

  *IOPCONSENT* <b>ECT CONSENT FORM</b> Page 1 of 3	Patient Name _____ MRN _____ <b>PATIENT IDENTIFICATION LABEL</b>
--	--

Consent for:     ECT series                     Maintenance ECT

Attending Physician: \_\_\_\_\_

Patient: \_\_\_\_\_

My doctor has recommended that I receive Electroconvulsive Therapy (ECT) treatment. This treatment, including the risks and benefits, has been fully described to me by: \_\_\_\_\_.

I give my consent to be treated with ECT.

I will receive ECT to treat my mental illness. I understand that there may be other ways to treat my illness. This may include medicines and therapy. The best treatment option for me depends on my prior experience with these treatments, the nature of my mental illness, and other factors. The reasons why ECT is recommended for my condition have been explained to me.

ECT involves a series of treatments. Each treatment will take place in the ECT treatment room in this hospital. The procedure will be performed by a Brain Stimulation Services psychiatrist. The treatments are usually given in the morning before breakfast. ECT treatments involve general anesthesia. Therefore, I will not eat or drink anything for at least six hours before each treatment. When I come to the ECT treatment room, an intravenous line will be placed so that I can be given medicines. I will receive medicines that will:

- reduce mouth secretions
- decrease irregular heartbeats
- relax my muscles
- put me to sleep

To prepare for the treatments, sensors will be placed on my head and chest. The sensors will monitor my brain waves and heart during the treatment. A blood pressure cuff will be placed on one or two of my limbs to monitor my blood pressure. These recordings will not cause pain or discomfort. I will be given oxygen to breathe. After I am asleep, a small amount of electricity will be passed between two electrodes that have been placed on my head. The amount of electricity is carefully controlled. The electrodes may be placed in different positions on my head. I may receive:

- Bi-lateral ECT: one electrode is placed on the left side of the head, the other on the right side.
- Bi-frontal ECT: one electrode is placed on the forehead above the outer edge of the right eye, and one on the forehead above the outer edge of the left eye.

**OR**

- Uni-lateral ECT: both electrodes are placed on the same side of the head, usually on the right side.

When the current is passed, a general seizure is produced in the brain. The seizure will cause my muscles to contract. The medicine I was given to relax my muscles will soften the contractions. The seizure will last for about one minute. Because I will be asleep, I will not feel any pain or discomfort during the treatment. I will not feel the electric current. Within a few minutes, the drug I was given to put me to sleep will wear off, and I will wake up. When I wake up, I will have no memory of the treatment. After waking up, I will be brought to a recovery room. I will be observed until it is time to leave the ECT area.

The number of treatments I receive cannot be predicted ahead of time. The number of treatments will depend on my condition, how quickly I respond to the treatment, and the judgment of my doctor. It is common to receive six to twelve treatments. However, some patients respond slowly, and more treatments may be required. Treatments are usually given three times a week. The frequency of treatment may also vary depending on my needs.

The potential benefit of ECT is improvement in my mental condition. ECT can be a highly effective treatment for a number of conditions. However, not all patients respond the same. Like all medical treatments, some patients recover quickly; others recover, relapse again and require more treatment; while others fail to respond at all. Very rarely, a switch into a manic phase of bipolar illness can occur.

  *IOPCONSENT* <b>ECT CONSENT FORM</b> Page 2 of 3	Patient Name _____ MRN _____ <b>PATIENT IDENTIFICATION LABEL</b>
--	--

Like other medical treatments, ECT involves some risks. When I wake up after a treatment, I may feel confused. The confusion usually goes away within an hour. Shortly after the treatment, I may have a headache, sore muscles, or nausea. These side effects usually respond to simple treatment. More serious risks with ECT are very rare. With modern ECT, dislocations or bone breaks, and dental problems occur very rarely. While also rare, the most common medical problems with ECT are irregular heartbeat and heart rhythm. Very rarely, a heart attack or stroke can occur. As with any procedure performed under general anesthesia, there is a remote possibility of death. Death from ECT occurs in about one out of every 10,000 patients treated.

