

SAND LAKE SURGERY CENTER
INFORMED CONSENT FOR OPERATIVE / OTHER PROCEDURE

Florida State law guarantees that you have both the right and obligation to make decisions concerning your health care. While your physician can provide the necessary information and advice, as a member of the health care team you must enter in the decision making process. This form has been designed to acknowledge your acceptance of the operative/other procedure(s) recommended by your physician.

1. I, _____, hereby authorize Dr. _____ and/or such associates or assistants as may be selected by said physician to perform or assist in the following operative/other procedure(s):
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2. I understand that during the course of the operative/other procedure, post operative care, medical treatment, anesthesia or other operative procedure(s), unforeseen conditions may become apparent which require an extension of the original operative/other procedure(s) or different operative/other procedure(s) or additional treatment(s) from that described above. I, therefore, authorize my physician, and/or his/her associates, to perform such operative/other procedure(s) or additional treatment(s) as they, in the exercise of their professional judgment, deem necessary.
3. I have been informed that there are significant risks such as blood loss, infection, and cardiac arrest, which may result from the performance of any operative/other procedure(s), and in some cases, may lead to death or permanent or partial disability. I am aware that the practice of medicine and surgery is not an exact science and I acknowledge that no guarantee have been made to me as to result or cure. I have also discussed with the named physician and/or his/her associate, the benefits, risks and complications of this specific operative/other procedure(s).
4. Specific risks for this type of procedure are checked and may include but are not limited to:
- Gynecology: Perforation, puncture, laceration, cut, bleeding, infection, prolonged pain, cervical stenosis (narrowing), sterility or inability to bear or have children, premature delivery, an incompetent or weakened cervix, allergic or bad reaction to one or more of the substances used in the procedure, need for blood transfusion, permanent deformity, painful scarring, prolonged illness, pelvic bleeding, unsatisfactory outcome, non-scheduled return to surgery, and subsequent need to repair.
 - Ophthalmology: Perforation, puncture, laceration, cut, scarring, failure to accomplish intent of surgery, loss of corneal clarity, infection, hemorrhage (bleeding), retinal detachment, glaucoma, double vision, glare or light sensitivity, inflammation inside the eye, inability to implant intraocular lens, pupil abnormalities, dislocation or other problems with intraocular lens requiring surgical repositioning, removal or exchange, eyelid drop, permanent blindness or loss of the eye, asymmetry, dry eye, excessive tearing, double vision, decreased vision, loss of nucleus into the back of the eye, unsatisfactory outcome, non-scheduled return to surgery, return to surgery for repositioning of endothelial graft, subsequent need to repair, and inability to wear contact lens.

- Podiatry: Perforation, puncture, laceration, cut, temporary or permanent removal of nail, cutting of nail, skin, tissue, tendon, muscle, cartilage, bone, blood vessels, nerves, temporary or permanent insertion of implant, wire or pin, post-operative discomfort, pain, swelling, bleeding, drainage, discoloration, scarring, temporary disability, excessive pain, infection, phlebitis, nerve damage, numbness, stiffness, looseness, delayed recovery, failure to heal, no recovery, no cure effected, recurrence of ailment, development of new ailment, need for further treatment, allergic reaction, adverse drug reaction, amputation, paralysis, unsatisfactory outcome, non-scheduled return to surgery, and subsequent need to repair.
- Pain Management: Perforation, puncture, laceration, cut, bleeding, infection, post dural headache, transient muscle paralysis, sensory loss, fall in blood pressure, necessity for ventilatory support, spinal cord trauma, post block discomfort, unsatisfactory outcome, non-scheduled return to surgery, and subsequent need to repair.
- General Surgery: Perforation, puncture, laceration, cut, bleeding, infection, fluid collection, poor wound healing, lung collapse, clot in the vein, catheter malfunction, hematoma, difficulty urinating, recurrence of hernia, bowel injury, chronic pain, injury to surrounding structures, abscess, anastomotic leak, anastomotic stricture, bowel obstruction, ureteral injury, bladder injury, difficulty swallowing, breakdown in repair, injury to spleen requiring splenectomy and perforation or injury to esophagus or stomach, respiratory or breathing difficulty, injury to recurrent laryngeal nerve, injury to parathyroid glands, need for lifelong thyroid medication, arm) swelling, seroma, paresthesia, unsatisfactory outcome, non-scheduled return to surgery, and subsequent need to repair.
- Orthopedic Surgery: Perforation, puncture, laceration, cut, infection, further procedures, nerve or blood vessel injury with excessive bleeding, transient/permanent numbness, weakness in extremity, development of reflex sympathetic dystrophy, deep venous thrombosis (blood clot in vein) with embolism and death, unsightly or painful scar, unexpected change in operation at time of surgery, less than complete recovery of normal functions or pain relief, cardiac arrest that can lead to death or permanent or partial disability, unsatisfactory outcome, non-scheduled return to surgery/subsequent need to repair, and possible anesthesia complication.
- Plastic & Reconstructive Surgery: Perforation, puncture, laceration, cut, swelling, bruising, moderate pain, sensation changes, tightness, drainage from incision sites, excessive bleeding or hematoma, contraction, infection, permanent sensation changes, wound separation, unsightly scarring, asymmetry, collection of fluid, deflation/rupture, unsatisfactory outcome, non-scheduled return to surgery and subsequent need to repair.
- Urology: Perforation, puncture, laceration, cut, damage or loss of function of kidney(s), ureter(s), urinary bladder, prostate, urethra, penis, testicle(s), and or scrotal skin, infection (local and/or systemic), excessive bleeding, hematoma formation, blood transfusion, urinary incontinence, impotence, infertility, prosthesis failure, ureteral obstruction, and unscheduled return or repeat surgery.

