



Surgical Consent Form

I have been strongly advised to carefully read and consider this consent to surgery form. I realize it is important I understand the information and risks of surgery; I am free to seek other medical opinions regarding my proposed surgery and/or alternatives. I am fully aware of my condition, and I hereby request and authorize Dr. _____ to proceed with surgery as discussed.

I understand my doctor may be able to more comprehensively evaluate the condition at the time of surgery and may deem necessary to change the exact nature of the procedure to improve my outcome. I, therefore, consent and authorize surgical procedures in addition to or different from, those planned as well as unforeseen conditions and to treat as such for a favorable outcome.

In addition, my physician has discussed and fully informed me of the nature of my condition, the proposed surgery, known alternative treatments and likely complications of operative and non-operative care. This would include, but not limited to, non-treatment or pursuing non-operative conservative care, i.e. Physical Therapy, Pain Management, Exercise, Injection Therapy and/or any other reason I wish to not proceed with surgical intervention.

I understand surgery is intended to help relieve pain and improve function; I am aware after surgery there may be unresolved or worsening symptoms as well as other sensations which may not have been present prior to surgery which may include additional treatment including surgery.

I fully understand general complications may occur with surgery such as venous thrombosis (blood clots), pulmonary embolism, infection, pneumonia, stroke, cardiac arrest, anesthesia complications, blood loss requiring blood transfusion as well as disease transmitted by blood transfusion or other means, allergic reactions to medications or materials in short.

I fully understand that a less favorable outcome of surgery may be affected by my own condition such as obesity, diabetes, smoking, use of steroids and/or other medications. I understand that compliance with physician's recommendations both prior to and after surgery such as physical therapy routines, wearing of medical equipment as prescribed and following activity restrictions and similar instructions as essential to improve a favorable outcome.

- ° I understand that blood and blood products are not kept on site and will not be utilized during my procedure.
- ° I consent to the disposal of any tissues or body parts that may be removed
- ° I consent to having staff/representatives from the company that makes or sells equipment used for my treatment to watch the procedure
- ° I consent to having photographs or videos of my procedure for purpose of treatment or in the education of healthcare professionals.

If I have a DNR order in effect, I agree to suspension of that order during my procedure. The DNR order will be reinstated at 24 hours unless the physician specifies it is to be reinstated earlier.

Physician attestation and consent

I, _____, M.D., have explained the proposed procedure to this patient or representative. We discussed the attendant risks, benefits and complications of the procedure including no treatment. I have answered all their questions and consent was obtained.

Physician Signature: _____ Date: _____

I had the opportunity to discuss my condition, treatment and surgery with my physician and family. All my questions and concerns have been answered to my satisfaction. I believe I have the knowledge upon which to base my decision regarding the proposed surgery. I have read and fully understand the information presented above. I hereby voluntarily give my consent to surgery as outlined in this consent. My signature below certifies that I have read, understand, and agree to abide by the preoperative instructions as they have been given to me.

Patient or Representative Signature: _____ Date: _____

Relationship to Patient: _____