

**Consent for surgery obtained while on operating table  
(14HDC00307, 15 June 2015)**

*Obstetrician & gynaecologist ~ Informed consent ~ Communication ~ Patient advocacy ~ Total abdominal hysterectomy ~ Oophorectomy ~ Rights 5(2), 7(1)*

A 46-year-old woman had suffered from epilepsy since childhood, and also experienced menstrual problems. The woman considered the option of undergoing a total abdominal hysterectomy (TAH) for approximately a year, before giving consent to the procedure.

During the same consultation in which she consented to a TAH, the woman's obstetrician & gynaecologist (O&G) diagnosed her with catamenial epilepsy (a subset of epilepsy where a woman's seizures are exacerbated by her menstrual cycle). The O&G said that he would have explained to the woman what catamenial epilepsy was. The woman recalled that she and the O&G discussed that there was a relationship between her epileptic seizures and her menstrual cycle, but said that she was not told at any stage that she had been diagnosed with catamenial epilepsy. It is not recorded in the clinical notes that the woman's diagnosis of catamenial epilepsy was discussed with her.

Approximately four months after providing consent, the woman presented to hospital for her surgery. While she was on the operating table, the anaesthetist had a conversation with the O&G. There are differing recollections as to what was said between the anaesthetist and the O&G. However, following the conversation, the O&G approached the woman on the operating table and sought her consent to the removal of her ovaries (BSO). The woman signed her consent to undergo a BSO. With regard to giving consent to the BSO, the woman felt "immensely pressured" to make a decision.

It was held that the manner in which the woman's consent was obtained for the BSO was not appropriate. The operating theatre was not an appropriate environment for the informed consent process to take place, and did not allow for effective communication between the woman and the O&G. Accordingly, the O&G breached Right 5(2).

Furthermore, the woman was not given sufficient time to consider whether she wished to have a BSO, and was not in a position to give informed consent to the removal of her ovaries. Accordingly, the O&G breached Right 7(1).

The clinical care provided to the woman by the O&G was within accepted standards. However, adverse comment was made that the O&G did not appear to have communicated clearly to the woman that he had diagnosed her with catamenial epilepsy.

The district health board was not found in breach of the Code.

Adverse comment was made with regard to the failure by clinicians in the operating theatre to advocate appropriately on behalf of the woman.