I will receive a careful physical exam before starting ECT to lower the risk of medical problems. However, even with these precautions, there is a chance that I will have a medical problem. Should this occur, I know that medical care and treatment will be started at once. I know that facilities to handle an emergency are available. However, I understand that the hospital and treatment doctors are not required to provide long-term medical treatment. I shall be responsible for the cost of such treatment. I understand that I will not be paid for lost wages or other damages that may result.

A common side effect of ECT is memory problems. How much the memory is affected may be related to the type of ECT treatment I receive and the number of treatments given. A smaller number of treatments is likely to produce less memory problems than a larger number of treatments. Unilateral ECT (both electrodes on one side of the head) is likely to produce milder and shorter memory problems than bilateral ECT (one electrode on each side of the head). Bifrontal ECT (both electrodes on the forehead) may cause milder and shorter memory problems similar to unilateral ECT. However, bifrontal ECT has not been used as much, so this has not been proven.

The memory problems with ECT have a common pattern. Shortly after a treatment, the problems with memory are the most pronounced. Over time, memory improves. Shortly after the series of ECT treatments, I may have difficulty remembering things that occurred during the course of the treatments. I may have difficulty remembering some events that happened several months before the treatments. In rare cases, I may have problems remembering things that occurred one or two years before the treatments. Many of these memories will return during the first several months after the course of ECT treatment. However, I may be left with some permanent gaps in memory. These gaps in memory will most likely be for events that occurred close to the time of the ECT treatments. In addition, for a short period following ECT, I may have some problems learning and remembering new information. This problem should be temporary. It will most likely improve within several weeks following the ECT course. A small number of patients report major memory problems that remain for months or even years. The reasons for these rare reports are not fully understood. The confusion and memory problems that people may have during and after the ECT treatment course will vary. Many patients actually report that their learning and memory improve after ECT. This may be because mental illnesses themselves cause problems with learning and memory.

Because ECT affects my memory, I should not make any important personal or business decisions during the ECT treatments or immediately after the series of treatments. This means I may need to postpone decisions about money or family matters. About one to three weeks after the treatment course, I will begin a recovery period. During this period, my memory should return to normal and I should be able to resume my normal activities. However, until my recovery is complete and my memory is no longer affected,

**I should NOT:**

- Drive
- Drink alcohol
- Conduct business
- Participate in activities which require me to rely on my memory

I understand that I can ask questions about ECT at any time. I may call 792-9888 (local) or 1-800-424-6872 (out-of-area) and request to speak with the doctor or any other member of the ECT team. I also understand that my decision to consent to ECT is being made on a voluntary basis. I may withdraw my consent and have the treatment stopped at any time.



\*IOPCONSENT\*

**ECT CONSENT FORM**

Page 3 of 3

Patient Name \_\_\_\_\_

MRN \_\_\_\_\_

**PATIENT IDENTIFICATION LABEL**

I consent to receiving anesthetics that the anesthesia care provider considers necessary or advisable with the exception of \_\_\_\_\_ (state exception or write "none").

Prior to the procedure, I will have the opportunity to discuss my plan of anesthesia care with the anesthesia care provider. Unless specifically indicated, I agree to any intervention deemed appropriate by my doctor and/or anesthesia care provider in the event of a heart attack.

The nature and possible risks of the anesthesia/moderate sedation have been fully explained to me. The possible alternative methods of treatment, the risks involved, and the possibility of complications have been fully explained to me. No guarantees or assurances have been made or given by anyone as to the results that may be obtained.

I, the undersigned, have had this form explained to me and fully understand the contents of this authorization.

\_\_\_\_\_  
Signature of Patient

\_\_\_\_\_  
Date

\_\_\_\_\_  
When patient is incompetent to affix signature:  
Signature of person authorized to consent for patient

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authority to consent

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date

Physician obtaining consent: \_\_\_\_\_ Pager ID: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_ AM / PM