

# Informed Consent for Repair of Tetralogy of Fallot

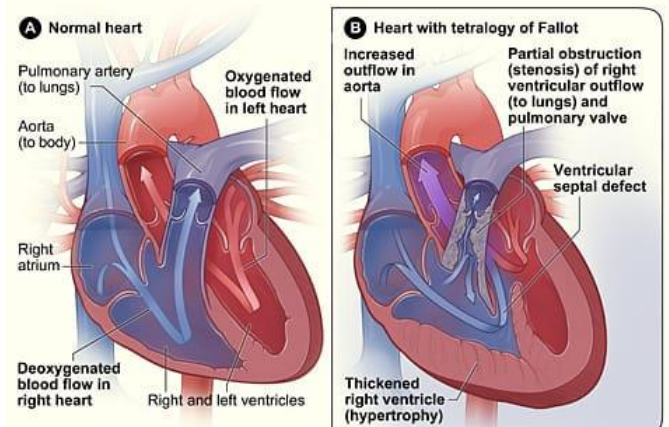
Name:	Age (in years):	Gender: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Other
UHID No./Registration No.:		
Interpreter Service: <input type="checkbox"/> Yes <input type="checkbox"/> No	Consultant's Name:	

**Medical Condition**  
 The doctor has explained that I/my child/my .....have the following medical condition:  
 .....  
 and I/my child/my.....have been explained and advised to undergo the following treatment/procedure:  
 .....  
 I authorise Dr. .... and his/her associates to perform the above treatment/ procedure.  
 The doctor should document the site and/or side where relevant to the procedure:.....

**Introduction**

Tetralogy of Fallot is a rare condition. It is caused by a combination of the following major heart defects:

- Ventricular septal defect or a "hole in the heart": A hole in the muscle between the left and right pumping chambers (ventricles).
- Pulmonary stenosis: Narrowing of the artery from the right pumping chamber in the heart to the lungs (pulmonary artery).
- Right ventricular hypertrophy: Thickening of the muscles of the right ventricle(pumping chamber)from working at a high pressure.
- Overriding aorta: The large artery (aorta) lies over the top of the "hole in the heart". As a result, some of the blue blood (oxygen-poor blood) from the right side of the heart flows through the hole to the aorta instead of going to the lungs for oxygen. This blood with little oxygen is pumped into the aorta and around the body.



Your child's condition requires the repair of the Tetralogy of Fallot.

**Procedure:** The doctor will administer general anaesthesia. The child's heart will be reached through an incision (cut) made in the chest . And the doctor will operate on the heart and large blood vessels.

**Risks of Procedure:** While majority of patients have an uneventful surgery and recovery, few cases may be associated with complications. These are seen infrequently and not all the ones listed below are applicable to one individual. However, it is important that one must be aware of the complications/risks that may arise out of this procedure which are as below:

**Consent for Blood Transfusion**

Please see Blood Transfusion Consent Form. This will give you information about the type of the blood products, benefits and risks of blood transfusion. If you have any concern(s), please discuss with your doctor.

**Consent for Anaesthesia**

Please see Pediatric Anesthesia Consent form which will give you information of the general risks of the procedure. If you have any concerns, talk these over with your anesthetist.

