

I, the undersigned, consent to the following operation(s) and/or procedure(s): laparoscopic appendectomy possible
open appendectomy

To be performed by Dr. Jones, Stephen and his/her associates and assistants with knowledge that the attending physician will have primary responsibility for my care specific to the stated procedure. Dr. Jones, Stephen has explained to me the nature, purpose and possible consequences of each operation(s) and/or procedure(s) as well as the substantial risks and possible complications involved the benefits and the possible alternative methods of treatment. I understand that it is impossible to list all the risks of any invasive procedure.

The Inherent Risks of General Surgery Include But Are Not Limited To:

Patient Initials:

Bleeding that may require further surgery or blood transfusions; worsening of pre-operative conditions and/or failure of procedure to be successful requiring further surgeries; infection; wound separation; adhesions; missing diagnosis of cancer or incomplete removal; excessive or unusual scarring; blood clots; myocardial infarction; cardiac arrhythmias; perforation and/or injury to adjacent blood vessels, nerves or organs; inability to complete procedure due to complications or equipment failure; protracted recovery from the use of local or general anesthesia; death; inadvertent puncture, laceration or tearing of other organs requiring additional surgery to repair. It is impossible to list all the risks of any invasive procedure.

If my doctor discovers a different, unexpected or unforeseen medical condition during my surgery, I consent and authorize him/her to perform additional or different procedures as deemed medically necessary and advisable in his/her professional opinion. This includes remedying conditions that are not known at the time of the procedure. If such a situation occurs, I request and authorize my doctor to perform the remedying procedure. I do not want to be woken up from anesthesia to discuss the unforeseen findings.

In addition to the above listed risks, there are risks associated with different procedures. The below procedures list additional risks and complications for your consideration. As stated above, it is impossible to list every potential known complication or risk.

General/Endoscopic Surgery: Injury to colon and small bowel such as perforation or punctures, and cuts to organs and tissues including but not limited to the esophagus, chest, trachea, ureter; kidneys; gallbladder; common bile duct; liver; stomach; uterus; fallopian tubes; ovaries; vascular structures; anastomotic leaks; incisional hernia; impotence; lymphedema; bladder; urinary retention; aspiration, electrocautery burns, infection and in rare cases even death.

Urology: As listed in general surgery consent; and deterioration of testes; impotency; urinary extravasation; stricture formation; incontinence of urine; urinary retention; chronic pain; retrograde ejaculation; recurrence of stones; recurrence of cancer; herniation or erosion; inability to insert device; leakage of urine; need for urinary catheter.

Gynecology: As listed in general surgery as well as injuries to the vagina, vulva, bladder; perforation of the uterus; infertility; premature delivery; scarring of the uterus and cervix; abnormal fluid or air collections in chest and abdomen; premature menopause; urinary leakage; inability to urinate; nerve damage causing weakness, pain and numbness in the legs and thighs.

Head & Neck: Injury to nerves and vessels; cerebral spinal fluid leak; vision problems or blindness; worsening or loss of hearing; change in voice or loss of voice.

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Orthopedics: In addition to the general surgery risks, specific risks include failure of fractures to heal; damage to arteries, nerves and tendons; stiffness and swelling of the arm(s)/leg(s); nerve damage resulting in nerve injury; tendon rupture; pain; weakness, numbness, tingling; reflex sympathetic dystrophy, fractures or breaks of the bones of the arm(s)/leg(s); changes in the length of the arm(s)/leg(s); poorly healing wounds; need for future surgery and blood transfusions; prolonged illness and permanent deformity; injury to intra-abdominal organs; alteration of ambulation; stiffness; immobilization; recurrence of deformity; prolonged swelling; numbness; mechanical failure of an artificial joint and possible need for revision; infections; blood clots in the arms, legs, or lungs; strokes; heart attacks; allergic reactions; personality changes and mental difficulties; and rarely even death.

Neurosurgery: Numbness; reflex sympathetic dystrophy; dislodgement of catheters from the spinal fluid either from the ventricular or from the lumbar subarachnoid space from the abdomen; blockage of the shunt at both places; cerebral spinal fluid leak; premature rupture of aneurysm with massive stroke or uncontrollable bleeding when surgery cannot be completed; coma; weakness; seizures; nerve injury; no improvement of pain; recurrence of disc in about 5% of cases; paralysis; kyphotic spine or subluxation of the spine when one bone moves over the other bone; air embolism; movement of cages; extrusion of the disc space after ambulation; non-union; pseudoarthritis; injury to the esophagus, laryngeal nerve, vertebral artery; graft extrusion with plate placement with screws; misalignment of screw position.

Vascular Surgery: As listed in general surgery consent as well as injuries such as renal failure requiring dialysis; colon ischemia resulting in colon resection; graft failure; pulmonary failure requiring prolonged intubation or tracheotomy; recurrent stenosis; carotid thrombosis; stroke; thrombosis formation; pulmonary embolism; malplacement or migration of stent or filter; spinal cord ischemia; ventral hernia formation; steal syndrome; hematoma.

Thoracic Surgery: As listed in the general and vascular surgery consent as well as injuries such as lung collapse; puncture of esophagus or trachea; injury of the larynx; lead/electrode heart perforation or scarring; damage to blood vessels near the heart.

Plastic Surgery: Formation of undesirable scar tissue; persistent pain, redness, or swelling near area of surgery; fat embolism; skin graft or tissue flap loss; decrease or loss of sensation in the area of procedure; loss of nipple; loss of nipple sensation; infection or deflation of breast implant or expanders; asymmetry; inability to correct facial fractures; incomplete correction of ptosis.