- ENT- Myringotomy w/ or without tube placement - infection, failure to heal of tympanic membrane. Tonsillectomy and or adenoidectomy - bleeding, dehydration. Endoscopic Sinus Surgery (FESS) - post op bleeding, orbital complications (visual impairment), intracranial extension (brain damage or infection), leakage of cerebral spinal fluid, persistent or recurrent nasal obstruction.
5. I understand that other possible risks may include deep vein thrombosis, pulmonary embolus, stroke, nerve damage, paralysis, coma, drug reaction, rash, allergic reaction, pain, swelling, retained foreign body, damage to bowel or other surrounding organs, unsatisfactory outcome, wound dehiscence, and death.
 6. I also acknowledge that reasonable acceptable alternate courses of therapy have been discussed with me, as well as the benefits, risks and complications of those alternate courses of therapy.
 7. I understand my right to refuse the recommended operative/other procedure(s), and the options available to me should I refuse to consent, and the risks and expected consequences of such a refusal have been discussed with me.
 8. I have had sufficient opportunity to discuss my condition and the planned operative/other procedure(s) with the named physician and/or his/her associate, and all my questions have been answered to my satisfaction. I understand my condition and planned operative/other procedure(s) and I have adequate knowledge upon which to base an informed consent.
 9. I consent to the administration of anesthesia/sedation by my physician, an anesthesiologist or other qualified party under the direction of a physician, as may be deemed necessary. I understand that all anesthetics involve risks of complication and possible damage to vital organs or death.
 10. I understand that the SLSC will dispose of any removed tissue, organs, body parts or fluids in accordance with its policies. Policies at the SLSC permit tissues, organs or body fluids to be examined, documented, preserved or disposed of. The tissues, organs, body parts or fluids may be used for diagnosis of the medical condition, for study and medical research or for the advancement of medical knowledge.
 11. I acknowledge that among those who attend patients at the SLSC are students and other observers, and they may be present during the medical or surgical procedures(s) for educational purposes.
 12. I authorize the physician and the Sand Lake Surgery Center to photograph/videotape my surgery/ procedure(s) at his or her discretion. I understand the photograph(s)/videotape will be used only for the purpose of medical study, research and for the documentation of the medical record.
 13. **Permission for Blood Draw** - In the event of an employee or physician sustaining an accidental exposure to blood or other bodily fluids by needlestick, splash or scalpel injury, for example, I consent to have my blood drawn for blood-borne diseases to include, but not limited to, hepatitis and HIV. I understand that my physician will inform me of the test results after being discharged from the facility.

Patient Label

14. I understand that the Do Not Resuscitate Order shall be rescinded for the duration of surgery/ procedure(s) and recovery.

15. I have Advanced Directives Yes No

16. I agree that I have an adult to drive/accompany me home.

If the patient is unable to sign, or, is a minor, complete the following:

Patient is a minor.

Patient is unable to sign because:

Power of Attorney attached

Date

Time

Patient's Signature / Guardian / Representative
Or Legally Authorized Person / Relationship

Witness to Signature

Physician Signature

Patient Label