sign the following declaration:

Date

Signature of witness