



CONSENT TO SURGICAL TREATMENT

There are risks involved in any procedure or treatment. It is not possible to guarantee or give assurance of a successful result. It is important that you clearly understand and agree to the planned surgery or treatment.

I authorize Dr. _____ and such physicians, associates, assistants and other personnel or the hospital or medical facility chosen by him or her to perform the following:

In Medical terms as: _____

In Common terms as: _____

And/or to do any procedures that in their judgment may be advisable to my well-being, including such procedures as are considered medically advisable to remedy condition discovered during the above procedure.

General Risks and Complications: I am satisfied with my understanding of the more common risks and complications of the treatment or procedure which are described generally on the back of this consent form. These risks include the risk of bleeding, infection, pain, anesthesia risks and death.

Specific Risks and Complications: I am satisfied with my understanding of specific risks of this procedure of treatment including: _____

Alternative Methods of Treatment: I am satisfied with my understanding of alternative procedures or treatments and their possible benefits and risks including: _____

No Treatment: I am satisfied with my understanding of the possible consequences, outcomes or risks if no treatment is rendered.

Second Opinion: I have been offered the opportunity to seek a second opinion concerning the proposed treatment of procedure.

Additional or Different Procedures during Care and Treatment: I understand that conditions may arise which are unforeseen at this time and that it may be necessary and advisable to perform operations and procedures different from, or in addition to, the procedure described. I authorize and consent to the performance of such additional or different operations or procedures as are considered necessary and advisable. I consent to the performance of pathology and radiology services as needed and I further authorize the disposal of any severed tissue or member in accordance with customary hospital or medical facility practice.

Photography: I consent to the photographing or filming of the treatment or procedure (surgical site) for educational or diagnostic use.

No Guarantees: Because there are risks involved in any operation, and it is not possible to guarantee or give assurance of a successful result, it is important that you clearly understand and agree to the planned surgery as the decision of your choice. I understand there are risks involved in any procedure or treatment, and it is not possible to guarantee or give assurance of a successful result.

Other Questions: I am satisfied with my understanding of the nature of the procedure or treatments. All of my questions about the treatment or procedure have been answered. I have read both sides of this consent.

Patient Signature: _____

Physician: _____ Date: _____

PLEASE READ THE INFORMATION ON BACK

DISCOMFORTS

All surgery is associated with some discomforts. Some of these discomforts include those from intravenous needles, fluids and medications; anesthetic-related discomfort from the administration of anesthesia; incisional discomfort; and urinary catheter discomfort.

INFORMATION ABOUT SURGICAL RISKS

Medicine and surgery are generally safe, helpful and often lifesaving. However, medical or surgical procedures of any type involve the taking of risks, ranging from minor to serious (including death). It is important to be aware of the following possible risks before receiving the treatment you and your physician are planning. Surgery is not always curative and any problem can reoccur requiring further surgery. Error in diagnosis may require other or unplanned surgeries. No diagnostic test or physician is 100% accurate in diagnosing a condition or disease. It is not possible to list all the possible risks and complications, and their variations that may arise in any surgical operation or procedure. Each situation depends upon the condition of the patient's health and the purpose and nature of the operation.

The following may be the reactions of your body to medical/surgical operations or procedures:

Infection: Invasion of tissue by bacteria or other germs occurs to some degree whenever a cut or incision is made. In most instances, through the natural defense mechanisms of the body, healing of affected area occurs without difficulty. In some instances antibiotic medicines are prescribed and at times additional surgical measures may be necessary to combat infection. An infection can lengthen your hospitalization, increase cost and discomfort. It may require opening the wound, wound care and home nursing.

Hemorrhage and Blood Transfusions: The cutting of blood vessels causes bleeding and this occurs in every surgical incision. This bleeding is usually controlled without difficulty. At times, though, blood transfusions are required to replace excessive blood loss. If blood transfusions are given, there is a small additional risk that hepatitis (liver inflammation) or serious blood reactions may occur. There is a more remote possibility that Acquired Deficiency Syndrome (AIDS) may develop. There is no absolutely reliable way to predict these unwanted reactions, some of which may be quite serious and even lead to death. The options of providing your own blood or that of designated donors, where available, if time permits have been explained. In minor operations there is usually less blood loss than in major ones, but not always. There are instances when excessive bleeding occurs after the original operation is completed and additional action must be taken to control the delayed bleeding.

Drug Reactions: Unexpected allergies, lack of proper response to medications or illness caused by the prescribed drugs are possibilities. It is important for you to inform your physician of any problems you have had with reaction to drugs and to let him/her know which medications you now take regularly.

Stress: There may be unusual or unexpected responses to the drugs or medications that you receive during surgery and hospitalization. Prior to surgery, you are not allowed to eat or drink for several hours in order to reduce the possibility of vomiting during or after surgery. Surgery is a stress to your body. Cardiopulmonary complications can lead to problems with your heart or lungs such as pneumonia or heart attack.

Blood Vessel Inflammation and Clotting: Blood clots in the legs (deep venous thrombosis) that may migrate to the lungs (pulmonary embolus) can follow any operation. An incision can result in a hematoma or blood clot.

Injury to Other Organs: Because of the proximity of other organs to each other, unexpected damage may occur to those organs. Bowel, bladder or blood vessel damage may occur resulting in the possibility of additional surgery at the time of the original surgery or at a later time. All incisions result in a scar which may have persistent numbness after the procedure. An incision can result in a hematoma or blood clot or hernia.

ALTERNATIVES TO TREATMENT

Other ways of managing your illness, which may range from doing nothing to taking different treatment measures, should be considered. Since you and your doctor have decided upon surgery, do not hesitate to discuss the reasons for the choice and the alternatives available for treatment of similar conditions. The potential effectiveness and risks accompanying these alternative methods of treatment also should be considered.