

SURGERY CONSENT FORM

Patient Name and Surname:..... Date:.....

Address:.....

DOB:..... Sex M F

A. Condition and Procedure

This condition requires the following procedure.
(Doctor to document – include site and/or side where relevant to the procedure)

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B. Anaesthetic

This procedure may require an anaesthetic.
(Doctor to document type of anaesthetic discussed)

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C. Risks of the Procedure

There are risks and complications with this procedure, they include but are not limited to the following:
(Doctor to cross out and initial statements on this consent, not relevant to the patient's procedure)

General Risks:

- Infection can occur, requiring antibiotics and further treatment. Treatment may include additional surgeries.
- Bleeding could occur and may require a return to the operating theatre. Bleeding is more common if you have been taking blood thinning drugs such as warfarin, aspirin, clopidogrel (Plavix or Iscover) or Dipyridamole (Persantin or Asasantin).
- Small areas of the lung can collapse, increasing the risk of chest infection. This may lead to antibiotics and physiotherapy and increased hospital stay.
- Increased risk in obese patients of wound infection, chest infection, heart and lung complications and thrombosis.
- Heart attack or stroke could occur due to the strain on the heart
- Blood clots in the leg (DVT) causing pain and swelling. In rare cases the clot may break off and go the lungs (embolism)
- Death as a result of the procedure is possible

Specific Risks:

There are some risks / complications, which may happen specifically within this type of surgery. These include, but are not limited to the following:
(Doctor to document)

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D. Patient Consent

I acknowledge that the doctor has explained:

- My medical condition and the proposed procedure, including additional treatment if the doctor finds something unexpected. I understand the risks, including the risks that are specific to me
- The anaesthetic required for this procedure. I understand the risks, including the risks that are specific to me.
- Other relevant procedure/ treatment options and their associated risks.
- My prognosis and the risks of not having the procedure
- That no guarantee has been made that the procedure will improve my condition even though it has been carried out with due professional care.
- The procedure may include a blood transfusion
- Tissues and blood may be removed and could be used for diagnosis or management of my condition, stored and disposed of sensitively by the hospital
- If immediate life-threatening events happen during the procedure, they will be treated based on my discussions with the doctor or my Acute Resuscitation Plan
- I have been given the following information sheets
 - Anaesthetic
 - Blood and Blood Products Transfusion
- I was able to ask questions and raise my concerns with the doctor about my condition, the proposed procedure and its risks, and my treatment options. My questions and concerns have been discussed and answered to my satisfaction.
- I understand I have the right to change my mind at any time, including after I have signed this form but, preferably following a discussion with my doctor
- I understand that image/s or video footage may be recorded as part of and during my procedure and that these image/s or videos/s will assist the doctor to provide appropriate treatment

On the above basis of the above statements:

I request to the have the explained procedure:

Patient name:
Signature:.....
Name of Procedure (in own words):
Date:.....

E. Doctor / Patient Statement

I have explained to the patient all the above points under the Patients Consent section (D) and I am of the opinion that the patient has understood the information

Doctor:.....
Designation:.....
Signature:.....
Date:.....