



CESAREAN SECTION WITH TUBAL STERILIZATION  
Authorization for surgical treatment addendum

Complications and consequences have been discussed. I understand that the risks include, but are not limited to, the following:

- Pain (immediately afterwards, delayed, long term)
- Excessive bleeding, possibly requiring hysterectomy or blood transfusion (and its risks of infection or transfusion reaction)
- Surgical infection, infection of uterus
- Damage to abdominal/pelvic organs such as bladder, ureters, bowel, blood vessels, nerves possibly requiring further surgery or therapy at the time of the operation or at a later date
- Formation of blood clots in the legs and subsequent risk of pulmonary embolism
- Urinary complications such as fistula formation, incontinence, or retention
- Injury to infant
- Wound breakdown and bleeding, abnormal skin healing
- Hernia formation
- Formation of internal scar tissue (adhesions) causing pain or difficulties with future surgeries
- Increased risk of abnormal placentation (location and attachment of the afterbirth) future pregnancies with subsequent need for hysterectomy
- Risk of anesthesia
- Failure of procedure to achieve and/or maintain sterility
- Ectopic (tubal) pregnancy
- Risk of regret, inability to reverse procedure at a later date

I acknowledge that I have read and fully understand the above complications and risks, and that all of my questions have been answered to my satisfaction.

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Signature

Date

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Witness

Date

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