

Consent

Name:

Age: Yrs

Gender: M F Others

Registration No.

Consultant's Name:

MEDICAL CONDITION

The doctor has explained that I have been advised to undergo **Epidural Anaesthesia** for pain management during surgery, labor, or treatment of certain pain conditions.

INTRODUCTION

Epidural anaesthesia involves the injection of local anaesthetic and/or pain medication into the epidural space of the spine to provide pain relief while allowing controlled sensory and motor function. This may be performed for labor pain relief, post-operative pain control, or treatment of chronic pain.

The procedure includes:

1. **Pre-Procedure Preparation:** Review of medical history, stopping certain medications if required, and positioning for needle insertion.
 2. **Anesthesia Administration:** A sterile technique is used to insert a needle into the epidural space, and a catheter may be placed for continuous medication delivery.
 3. **Medication Injection:** Local anaesthetic or pain-relieving medication is administered to achieve the desired level of pain relief.
 4. **Post-Procedure Monitoring:** The patient is monitored for effects and potential side effects, with adjustments made as necessary.
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INTENDED BENEFITS

- Effective pain relief during labor, surgery, or chronic pain management.
 - Reduced need for general anaesthesia in certain cases.
 - Improved recovery and post-operative pain control.
 - Other benefits (doctor to specify): _____
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CONTRAINDICATIONS

Epidural anaesthesia **may not be performed** in patients with:

- Uncontrolled bleeding disorders or those on certain blood thinners.
 - Severe infection at the injection site or systemic infections.
 - Certain neurological conditions affecting the spinal cord.
 - Allergy to local anaesthetics.
 - Low platelet count or clotting abnormalities.
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RISKS AND COMPLICATIONS

- **Common Risks:**
 - Low blood pressure (hypotension) leading to dizziness or nausea.
 - Temporary numbness or weakness in the lower limbs.
 - Mild backache or soreness at the injection site.
 - **Uncommon Risks:**
 - Post-dural puncture headache (PDPH) due to accidental puncture of the dura, which may require treatment.
 - Patchy or inadequate pain relief requiring additional interventions.
 - Shivering or mild sedation due to the effects of medication.
 - **Rare Risks:**
 - Nerve damage leading to prolonged numbness or weakness.
 - Epidural hematoma or bleeding around the spinal cord.
 - Infection at the injection site or epidural abscess.
 - Severe allergic reaction to anaesthetic medications.
 - Total spinal block causing breathing difficulties requiring emergency intervention.
 - Death (extremely rare but a known risk in any anaesthetic procedure).
 - Other risks (doctor to specify): _____
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ALTERNATIVES CONSIDERED

1. **General Anaesthesia:** Used for complete unconsciousness during surgery.

2. **Spinal Anaesthesia:** A single injection into the spinal fluid for temporary numbness.
 3. **Intravenous (IV) Pain Medication:** Alternative pain relief without regional anaesthesia.
 4. **Other conservative pain management options** based on the patient's condition.
 5. Other alternatives (doctor to specify):

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POST-PROCEDURE CARE AND RECOVERY

- **Monitoring:** Blood pressure, breathing, and nerve function are closely monitored after the procedure.
 - **Activity Restrictions:** Avoid strenuous activities for a short period post-procedure.
 - **Pain Management:** Mild soreness at the injection site can be managed with simple analgesics.
 - **Follow-Up Visits:** Regular check-ups if continuous epidural pain management is required.
 - **Signs of Complications:** Seek medical attention if experiencing severe headaches, weakness, fever, or difficulty urinating.
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PATIENT-SPECIFIC CONCERNs

If you have any specific concerns or additional risks, please outline them here:

PATIENT'S AUTHORIZATION

I confirm that:

1. I have received detailed information about my medical condition and the recommended procedure.
2. I have been informed of the benefits, risks, and alternatives, and my questions have been answered to my satisfaction.
3. I understand that unforeseen conditions during the procedure may necessitate additional interventions, which I consent to unless otherwise stated.
4. I authorize the presence of healthcare trainees under supervision during my procedure:
 Yes No
5. I understand that post-procedure monitoring and follow-up are essential for my safety and recovery.

Patient Signature: _____

Date: _____

DECLARATION BY THE DOCTOR

I confirm that:

- I have explained the patient's condition, the proposed procedure, its benefits, risks, and alternatives.
- The patient has been given an opportunity to ask questions and has provided informed consent.
- The patient understands the need for post-procedure monitoring and activity restrictions.

Doctor's Name and Signature: _____

Registration No.: _____

Date: _____

ENDORSEMENT OF CONSENT (To be completed on the day of procedure)

I reconfirm my understanding and consent to proceed with the procedure as explained above.

Patient Signature: _____

Date: _____

Doctor's Name and Signature: _____

Date: _____