



Informed Consent for Invasive
and/or Surgical Procedure
Versión:1

Informed General Consent for Invasive or Surgical Procedures



Informed general consent for Invasive or Surgical Procedures

My diagnosis hypothesis is:.....

MR./MRS.

(Name and Surname of Patient).

ID No., years old

With address at.....

City. District

Date of Consent:

MR. / MRS.

(Name and Surname of Patient).

ID No., years old

With address at.....

City. District

As

(Legal Representative or Responsible Family Member)

I DECLARE:

That the Doctor

1) INFORMATION PROVIDED BY THE PATIENT: I state having provided my treating physician with truthful, complete and reliable information related to my health and health history

2) INFORMATION RECEIVED BY THE PATIENT: I state having been duly and completely informed about all the aspects concerning the procedure I have decided to undertake;

Since



and their team have disclosed to me and explained to me in terms that I have been able to understand, the following:

- a) My diagnosis:

- b) The different treatment alternatives that exist for the diagnosis which has led to my surgery, with their technical variants, and the advantages and disadvantages that each one of these has from a general point of view and for my case, in particular.

- c) That among the alternatives for my choice, I also have the option of not submitting myself to any treatment whatsoever.

- d) The benefits and limitations described for the different treatment alternatives were analyzed, both from a general point of view, and for my case in particular.

- e) That all surgical procedures have risks and/or complications involved in their execution; even some associated to the sedation and/or anesthesia technique that must be used; all of which, in spite of all the measures and care adopted by the medical team, are inevitable, like for example, cardiovascular problems, pulmonary and/or respiratory affectations, infections, neurological damage, hemorrhages, allergic reactions, thrombosis, and others such as the risk of mortality that exists in a very low percentage of the cases.

- f) I have also been informed that all the proposed surgical treatment alternatives, implicitly have the possibility of risks and/or complications, which are inevitable, in spite of the efforts and care of the medical team, and that in some cases limit the possibility of achieving the therapeutic benefits associated to the treatment. These are examples of these cases: hematomas and bleeding; superficial, in depth or systemic infection; lesion of vascular and/or nervous structures; loss of sensitivity in operated area; development of hypertrophic, keloids or pigmented scarring; skin necrosis; fibrosis; superficial irregularities; neurological damages; pulmonary or respiratory damage; injuries to organs;

difficulty in scarifying processes and closure of operation wounds both externally and internally and others.

- g) That carrying out all procedures requires putting the patient under local, regional, epidural or general anesthesia; a technique that will be determined for my particular case subject to the professional evaluation that the treating physician's team and the anesthesiologist in charge will do, considering general medical factors and my personal conditions; and that whatever technique is chosen, this will imply advantages and benefits, but also associated risks and complications that are inherent to its execution.

- h) That all therapeutic procedures have implicit technical limitations, which lead to the existence of a percentage of cases in: which the expected therapeutic benefits are not attained; which when facing the failure of an advanced technological technique or the occurrence of a complication, make it necessary to convert the procedure to more invasive classical techniques; which when facing obtaining partial effects becomes necessary to make further operations and to employ other techniques; all of which depends on variable unforeseen factors, and that in said case I will have to assume the hospital and medical expenses that this means.

- i) That the carrying out of all surgical or invasive procedures necessarily implies a recovery period, variable in general dependent on the treatment done and, in particular, dependent on the characteristics of each individual and their evolution and recovery capacity.

- j) That there is always a small possibility, when facing the evidence of unexpected intra-operational findings, that the surgeon must suspend the scheduled operation, or modify the previously chosen technique, or that is imperative in light of the obligation of the due medical care and in benefit of my health, to carry out unscheduled and uninformed



diagnosis and/or therapeutic procedures: taking samples for biopsy, cultures, removal of nodules or tumor masses, release of adhesion tissues, and so on.

I have understood the explanations that have been given to me in a clear and simple language, and the doctor who has attended me has allowed me to make all the comments and has clarified to me all the doubts that I have had.

I also understand that, at any time, and without needing to provide any explanation, I can reverse the consent that I am giving now.

For this, I state that I am happy with the information received and that I understand the scope and the risks of the treatment.

And under said conditions.

CONSENT

I GIVE CONSENT for the surgical treatment to be done

Signature: Doctor.....

ID No.....

Signature: Patient Mr./Mrs.....

ID No.....

Signature: Legal representative or responsible family member:

.....

ID No.....



REVOKING CONSENT

MR. /MRS.

(Name and Surname of Patient).

ID No., years old

With address at.....

City. District

MR. /MRS.

(Name and Surname of Patient).

ID No., years old

With address at.....

City. District

As

(Legal Representative or Responsible Family Member)

I REVOKE the consent given on date and I do not wish to continue with the treatment, which I consider concluded as of this date.

On (place and date)

Signature: Doctor

ID No.....

Signature: Patient Mr./Mrs.

ID No.....

Signature: Legal representative or responsible family member:

ID No.....