

Case 1

MEDICAL RECORD

Progress Notes

NOTE DATED: 07/31/2015 13:26

LOCAL TITLE: IMED CONSENT (INFORMED CONSENT NOTE)

STANDARD TITLE: CONSENT

Signature Informed Consent for
GROIN EXPLORATION (MALE)

LYMPH NODES - NEEDLE BIOPSY (PERCUTANEOUS LYMPH NODE BIOPSY)

RECTUM - RECTAL BIOPSY (RECTAL BIOPSY)

RECTUM - RECTAL EXAM UNDER ANESTHESIA (RECTAL EXAM UNDER ANESTHESIA)

SIGMOIDOSCOPY

1. Anatomical Location: groin, bilateral inguinal lymph nodes

2. Informed consent was obtained at 1:26 PM on July 31, 2015.

The full consent document can be accessed through Vista Imaging.

3. Patient name:

4. The patient HAS decision-making capacity.

5. Surrogate (if applicable):

6. Reason for the treatment (diagnosis, condition, or indication):

Swelling or mass of the groin. To examine the groin for disease or other abnormality.

Cancer, infection, or other problems with the lymph nodes.

Suspicious lesion of rectum

Rectal symptoms which require examination under anesthesia.

To examine the lower colon for disease, infection, or other abnormality, including cancer. Treatment(s) may be performed depending on the findings.

7. Treatment/procedure: GROIN EXPLORATION (MALE)

This procedure allows your doctor to view and inspect the inside of your groin. This is the region in the front of your body where the thigh meets the abdomen. Your doctor can check for disease or any other problems.

Your doctor will make a cut in your lower abdomen, near the groin crease. This is where the front of your thigh meets the lower abdomen. Your doctor will examine the structures inside the groin.

Your doctor may do any of the following:

Remove samples of tissues, lymph nodes, and/or fluids for further testing.

Remove foreign bodies or growths.

Stop and control bleeding. Your doctor may use a heat source, clips, or medicines.

Repair an inguinal hernia. This is an abnormal bulge in the groin due to a weakness in the abdominal wall. Your doctor will push what is bulging through the abdominal wall back into its original place. Next, the muscle and tissue in the area will be stitched closed to repair the opening in the abdominal wall. Plastic mesh may be sewn in place to reinforce the area.

Treat nerve entrapment or neuroma. Nerve entrapment means pressure on the nerves. A neuroma is a benign growth of nerve tissue. Your doctor may inject local anesthetic and/or corticosteroid. A local anesthetic is a medicine to numb pain. A corticosteroid will reduce inflammation.

Diagnose and/or treat undescended testicles. Your doctor may need to make one or more small incisions on your scrotum. Your doctor will free the cord that holds the testicle within the scrotum. The testicle will be gently pulled down into the scrotum. Your doctor

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Place a hollow tube to keep narrowed areas open.
Mark certain tissues. This will help locate these areas at a later date.
Shrink veins with rubber bands or medicine.

GROIN EXPLORATION (MALE)
PERCUTANEOUS LYMPH NODE BIOPSY
RECTAL BIOPSY
RECTAL EXAM UNDER ANESTHESIA
SIGMOIDOSCOPY

8. Anesthesia will be administered.
9. Consent to Blood Products (if applicable):
I CONSENT to the use of blood products during this treatment/procedure if they are needed. I understand that the benefit of blood products is that they may improve my overall condition or save my life. I understand that my consent for use of blood products is valid while I recover from the treatment/procedure. My provider will determine when this recovery period ends. If this consent form expires, my treatment plan changes, or if blood products are needed for a reason that is unrelated to this treatment/procedure, I will be asked again for my consent for use of blood products. I understand that common risks of using blood products include (but are not limited to) infection or irritation where the needle is placed, fever, chills, and skin rashes. Other rare but more serious complications may occur such as allergic reactions, heart failure due to fluid overload, acute pulmonary edema (fluid leaking into the lungs), shock, or death. I also understand that transfusions of blood or blood products involve a small risk of transmission of diseases such as Hepatitis B (1 in 137,000), Hepatitis C (1 in 1,000,000), and HIV/AIDS (1 in 1,900,000). There is also a small risk of bacterial infection when blood platelets are transfused. Alternatives to blood or blood products may be available if my health, time, and procedure permit. These alternatives may include auto-donation (using my own previously donated blood) and intra-operative salvage (my own blood collected during surgery). In addition, medications may be used to reduce the need for blood products.
10. Practitioner obtaining consent: RESIDENT
PHYSICIAN)
11. Supervising practitioner: [REDACTED]
12. Practitioner(s) performing or supervising treatment/procedure (if

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13. Witness Name(s):

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14. Comments:

In certain circumstances, the presence of a vendor representative (company representative) is important to the success of the procedure. Prior to the procedure the representative will sign an agreement to strictly adhere to VA's privacy rules. The representative may provide technical advice but will not physically participate in the procedure. The representative will be closely monitored by the VA treatment team.

, Tissues removed during the course of this treatment/procedure will be disposed of in accordance with hospital procedures.

, In compliance with FDA regulations, individually-identifiable patient information may be disclosed to the medical device manufacturer to enable product recalls, repairs, or replacement.

*** SCANNED DOCUMENT ***
SIGNATURE NOT REQUIRED

Electronically Filed: 07/31/2015

by: User IMED

IMED CONSENT USER

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MEDICAL RECORD

Progress Notes

NOTE DATED: 08/30/2018 11:04

LOCAL TITLE: IMED CONSENT (INFORMED CONSENT NOTE)

STANDARD TITLE: CONSENT

Signature Informed Consent for

ANUS - CONDYLOMA FULGURATION (CONDYLOMA FULGURATION)

1. Anatomical Location: eua, anoscopy anal biopsy, fulguration possible
flex sig

2. Informed consent was obtained at 11:03 AM on August 30, 2018.

The full consent document can be accessed through Vista Imaging.

3. Patient name:

4. The patient HAS decision-making capacity.

5. Surrogate (if applicable):

6. Reason for the treatment (diagnosis, condition, or indication):
Discomfort or bleeding caused by genital warts.

7. Treatment/procedure: This procedure involves the destruction of
anal warts using cryotherapy, electrocautery, or a special laser
device. Cryotherapy involves using liquid nitrogen to freeze the
warts. This causes a blister to form around the wart. New skin
forms during the healing process. Electrocautery involves using a
probe that emits an electrical current to burn off the warts. Your
doctor may choose to use laser treatment to remove the warts. A
laser device uses intense beams of light to burn off the wart.

8. Anesthesia will be administered.

9. Consent to Blood Products (if applicable):

It is not expected that blood products will be used in this
treatment/procedure.

10. Practitioner obtaining consent:

PHYSICIAN)

11. Supervising practitioner: [REDACTED]

12. Practitioner(s) performing or supervising treatment/procedure (if
not listed above): (RESIDENT PHYSICIAN);

RESIDENT PHYSICIAN,

13. Witness Name(s):

14. Comments:

In certain circumstances, the presence of a vendor representative
(company representative) is important to the success of the
procedure. Prior to the procedure the representative will sign an
agreement to strictly adhere to VA's privacy rules. The
representative may provide technical advice but will not physically
participate in the procedure. The representative will be closely
monitored by the VA treatment team.

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be disposed of in accordance with hospital procedures.

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manufacturer to enable product recalls, repairs, or replacement.

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Case 2

MEDICAL RECORD

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08/30/2018 11:04

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