

Consent to Electroconvulsive Therapy

Date: _____ Time: _____

Dr. _____ has determined that patient _____ is suffering from a condition diagnosed as _____ and that it is medically advisable for the patient to undergo a course of electroconvulsive therapy treatments (ECT) which are explained below. This form, when signed by the patient or person authorized to consent for the patient, authorizes a course of ECT treatments to be administered.

NATURE AND PURPOSE OF TREATMENTS: Electroconvulsive therapy is one of the most effective ways of treating certain psychiatric disorders, especially those that are very severe or that have become resistant to treatment with medications. Each treatment consists of passing a brief (1/2 to 1 second) controlled electrical stimulus to the brain. This current generally induces a seizure in the brain. The seizure, on the average lasts between 30 and 60 seconds.

Electroconvulsive therapy is performed under general anesthesia to prevent outward evidence of the seizure. An anesthesiologist administers medications to anesthetize the patient so that the patient is unaware of the treatment being performed. In addition, another anesthetic drug is administered to block the muscle reactions to the electrical stimulus so that no evidence of the seizure, such as muscle contractions, is seen in other parts of the body.

After the patient is unconscious, and the muscles completely relaxed, the electrical stimulus mentioned above is then applied. The application of this stimulus is designed to produce a seizure in the brain as noted above.

MATERIAL RISKS OF TREATMENTS: Just as the administration of any medical treatment involves the possibility of unwanted, unpredictable and possibly harmful complications to the patient, ECT involves some potential risks, even when the psychiatrist uses appropriate care. In addition, since many factors may affect the reaction to ECT, it is impossible to predict with certainty whether treatments will have a positive or lasting effect. The risks of ECT will be explained below.

The possibility exists that the patient may have a negative reaction to the general anesthesia. The risks to any patient receiving ECT with anesthesia are: sore throat, hoarseness, shortness of breath, difficulty in breathing, injury to teeth, eyes, or airway, and awareness under anesthesia; infection, allergic reaction, bone damage or fracture, severe loss of blood, loss or loss of function of any limb or organ, paralysis or partial paralysis, paraplegia or quadriplegia, disfiguring scar, brain damage, heart stoppage ("cardiac arrest") or other irregularities in the heart rhythm, stroke or death.

As the patient wakes up from a treatment, he or she may experience headache, mild muscle soreness and possibly some mild nausea. Such brief complications are usually relieved by medication. The treatments may also cause temporary confusion, disorientation and memory disturbance, especially immediately following the treatments. The memory disturbance associated with ECT usually clears up within 2 to 3 weeks following the last treatment, although some patients report they have some permanent memory loss after therapy.

The psychiatrist will determine the number of treatments given for any patient according to his or her condition and response to the initial ECT treatments. While a usual course of therapy consists of 6 to 12 treatments, fewer or additional treatments may be required in some cases.

LIKELIHOOD OF SUCCESS: As with all forms of medical treatment, some patients will recover promptly, others may recover and then suffer a relapse, and others may not respond at all. The physician has estimated that the likelihood of success of therapy in this patient 's care is: Good Fair Poor Unknown because: ECT is an effective treatment for depression and acute psychosis.

Other _____

PRACTICAL ALTERNATIVES TO ECT: Alternative treatments may be available and depend upon the patient and his or her reaction to previous therapy. Treatment may be possible with anti-depressant drugs, the safety and efficacy of which may vary from patient to patient.

In this patient's case, the practical alternatives to ECT are: _____

PROGNOSIS IF TREATMENT REJECTED: The physician has determined that this patient's prognosis (likelihood of recovery) if ECT treatments are refused is: Good Fair Poor Unknown

Because: _____

ACKNOWLEDGEMENT AND CONSENT TO ECT AND ANESTHESIA:

Dr. _____ has discussed with me the need for the treatment described above and the implications if it is not performed. All of my questions about ECT have been answered to my satisfaction.

I have read and fully understand the above statement concerning electroconvulsive therapy. I understand from this information that there are certain complications and risks of injury associated with this treatment and with the anesthesia. However, the physician has explained the condition to me in detail, informed me of the alternative methods of treatment and I agree with him or her that even in view of the risks involved, electroconvulsive therapy is the best available method of treatment in this case. No guarantee or assurance has been given by anyone as to the results that may be obtained, and I realize that complications may occur even when the treatment is properly administered. Therefore, I request and authorize Dr. _____ and such assistants as he or she may designate, to perform this therapy and render any other additional care which may become necessary. This consent shall be effective for the entire course of such treatment.

