

LOMA LINDA UNIVERSITY MEDICAL CENTER

OPERATING POLICY

CATEGORY: CLINICAL MANAGEMENT CODE: M-18

EFFECTIVE: 05/2018

SUBJECT: STERILIZATION CONSENT REQUIREMENTS REPLACES: 05/2015
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Related Policies:

Patient Consent (P-2)

Emergency Treatment When Consent is Unobtainable (P-8)

Authorization for Treatment of Minors who Lack Capacity to Consent (M-100)

1. This policy applies to human reproductive sterilization, which is defined as any medical treatment, procedure, or operation, for the purpose of rendering a person permanently incapable of reproducing. Where the sterilization is incident to another necessary procedure, the physician shall obtain the patient's consent for the procedure in the same way that consent is obtained for any procedure and the patient should be informed of the possibility or inevitable result of sterilization.

NOTE: Sterilization performed at the same time as emergency abdominal surgery or

premature delivery that is not necessary incident to the procedure is considered

elective.

- 2. Hysterectomies solely for the purpose of sterilization shall not be performed at LLUMC. Exceptions shall require approval by the Ethics Committee.
- 3. Elective Sterilizations.
 - 3.1 Elective sterilizations may only be performed when the following conditions are met:
 - a. Informed consent for the sterilization of the patient has been obtained.
 - b. The sterilization consent form has been signed by the necessary parties.
 - c. The required waiting period has been satisfied (see 3.4 below).
 - 3.2 Informed Consent.
 - a. It shall be the responsibility of the attending physician to thoroughly inform the patient of the risks and consequences of sterilization, secure the patient's written consent, and determine that such consent is obtained from a mentally competent patient who knowingly and voluntarily consents to be sterilized.

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b. Consent shall not be obtained from a patient who is in labor or within 24 hours postpartum or post-abortion.

- c. Consent shall not be obtained from a patient who is seeking to obtain or obtaining an abortion.
- d. The consent, the process of obtaining informed consent, and the required waiting period shall comply with the State and Federal regulations.
- e. Consent shall be secured and documented on designated forms.
- 3.3. Sterilization shall be performed only after informed consent for sterilization has been completed and signed by the patient and the attending physician.
- 3.4 After informed consent has been obtained and the consent form has been signed by the patient and the attending physician, the following waiting period must be met prior to performing the sterilization procedure:
 - a. 30 days, but not more than 180 days.
 - b. The 30-day waiting period may be waived if a private pay patient voluntarily requests this waiver in writing, but in no case shall the waiting period be less than 72 hours.
 - c. The 30-day waiting period may be waived where the sterilization is performed at the time of emergency abdominal surgery *if* the written informed consent was given at least 30 days before the intended date of sterilization, *and* at least 72 hours have passed since written informed consent was given, *and* the physician describes the emergent need for abdominal surgery on the sterilization consent form.
 - d. The 30-day waiting period may be waived where the sterilization is performed at the time of premature delivery *if* the written informed consent was given at least 30 days before the expected date of delivery, *and* at least 72 hours have passed since written informed consent was given, *and* the physician indicates the prior expected date of delivery on the sterilization consent form.

Reference:

Cal. Health & Safety Code §§ 1690-91

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Cal. Prob. Code §§ 2356-2357

22 Cal. Code Regs. § 51163

22 Cal. Code Regs. § 51305.1

22 Cal. Code Regs. § 51305.6(a)

22 Cal. Code Regs. § 70036

22 Cal. Code Regs. § 70037.1

22 Cal. Code Regs. §§ 70707.1 – 70707.8

APPROVERS: Hospital Executive Leadership, LLUMC Chief Executive Officer, LLUMC Chief Nursing Officer, LLUMC Medical Staff President and Chair of MSEC