

<p>CONSENT FORM FOR</p> <p>MARSUPIALISATION OF BARTHOLIN'S CYST</p>	<p>Med Rec. No: <<Patient Demographics:Record Number>></p> <p>Surname: <<Patient Demographics:Surname>></p> <p>Forename: <<Patient Demographics:First Name>></p> <p>DOB: <<Patient Demographics:DOB>></p>
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This means an operation to minimise the risk that a cyst on the inner lip of the vulva will recur. The cyst arises in the duct that carries normal secretions from a gland to the surface of the vulva. If the contents become infected, this can form an abscess. The operation allows the secretions to continue to lubricate the vulva and lower vagina in the normal way.

Under a general anaesthetic, a cut is made in the skin over the cyst and then the cyst wall is opened. The thick, mucus contents of the cyst are wiped out and the edges of the cyst are sewn to the skin edge using absorbable stitches. The wound may be loosely packed with a dressing for a few hours.

RISKS

These are the more common risks. There may be other unusual risks that have not listed here. Please ask Dr Rana if you have any general or specific concerns.

I understand there are risks associated with any **anaesthetic**, and I can discuss these with the Anaesthetist. I may have side effects from any of the drugs used. The more common side effects include light-headedness, nausea, skin rash and constipation.

I understand that **marsupialisation of Bartholin's cyst** has the following **specific risks and limitations**:

- The cyst may recur, or a similar condition may arise on the opposite labium.

I understand some of the above risks are more likely if I smoke, am overweight, diabetic, have high blood pressure or have had previous heart disease.

<p>INDIVIDUAL RISKS:</p> <p>I understand the following are possible significant risks and complications specific to my individual circumstances, that I have considered in deciding to have this operation:</p> <p>.....</p>
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<p>DECLARATION BY PATIENT:</p> <ul style="list-style-type: none"> • I acknowledge that Dr Rana has informed me about the procedure, alternative treatments and answered my specific queries and concerns about this matter. • I acknowledge that I have discussed with Dr Rana any significant risks and complications specific to my individual circumstances that I have considered in deciding to have this operation. • I agree to any other additional procedures considered necessary in the judgement of my gynaecologist during this operation. • I consent to a blood transfusion, if needed. • I agree to the disposal by the hospital authorities of any tissues or parts that may be removed during the operation. I understand that some tissues or samples may be kept as part of my hospital records. • I have received a copy of this form to take home with me. • If any staff member is exposed to my blood (needle stick injury) then I consent to a sample of my blood being collected for testing for infectious diseases, such as hepatitis B, C and HIV. I understand that the blood sample will not be tested until I have been informed and I have given my consent.
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Signature of Patient		Date	
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If the patient is unable to give consent, a proxy form must be completed and attached.

<p>DECLARATION BY DOCTOR:</p> <ul style="list-style-type: none"> • I declare that I have explained the nature of the patient's condition, the procedure to be performed, and discussed the risks that particularly concern the patient. • I have given the patient an opportunity to ask questions and I have answered these.
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Doctor's Signature		Date	
Doctor's Name <i>(please print)</i>	Dr Ritu Rana		
INTERPRETER'S DECLARATION: I confirm I have accurately interpreted the contents of this form and the related conversations between the patient and the doctor.			
Interpreter's Signature		Date	
Interpreter's Name <i>(please print)</i>			