



What to expect in an Informed Consent Form: Urachal Anomaly Resection

Patient and family information, brought to you by the Education Committee of APSA

What is an “Informed Consent”?

This is a document that is made by a hospital to guide the conversation between a surgeon and their patient (or the patient’s guardian or parent for children less than 18 years old). This document makes sure that you have had the opportunity to talk about the details of the surgery, risks of the surgery, and all your questions have been answered. Informed consent must be completed before surgery can happen.

Depending on the type of urachal anomaly that your child has, as well as surgeon preference, the surgery may be performed “laparoscopically” with instruments and a camera through multiple small incisions or “open” through one incision usually near the belly button.

Here are the items that are usually covered in operation consent forms. There may be some minor differences specific to each hospital.

1. What is being done, and by whom:
 - a. Patient name
 - b. Operation to be performed: “Laparoscopic resection of urachal anomaly” or “Open resection of urachal anomaly”
 - c. Side (right or left) of the operation: [This does not apply to urachal anomaly in the center]
 - d. Diagnosis: “Urachal Anomaly” or “Urachal Remnant”
 - e. Surgeon’s name
 - f. If your surgeon works in a teaching hospital, there may be a description of the trainees (doctors and nurses in training) who might participate or be present during the operation as a part of their education. Your surgeon will still be present and supervising the operation at all times. If you have questions about the role of education and trainees at the hospital, ask the surgeon to explain this to you.
2. If something different is found during surgery:
 - a. If during the surgery your surgeon encounters something unforeseen or unexpected, they will address this in the best way possible for your child according to their professional judgement. For example, if something else is found instead of a urachal anomaly, they would fix that issue. The surgeon would tell you about what was found and how it was fixed as soon as they could.

3. Risks of surgery and alternative treatments:
 - a. Your surgeon will discuss the risks of the urachal anomaly resection with you, including:
 - i. Scar where the incisions are made
 - ii. Infection
 - iii. Bleeding
 - iv. Injury to any structures that are near the surgery site, which could include the intestines and the bladder.
 - v. Incisional hernia: The incisions are closed with stitches or skin glue depending on the incision size and surgeon's preference. Despite this, a hernia can develop if tissue or organs from the inside the belly bulge out at the incision site. If this happens, another surgery would be needed to repair it.
 - vi. Recurrence if not completely resected
 - b. Alternative treatments: Infants with urachal anomalies may be initially observed to see if it closes on its own. If the cyst or sinus persists, it should be removed since there is risk that it could become infected which could make your child sick.
4. Tissue or specimen removal:
 - a. If there is some tissue that needs to be removed during the operation, it will be disposed of by the hospital according to professional standards.
 - b. If there is educational value to the tissue (like for teaching), the hospital may keep the tissue if appropriate. Your child's identity will not be revealed.
5. Pictures or photography:
 - a. Pictures might be taken during surgery and placed into the patient's medical record so other health care providers know what was found.
 - b. Pictures might also be taken for educational or teaching purposes. These photos can help advance medical knowledge, but in this case, your child's identity will not be revealed.
6. Blood transfusion:
 - a. If a blood transfusion is needed to save your child's life or prevent harm to your child, blood might be given before, during or after surgery.
 - b. This is very unlikely to be needed during urachal anomaly resection. Still, this is often included as a standard part of informed consent form for surgeries. Your surgeon will discuss this with you.
7. Anesthesia:
 - a. There may be a section describing anesthesia medications that are given during surgery.
 - b. You will meet your child's anesthesiologist before surgery and they will explain how your child will be kept safely asleep during surgery.
8. Signatures:
 - a. You will be asked to sign the informed consent form.
 - b. It might also be signed by a witness. The witness is another staff member (such as a nurse) who heard you receive an explanation of what the form said and saw you sign it.
 - c. Your surgeon might sign the form as well.