

手术同意书

科别：肿瘤外科肝胆外科

住院号：

姓名： 性别：女 年龄：62岁 病房：0002146487 床号：

术前诊断：腹腔占位

拟行手术：剖腹探查、胰十二指肠肠切除术

拟行麻醉：会诊

预定手术时间：2017-05-05 09:00

手术负责人：徐力善 术者：徐力善 助手：翟博 杨冬冬

一、术中、术后可能发生的情况

1、麻醉意外；术中及术后呼吸心跳骤停，心脑血管意外；2、如术前患心脏病或隐性心脏病、糖尿病、高血压等，可能在术中术后突然发作；3、术中及术后心、肝、肺、脑、肾功能衰竭，多器官功能衰竭；4、术中及术后大出血、失血性休克、DIC；5、术中根据具体情况决定术式：胰头十二指肠切除术、全胰腺切除、肿瘤切除、十二指肠切除吻合、联合器官切除（肝部分切除、右肾切除、右侧肾上腺切除），累及肝动脉、门静脉、肠系膜上静脉、肾静脉行血管切除重建、如必要需行胆囊及脾切除，消化道重建等等；6、术中根据情况应用吻合器，闭合器，医疗费用增加；术后重要脏器功能障碍，需要转重症监护室治疗，医疗费用高昂；7、邻近器官发生损伤；术后发生吻合口漏；出现胰瘘、胆汁瘘、胃肠瘘，可能再次手术；8、术后腹腔、消化道出血需二次手术止血；9、粘连性肠梗阻，胃无力综合症，应激性溃疡；腹腔积液、腹腔脓肿；10、术后切口感染，不愈合，裂开，切口疝；11、肺感染、肺栓塞、下肢深静脉血栓；12、术后癌肿复发、转移。13、根据术后病理决定病变性质及进一步治疗方式。14、若手术较大、麻醉时间长、术后需转入ICU观察治疗。15、其他难以预计的并发症及意外。

二、书中、术后可能出现的意外

- 1、麻醉剂出现过敏性休克。
- 2、脑中风（脑出血、脑梗塞）。
- 3、猝死（心脏骤停）。

三、拒绝手术治疗出现的后果：病情恶化，出现梗阻性黄疸，肿瘤转移。

四、其它：术中根据情况应用吻合器，闭合器，医疗费用增加；术后重要脏器功能障碍，需要转重症监护室治疗，医疗费用高昂；肺感染、肺栓塞、下肢深静脉血栓；术后癌肿复发、转移。

说明：由于疾病的治疗需要，必须手术或探查明确诊断；急诊抢救，为挽救生命，在手术过程中出现难以避免的副损伤，手术并发症或术中、术后发生意外死亡，家属应予以理解，并承担所发生的有关费用。

负责医生向患者家属认真逐条讲清楚，慎重考虑后，加同意，请签字为凭。

患者或被委托人签字：

与患者的关系：子父

对以上风险已详知同意

科主任签字：

经治医师签字：

—— 手术前签字时间：2017-05-04 18:37

附注：①特殊情况下请值班院长签字。②择期手术病人，应提前一天向患者家属做术前交代。

③特殊情况由科室主任与患者家属共同商议。

Informed Consent Form

Title of case report: Castleman disease presenting with jaundice: A case report and literature review

Investigator: Drs Bo Zhai and Hai-Yang Ren, Department of General Surgery, the Fourth Affiliated Hospital of Harbin Medical University, Harbin 150001, China

You are being asked to consider allowing Drs Bo Zhai and Hai-Yang Ren to use information about your clinical records and available ancillary exams to write what is called a case report.

Case reports are typically used to share new unique information experienced by one patient during his/her clinical care that may be useful for other physicians and members of a health care team. A case report may be published for others to read, and/or presented at a conference. This form explains the purpose of this case report. Please read this form carefully and take your time to make your decision and ask any questions that you may have. The purpose of this case report is to inform other physicians that postoperative delirium may often mask sepsis and early recognition and its aggressive management can save lives. Your information being used for this case report includes the details of your clinical condition, perioperative care and postoperative recovery. Drs Bo Zhai and Hai-Yang Ren and other investigators participating in this case report obligated to protect your privacy and not disclose your personal information (information about you and your health that identifies you as an individual e.g. name, date of birth, medical record number). When the case report is published or presented, your identity will not be disclosed. Although your personal information collected or obtained will be kept confidential and protected to the fullest extent of the law, there is a limited risk associated with this case report that could result in a loss of confidentiality by virtue of your unique experience. You will not directly benefit from participating in this case report. The information that can be shared with other health care professionals, however, may improve the care that is received by others in the future. Allowing your information to be used in this case report will not involve any additional costs to you. You will not receive any compensation. Taking part in this case report is your choice (voluntary). You may choose not to take part or you may change your mind at any time. However, once the case report is written and published, it will not be possible for you to withdraw it. Your decision will not result in any penalty or loss of benefits to which you are entitled including the quality of care you receive. You will be told about any new information relating to this case report that may affect you. Your signature below means that you have read the above information about this Case Report and have had a chance to ask questions to help you understand how your information will be used and that you give permission to allow your information to be used in this case report.

SUBJECT CONSENT TO PARTICIPATE

Case Report Title: *Castleman disease presenting with jaundice: A case report and literature review*

Name of Participant:

Participant decision-maker

By signing this form, I confirm that:

- The case report has been fully explained to me and all of my questions have been answered to my satisfaction.
- I have been informed of the risks and benefits, if any, of allowing my information to be used in this case report.
- I have been informed that I do not have to participate in this case report.
- I have read each page of this form.
- I authorize access to my personal health information (medical record) as explained in this form.
- I have agreed to participate in this case report.

2017 年 12 月 03 日

Name of Participant Decision-maker

Signature

Date