



CO4600

# Acknowledgment Of Consent For Surgery Form IP #A121

Patient's Name \_\_\_\_\_

Physician's Name \_\_\_\_\_

Treatment/Procedure \_\_\_\_\_

## IMPORTANT! READ BEFORE SIGNING

My physician thoroughly explained to me the nature of my ailment, the treatment/procedure, post operative recuperation in a manner which I understand. My physician answered all my questions to my satisfaction.

My physician explained to me that there are some risks inherent in any surgery or treatment, and that surgery offers no guarantees of improvement or cure. My physician explained to me the alternatives including the option of no treatment at all and the risks inherent in that option.

My physician told me that some of the remote but severe risks might be death, paralysis, infection, permanent brain damage.

My physician also told me of other substantial and special risks that can happen with this treatment/procedure, anesthesia, and conscious sedation.

My physician told me the risks, benefits and alternatives with blood transfusion or blood products. I have had the opportunity to ask questions and understand I have the right to accept or refuse blood transfusion and/or blood products.

My physician told me some of the risks or complications that could happen to me, and I recognize the risks inherent in them.

My physician has explained that a resident may participate in my procedure, the extent of the resident's participation and I have agreed to the resident's participation.

I understand there may be observers including residents or medical students present during my procedure.

I understand any specimens (blood or tissue) removed may be examined as part of my medical care and also may be used for research purposes.

I understand that unforeseen problems may be found during the procedure which, in the opinion of my physician, may require treatment in addition to or different from those described above. If that occurs, I request and authorize that the physician provides the additional procedure or treatment.

I understand that my name, address, telephone number and social security number could be provided to the manufacturer if part of my treatment includes implanting a medical device that falls under the tracking requirements of the Food & Drug Administration.

My physician explained to me that a technical representative may be present in the procedure area to provide information about products or processes in use during my treatment/procedure. My physician explained to me that, if present, this technical representative will not be providing direct medical care during my treatment/procedure.

I certify that the above is true and factual. Despite my being told these risks, I still desire to have, and consent to this procedure/treatment.

Patient's Signature \_\_\_\_\_

(or Parent/Guardian if minor)

Date \_\_\_\_\_ Time \_\_\_\_\_

\_\_\_\_\_

Witness to Signature

\_\_\_\_\_

Physician Signature

**IT IS YOUR LEGAL RIGHT TO DETERMINE THE EXTENT OF YOUR MEDICAL/SURGICAL CARE. IF YOU HAVE ANY FURTHER QUESTIONS, ASK YOUR PHYSICIAN BEFORE SIGNING THIS FORM.**

## Blood Products Information

Dear Patient:

Blood products may include:

**Red Blood Cells**—carry oxygen

**Platelets**—control or prevent bleeding

**Fresh Frozen Plasma**—raises the level of clotting factors.

**The benefits of receiving blood or blood products include improved health and the prevention of complications or even death.**

**The most important complications you need to be aware of are:**

**Allergic reactions:** Some people can have problems with breathing, swelling in the throat, itching or rashes or even low blood pressure after receiving blood products.

**Transmission of infectious diseases:** Blood products are carefully selected and tested before they are given to lower the risk of AIDS, viral hepatitis, or other rare infections.

The current risk of getting an infectious disease from blood products is:

|                  |                                |
|------------------|--------------------------------|
| HIV(AIDS)        | 1 in 2,800,000                 |
| Hepatitis B      | 1 in 400,000                   |
| Hepatitis C      | 1 in 500,000                   |
| West Nile Virus  | Unknown. Higher in summer.     |
| Other infections | 1 in 500,000 to 1 in 1,000,000 |

**Metabolic complications:** Receiving a very large amount of blood at one time can change the temperature or chemical balance of the body.

**Blood clotting problems:** Receiving large amounts of blood can upset the balance of clotting factors. This can be prevented or treated by giving more blood clotting factors.

**Fever:** Transfused blood products can cause fever in some people.

**Hemolytic reactions:** Can happen if you receive blood that is a different type than yours.