I acknowledge that I have had an opportunity to discuss the anesthesia procedure with a member of the Anesthesia Team and all the questions have been answered to my satisfaction. The possible alternative methods have been explained to me. I also understand that the drugs or methods of anesthesia may have to be changed for my own safety. The explanations I have been given are only valid for my physical condition and health as known to the anesthesiologist and do not include any undiagnosed or undisclosed previous medical condition(s). I request that I be anesthetized for my treatment(s).

SIGNATURE OF PATIENT OR PERSON AUTHORIZED TO CONSENT FOR PATIENT
(Indicate relationship if other than Patient)

WITNESS

SIGNATURE OF PHYSICIAN OBTAINING CONSENT

SIGNATURE OF ANESTHESIOLOGIST

CONSENT FOR ANESTHESIA

Your physician has requested that you receive anesthesia during your ECT procedure. The method of anesthesia will be decided by your anesthesiologist after discussion with you. The anesthesia will be administered by an anesthesiologist.

PLEASE READ THE REST OF THIS FORM WITH CARE. IT IS NOT INTENDED TO ALARM YOU, BUT TO INSURE THAT YOU ARE CONSENTING TO THE SERVICES OF THE ANESTHESIOLOGY DEPARTMENT, IN AN INFORMED MANNER.

1. **GENERAL ANESTHESIA:** Your anesthesiologist is planning to use “general anesthesia” during your ECT procedure. General anesthesia is the type that makes you completely unconscious during the operation. You will usually be “put to sleep” with drugs injected directly into the blood stream through the intravenous line. In addition, a tube may be placed through your mouth or nose into your windpipe to assist your breathing.

COMPLICATIONS FROM ALL FORMS OF ANESTHESIA ARE VERY UNCOMMON, but they do occasionally occur. However, because the primary goal of ECT is to produce an adequate seizure “ictal response” with therapeutic properties, your anesthesia provider cannot be responsible for damage to your teeth. Rotten loose and capped teeth or dental bridgework increase the likelihood that your teeth may be damaged. Strokes, brain damage, liver and kidney damage, heart attacks and pneumonia are very rare complications of general anesthesia. Rarely, certain patients can develop severe fever in reaction to anesthetic drugs. Anesthesia administered to pregnant patients may expose the fetus to abortion or mal-development.

2. **MONITORS AND LINES:** Your anesthetic will necessitate placement of an intravenous line (IV) along with electrocardiogram (EKG), pulse oximeter, and temperature monitors. Depending on the length of your procedure and your state of health, other monitors and intravenous lines may be needed. They are usually trouble free but, occasionally temporary pain may result from their insertion. Other complications maybe injury to blood vessels or surrounding tissues, collapse of the lung, and risk of infection if prolonged use of the monitor is required.
3. **POSITIONING DURING THE ECT PROCEDURE:** During your procedure, we try to insure that all pressure points are well padded. In spite of taking all known reasonable precautions, occasionally nerves get damaged in the perioperative period. The nerves most commonly affected are the Brachial Plexus, ulnar nerve, at the elbow (“funny bone”), and the peroneal nerve, at the knee. Damage to these nerves can result in functional deficits of the hand or foot. In addition to nerve damage, in rare instances, damage to the eye may occur.
4. **AWARENESS WHILE UNDER ANESTHESIA:** In very rare circumstances, some patients undergoing general anesthesia have had the experience of recalling events during their procedure. Every effort is made to avoid this from occurring but due to some conditions, it is impossible to achieve deep levels of anesthesia and maintain safety. If you are having sedation anesthesia (Versed, Diprovan) with a local anesthetic, then there is a good possibility that you will be aware during the procedure.

I have read the above and have had an opportunity to ask Dr. _____ (my anesthesiologist) questions and to discuss the risks and alternative methods of anesthesia and I agree to the administration of anesthesia as necessary to my ECT procedure or (if applicable) my child’s planned procedure.

Patient Signature	Witness Signature	Date	Time	AM/PM
(or parent or guardian if patient is under 18 years of age)				
Relationship	2 nd Witness Signature	(2 nd witness needed for telephone consent)		