Other: _____

Patient Initials

My doctor has provided me with the opportunity to ask questions about the proposed procedure. All of my questions have been answered to my satisfaction.

I fully understand that there are inherent and substantial risks and complications associated with all surgical and invasive procedures. I fully understand that cuts, punctures, perforations or burns to surrounding internal organs, tissues, blood vessels, and nerves are known surgical complications that may require me to undergo additional surgical or invasive procedures, returns to surgery or treatments to repair any injury or damage resulting from these types of complications. It is impossible to list every potential known complication or risk.

I consent to the administration of blood or blood products as deemed necessary by my doctor(s). I understand that there are risks inherent in every blood transfusion and these risks, benefits and alternatives have been explained to me.

I consent to the use of anesthetics and/or sedation as may be considered for my pain and anxiety.

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I understand that the hospital may dispose of any tissues or parts surgically removed during my procedure.

I consent to the use of medical photography during my procedure; the release of my social security number for the purpose of tracking any implantable device; to the presence of technical representatives or qualified observers during my procedure as deemed appropriate between my doctor and the hospital.

I understand that in the event of unforeseen mechanical/equipment failure the procedure will be cancelled or terminated for health and safety reasons.

The content of this consent form has been explained to me. I have read it or have had it read to me and I understand its contents.

My initials indicate whether manufacturer's representative, observes, students, or health care professionals to meet continuing education requirements, may be present during my procedure, in accordance with my physician's approval and hospital policy.

I voluntarily consent and authorize my doctor and his/her associates to perform this surgery or procedure. I have been advised that _____ will be assisting my doctor. I further authorize my doctor to arrange additional services such as anesthesia, pathology and imaging as deemed necessary for my care. I also authorize my doctor to administer any anesthetics or contrast materials deemed medically necessary.

Patient Signature

9/18/18
Date

1015
Time

Signature of: Parent/Guardian/Proxy/ Surrogate

Date

Time

Witness Signature

9/18/18
Date

1015
Time

Physician's Declaration:

I hereby certify that I have explained fully the risks, benefits, side effects related to the proposed procedure listed above & alternatives, such as not having proposed procedure, the likelihood of achieving goals as result of procedure, any potential problems that may occur during recuperation, and have answered fully all of the questions posed by the patient or the patient's representative.

Signature of Physician

9/18/18
Date

1015
Time

**Informed Consent for Operative or
Invasive Procedure(s)**



- 1) Modern anesthesia is relatively safe and uneventful so that virtually everyone can be offered its benefits. Most operations / procedures can be performed utilizing general anesthesia, regional anesthesia (such as epidural, saddle block, spinal, Bier block), sedation/analgesia or a combination of these methods of anesthesia. Your anesthesia provider will decide the type of anesthetic drug(s) and techniques and the choice and the medically acceptable alternatives will be discussed with you. In the case of sedation / analgesia given for a procedure, the physician responsible for the procedure will decide the drugs. Every type of anesthesia and sedation/analgesia has certain types of risks and hazards that are known by your anesthesia provider/physician. Unexpected reactions and complications may occur, however, and vary between patients where medical conditions appear otherwise similar.
- 2) ANESTHESIA – Risks and hazards which are recognized by anesthesiologist as substantial and which can occur regardless of experience, care and skill of the anesthesia provider include, but are not limited to: broken teeth, allergic reactions, sore throat, awareness under anesthesia, hoarseness, pneumonia, phlebitis (Inflammation and Infection of the veins), nerve injury or paralysis, damage to or failure of the heart, liver, kidneys and/or brain, and death. In most cases these risks and hazards are rare. Your anesthesia provider will do his/her best to protect you from such risk and hazards, but no guarantees as to the outcome of anesthesia can be made.
- 3) SEDATION/ANALGESIA FOR PROCEDURES – It is common for a patient to experience one or more of the following short term side effects from sedation/analgesia: nausea, vomiting, slurred speech, amnesia, itching, agitation and confusion. With any sedation/analgesia procedure there is always the possibility of unexpected side effects or complications such as allergic reaction, increase or decrease in blood pressure or decrease in heart rate, decreased respirations, respiratory arrest, and cardiac arrest.
- 4) Due to a nature of the particular surgery, blood transfusions may be required. Some hazards of the infusion include, but not limited to: diseases transmitted through blood products, such as hepatitis, AIDS, and allergic reactions.
- 5) I understand that the anesthesia provider who administers the anesthetic or sedation will choose the type of anesthesia/sedations/analgesia, and it may be changed if necessary, except as specified by patient.

Exception: ☐ None ☐ Spinal ☐ Epidural ☐ Other _____

I (we) have read the above statements _____ Date 9/18/18 Time 1010

I (we) have been given an opportunity to ask questions about my condition, alternative forms of anesthesia or sedation/analgesia and treatment, risk of non-treatment, the procedures to be used, and the risk and hazards involved, and I (we) have sufficient information to give this informed consent. I request that I be given anesthesia or sedation/analgesia for my operation/procedure.

Patient's Signature _____ Date 9/18/18 Time 11-20

Person giving consent if other than Patient _____ Relationship _____

Signature of Witness _____ Date 9/18/18 Time 11-20

I have explained and discussed the risks and benefits of anesthesia &/or sedation/analgesia and alternative forms of treatments with the patient.

Physician's Signature _____ Date 9/18/18 Time 1030

Consent for Anesthesia and Sedation / Analgesia