**Risks (To be documented by doctor)**

<ul style="list-style-type: none"> <li>▪ Infection</li> <li>▪ Bleeding</li> <li>▪ Small areas of the lung can collapse, increasing the risk of chest infection</li> <li>▪ Impaired circulation may occur to a limb or to an organ which may require further treatment</li> <li>▪ Abnormal heartbeat. This may need medication to fix or a pacemaker</li> <li>▪ Obstruction of blood flowing out from the right ventricle</li> <li>▪ Leaking of one of the heart valves (pulmonary valve)</li> </ul>	<ul style="list-style-type: none"> <li>▪ Damage to the phrenic nerve that controls the diaphragm (breathing muscle)</li> <li>▪ Stroke causing paralysis and disability</li> <li>▪ Brain damage</li> <li>▪ Death</li> <li>▪ Others, if any specify:</li> </ul>	<p><b>Patient Specific Risks (To be documented by doctor)</b></p> <p>1)</p> <p>2)</p> <p>3)</p> <p>4)</p> <p>5)</p>
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<ul style="list-style-type: none"> <li>▪ Accumulation of fluid around the heart and chest between the lungs and the ribs</li> </ul>		
<p><b>Potential Benefits (To be documented by doctor)</b></p> <ul style="list-style-type: none"> <li>▪ Improved skin colour</li> <li>▪ Improved level of activity</li> <li>▪ Increased life span</li> <li>▪ Normal growth and development</li> <li>▪ Others, if any specify:</li> </ul>	<p><b>Alternatives (To be documented by doctor)</b></p>	<p><b>Possible Results of Non-Treatment (To be documented by doctor)</b></p>
<p><b>Specific Notes Related to Procedure (Strike out if not required)</b></p>		<p><b>Precise Action Points Understood by the Patient/Substitute Decision Maker (To be documented by patient/substitute decision maker in his/her language)</b></p>
<p><b>Parent/Local Guardian Consent</b></p> <ul style="list-style-type: none"> <li>• The doctor has explained my child's/ward's medical condition and the proposed surgery/procedure. I understand the benefits and risks of the surgery/procedure, including the risks that are specific to my child/ward and the likely outcomes.</li> <li>• The doctor has explained other relevant treatment options and their associated benefits and risks. The doctor has explained my child's/ward's prognosis and the risks of not having the procedure. I have been given the choice to take a second opinion.</li> <li>• The doctor has explained any significant risks and problems specific to my child and the likely outcomes if complications occur.</li> <li>• I was able to ask questions and raise concerns with the doctor about my child's/ward's condition, the surgery/procedure and its benefits/risks, and my child's/ward's treatment options. My questions and concerns have been discussed and answered to my satisfaction.</li> <li>• I understand that the treatment/procedure may include blood/blood product transfusion (for which a separate consent shall be obtained).</li> <li>• I have been informed to refer pediatric anesthesia consent form. This gives the information about the type of the anaesthesia, its benefits and general risks.</li> <li>• I understand that if organs or tissues are removed during the surgery, that these may be retained for prescribed tests for a period of time and then disposed of sensitively by the hospital.</li> <li>• The doctor has explained to me that if immediate life-threatening events happen during the procedure to my child, they will be treated accordingly.</li> <li>• I understand that no guarantee has been made that the procedure done on my child will improve the condition, and that the procedure may make my child's condition worse.</li> <li>• I understand that I have the right to refuse treatment before the procedure. I agree that any such refusal shall be in writing and acknowledged by the hospital and I shall be solely responsible for the outcome of such refusal.</li> <li>• I certify that I have received complete information and fully understood the above consent statement, that all of my questions have been answered to my satisfaction, in the language I understand. This consent is given with stable mind, freely, voluntarily and without reservation.</li> </ul>		
<ul style="list-style-type: none"> <li>• I understand that photographs or video footage maybe taken during my child's/ward's operation. These may then be used for teaching health professionals. (The child/ward will not be identified in any photo or video). <input type="checkbox"/> <b>Yes</b>    <input type="checkbox"/> <b>No</b></li> <li>• For purposes of advancing medical education, I consent to the admittance of observers to the operating room. <input type="checkbox"/> <b>Yes</b>    <input type="checkbox"/> <b>No</b></li> </ul>		

Hospital Logo

Patient Identification Label

## Informed Consent for Repair of Tetralogy of Fallot

Patient Name:		Signature:		Date and Time:
Substitute Decision Maker Name:	Relationship:	Reason (patient is unable to give consent because):	Signature:	Date and Time:
Witness Name:	Relationship:		Signature:	Date and Time:
Interpreter Name:	Translation given in:		Signature:	Date and Time:

### Declaration by the Doctor

I have explained to the patient / authorised representatives the medical condition, need for the procedure, its alternatives and benefits/risks, likely consequences if those risks occur and the significant risks and problems specific to this patient including the risks of not undergoing the procedure. I have given the patient/ authorized representatives an opportunity to ask questions about any of the above matters and raise any other concerns. I have answered all their queries to the best of my knowledge.

Name and Signature of the Doctor with Reg No:	Date and Time:
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