



Kaiser Foundation Hospitals
The Permanente Medical Group, Inc.

Name: _____

**REQUEST FOR OPERATION, ANESTHESIA,
TRANSFUSIONS AND MEDICAL SERVICES**

Imprint Area

Upon medical advice it has been decided that an operation is necessary or desirable to be performed on
(name of patient): _____

This operation is known as: _____
and its purpose is to: _____

1. I have read the information on the back of this consent form describing general risks of surgery, anesthesia and transfusions. I am satisfied with my understanding of it.
2. _____ has described to me the nature of the operation, procedure, treatment, and/or blood transfusions, as well as the risks, benefits, potential complications, and reasonable alternative forms of treatment (including the relevant risks, benefits, and side effects related to alternatives, and the possible results of not receiving care, treatment, and services) in language that I can understand.
3. I have had an opportunity to ask questions concerning the operation, anesthesia, transfusions and any doubts, fears or concerns. I am content with the responses I have received.
4. I hereby request and authorize _____ M.D. and/or surgeons or assistants of his choice, including physician residents and personnel assigned by the Hospital, to perform the above-described operation, procedure and/or transfusion upon the patient and/or to do any other or alternative procedures that in his (their) judgment may be advisable for the patient's well-being, including such procedures as are considered medically advisable to treat or correct conditions discovered during the procedure or operation. I acknowledge that the success or result of the surgical procedure has not been assured or guaranteed.
5. I hereby authorize and direct the above-named Hospital, Medical Group, physician and/or his associates and assistants, to provide such additional services for the patient as he or they may consider to be medically advisable, including but not limited to including the selection and administration of anesthesia and the performance of laboratory and x-ray services. I also authorize the hospital to dispose of any tissue or part of the body removed during the surgical procedure and to follow accustomed practice in making such disposition, or to use such tissue or parts of the body for biomedical research.
6. I hereby authorize the above-named Hospital, Medical Group, physician and/or his associates or assistants to determine the need for and allow persons in the operating room as indicated during my procedure for medical and/ or educational purposes. I also hereby authorize the aforementioned to photograph/video or to permit others to photograph/video me while under the care of the physicians and the hospital. I agree that they may use or permit other persons to use the negatives, prints, or video prepared therefrom for medical study, research, observation, or other purposes with the understanding that patient confidentiality will be maintained.

PATIENT'S SIGNATURE: _____ DATE SIGNED: _____

I WITNESS TO THE SIGNING (NOT THE PHYSICIAN): _____

IF PATIENT UNABLE TO SIGN, GIVE REASON: _____

OTHERS SIGNATURE/RELATIONSHIP TO PATIENT: _____

Pre-Operative PARC Note/Gann Act! (to be completed by medical staff) Procedure, alternatives, risks and complications discussed. The benefits and risk of and alternatives to blood transfusions discussed (Paul Gann Blood Safety Act). Information brochure "If you need blood..." provided to patient. All questions answered. Check if GANN act is not applicable to this procedure Additional comments, if any:

Date: _____ Time: _____ Physician Signature: _____

Interval History and Physical (to be completed by medical staff within 24 hours of the procedure): Pre-operative labs and diagnostic studies reviewed. History and physical reviewed. No changes in the last 24 hour interval. *Interval changes as noted and/or additional comments:*

Date: _____ Time: _____ Physician Signature: _____

INFORMATION ABOUT SURGICAL RISKS

Surgery today is generally safe, helpful and often lifesaving. However, surgical procedures of any type involve the taking of risks, ranging from minor to serious (including the risk of death). It is important to be aware of the following possible risks before you give your consent to the operation that you and your physician are planning. The following may be the reactions of your body to a surgical operation:

1. **Infection.** Invasion of tissue by bacteria or other germs occurs to some degree whenever a cut or incision is made. In most instances, through the natural defense mechanisms of the body, healing of affected area occurs without difficulty. In some instances antibiotic medicines are prescribed and at times additional surgical measures may be necessary to combat infection.
2. **Hemorrhage and Blood Transfusions.** The cutting of blood vessels causes bleeding and this occurs in every surgical incision. This bleeding is usually controlled without difficulty. At times, though, blood transfusions are required to replace excessive blood loss. If blood transfusions are given, there is a small additional risk that hepatitis (liver inflammation) or serious blood reactions may occur. There is a more remote possibility that Acquired Immune Deficiency syndrome (AIDS) may develop. There is no absolutely reliable way to predict these unwanted reactions, some of which may be quite serious and even lead to death. The options of providing your own blood or that of designated donors, where available, if time permits, have been explained. In minor operations there is usually less blood loss than in major ones, but not always. There are instances when excessive bleeding occurs after the original operation is completed and additional action must be taken to control the delayed bleeding.
3. **Drug Reactions.** Unexpected allergies, lack of proper response to medications, or illness caused by the prescribed drugs are possibilities. It is important for you to inform your physician of any problems you have had with reaction to drugs and to let him know which medications you now take regularly.
4. **Anesthesia Reactions.** There may be unusual or unexpected responses to the gases, drugs or methods used to anesthetize you which can lead to difficulties with lung, heart or nerve function. Except in unusual situations or emergencies, you are not allowed to eat or drink for several hours prior to surgery in order to reduce the possibility of vomiting during or after surgery. Your reactions to surgery and anesthesia continue to be observed following the operation.
5. **Blood Vessel Inflammation and Clotting.** When these events happen together, thrombophlebitis results; blood clots may separate and move into other organs and injure those organs or cause other injury.
6. **Injury to Other Organs.** Because of closeness of other organs to the area being operated on, it may be unavoidable that other organ functions or nerves connected to those organs or tissue will be affected. The stress of surgery may also harm other organ systems of the body. Changes in the treatment will be made by your physician in response to these conditions, as he considers necessary.
7. **Other Risks.** It is not possible to list here all the possible risks and complications, and their variations, that may arise in any surgical operation or procedure. Each situation depends upon the condition of the patient's health and the purpose and nature of the operation. Your physician is willing to discuss further with you various details about other risks.

Alternatives to Treatment

Other ways of managing your illness, which may range from doing nothing to taking different treatment measures, should be considered. Since you and your doctor have decided upon surgery, do not hesitate to discuss the reasons for the choice and the alternatives available for treatment of similar conditions. The potential effectiveness and risks accompanying these alternative methods of treatment also should be considered.

Because there are risks involved in any operation, and it is not possible to guarantee or give assurance of a successful result, it is important that you clearly understand and agree to the planned surgery as the decision of your choice.