



四川大学华西第二医院

手术知情同意书

姓名: [redacted]

病案号: [redacted]

登记号: [redacted]

姓名: [redacted]

性别: 女性

年龄: 4岁11月

床号: [redacted]

时间: 2020年07月21日 18:07

临床诊断: 1. 双肺结节: 炎症? 肿瘤? 其他; 2. 重症肺炎 (大肠埃希菌); 3. 传染性单核细胞增多症; 4. 贫血待诊: 缺铁性贫血? 溶血性贫血? 巨幼细胞性贫血?; 5. 免疫缺陷病?; 6. 凝血功能障碍; 7. 反复呼吸道感染; 8. 中度营养不良。

麻醉方式: 全麻

疾病介绍, 治疗方案建议及患方选择:

根据现有的医学技术, 有以下治疗方案可供选择:

1. 根据现有医疗条件, 可选择的手术方式如下: 胸腔镜探查 (备胸腔镜下或开胸左肺病灶切除活检术)

2. 其他治疗方案: 1) 继续保守治疗, 病情反复, 感染加重, 病灶继续扩大并波及周围组织。2) 超声和CT引导下穿刺活检术, 因条件有限取材失败可能, 穿刺道感染, 穿刺点出血等。3) 开胸手术, 取材较满意, 但创伤较大, 术后胸廓畸形。且因患儿长期反复肺部感染, 不排除胸腔粘连严重胸腔镜下暴露困难中转开胸。

经医生详细介绍疾病相关知识及上述各种治疗方案, 通过对各种治疗方案的优缺点、治疗费用及相关风险综合评估, 我慎重选择并要求采取胸腔镜探查 (备胸腔镜下或开胸左肺病灶切除活检术) 方案进行治疗。

手术风险:

医生告知我手术可能发生的一些风险如下, 有些常见或未知的风险可能没有在此列出, 具体的手术方式根据不同患者的情况有所不同, 医生告诉我可与我的医生讨论有关我手术的具体内容, 如果我有特殊的问题可与我的医生讨论。

1. 我理解任何手术、麻醉都存在风险。

2. 我理解任何药物都可能产生副作用, 包括轻度的恶心、皮疹等症状到严重的过敏性休克, 甚至危及生命。

3. 我理解手术可能发生的常规风险如下:

1) 麻醉并发症 (详见麻醉知情同意书);

2) 术中、术后大出血, 严重者可致休克, 甚至死亡;

3) 术中根据具体病情改变手术方式;

4) 术中损伤神经、血管及邻近器官;

5) 伤口并发症: 出血、血肿、浆液肿、感染、裂开、脂肪液化、伤口不愈合, 瘘管及窦道形成;

6) 血管栓塞: 严重者可导致昏迷及呼吸衰竭, 危及生命安全;

7) 呼吸系统并发症: 肺不张、肺感染、胸腔积液、气胸等;

8) 循环系统并发症: 心律失常、心肌梗塞、心力衰竭、心跳骤停;

9) 尿路感染及肾衰;

10) 脑并发症: 脑血管意外、癫痫、脑梗塞、脑出血等;

11) 精神并发症: 手术后精神病及其他精神问题;

12) 血栓性静脉炎以致肺栓塞、脑栓塞等;

13) 术后多器官功能衰竭 (心功能、肾功能、肝功能、呼吸功能、胃肠道功能等), 凝血功能障碍

患方签名: [redacted]



四川大学华西第二医院



手术知情同意书

姓名: [REDACTED]

病案号: [REDACTED]

登记号: [REDACTED]

我的医生已经告知我病情、将要进行的手术方式、手术中及手术后可能发生的并发症和风险,可能存在的其他治疗方法并且解答了我关于该手术的相关问题。

我要求为我(患者)施行手术,并理解手术并发症和手术风险。

我授权在手术中医生可以根据我的病情对预定的手术方式作出调整。

我理解我的手术需要多位医生共同进行。

我授权医师根据手术中具体情况做冰冻活检。

我授权医师对手术切除的病变器官、组织或采取的血液等标本进行处置,包括病理学检查、细胞学检查和医疗废物处理,以及用于教学、科学研究等。

我并未得到手术和治疗百分之百成功的许诺。一旦发生上述风险,我授权医生根据情况决定抢救诊疗方案,并同意支付所发生的诊疗抢救费用。

我的其他说明:

患者签名:

签名日期: 年 月 日

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患者授权的代理人或近亲属签名:

与患者关系:

签名日期: 2020 年 7 月 21 日

医生陈述:

我已经告知患者的病情、将要进行的手术方式、此次手术及术后可能发生的并发症和风险,可能存在的其他治疗方法并且解答了患者关于该手术的相关问题。

医师签名: [REDACTED]

签名日期: 2020 年 7 月 21 日

患方签名: [REDACTED]



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病案号: _____

登记号: _____

碍, 播散性血管内凝血DIC等, 危及生命;

14) 水电解质平衡紊乱;

15) 诱发原有疾病恶化;

16) 术后病理报告与术中冰冻活检结果不符;

17) 再次手术;

18) 其他不可预料的不良后果;

4. 专科可能出现的意外和并发症如下:

1. 手术方式根据术中情况决定。本次拟行胸腔镜下左侧病损肺叶及周围组织活检以辅助明确诊断或鉴别诊断, 本身无治疗意义。术中可能中转开胸手术, 创伤较大, 且存在脊柱畸形、胸廓畸形、伤口感染不愈合等固有并发症。术中发现若合并先天性发育异常, 条件允许则术中相应处理或后期继续治疗。

2. 术中、术后出血, 需输血治疗, 甚至再次手术止血。

3. 术中损伤临近组织, 器官, 大血管, 神经, 淋巴管, 引起相应症状, 严重时危及生命。

4. 术后气管胸膜漏、气胸、乳糜胸, 治疗时间较长, 长时间保留胸腔引流管可能, 或需其他治疗, 甚至需再次手术。

5. 术后剩余肺组织不复张, 对侧肺不张, 需进一步治疗, 甚至再次手术。

6. 手术诱发原有疾病加重, 肺部感染, 术后脱管困难或气道水肿等情况需呼吸机辅助通气, 预后不良, 甚至有生命危险。术后需在PICU长期治疗, 各种相关并发症, 后续治疗费用高昂。

7. 切口裂开, 切口感染, 需长期换药, 延迟愈合或不愈合。瘢痕形成, 影响外观。

8. 最终诊断以术后病理报告为准, 根据结果可能需进一步放化疗或手术治疗; 术后病理阴性结果可能, 必要时需再手术取活检。

9. 术后病灶进行性长大, 需再手术或其他治疗;

10. 其他不可预知的情况。

监护人意见:

选择手术 此次治疗为本次住院期间有效

签名: _____

5. 本手术提醒患者及亲属注意的其他事项:

6. 关于合并症的相关风险告知:

我理解如果我患有高血压、心脏病、糖尿病、肝肾功能不全、静脉血栓等基础疾病或者有吸烟史, 以上这些风险可能会加大, 或者在术中或术后出现相关的病情加重或心脑血管意外, 甚至死亡。

7. 我理解术后如果我的体位不当、咳嗽不力, 或不遵医嘱, 可能影响手术效果。

8. 我知道一旦发生上述风险和意外, 医生会采取积极应对措施。

患者知情选择:

患方签名 _____



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