

Surgical Consent for Appendectomy

Diagnosis:

- Either acute or chronic appendicitis (inflammation and/or infection of the appendix).

Name of Procedure/Treatment:

- Open and/or laparoscopic appendectomy (removal of the appendix).

Nature and purpose of proposed treatment:

- An incision is made in the right lower abdomen and the appendix is removed. The incision will then be closed surgically using either stitches and/or staples. A dressing will then be applied to the area. Occasionally, the skin will be left open and packed with gauze if there is infection. Drains may also be inserted into the area.

Risks common to all surgical procedures:

- Injury to a blood vessel or excessive bleeding. This may require a blood transfusion.
- Infection, which may require the use of antibiotics. In rare cases, another surgical procedure may be necessary to remove the infection.
- Complications with anesthesia. This may include nausea, vomiting, or in rare cases, death.
- Tobacco use, excessive alcohol use and obesity can increase the risk of any surgical procedure or general anesthetic. Any of these factors may substantially affect healing and can result in an increase of major complications including pneumonia, wound infection, blood clots in the legs and lungs, or death.

Risks and possible complications of the proposed treatment:

- Pain after surgery, which may require the use of pain medication.
- Hematoma formation (a swollen area where blood has collected). Hematomas resemble a large bruise.
- Organ damage, which may require additional surgical procedures.
- Infection that may require the use of antibiotics. In rare cases, another surgical procedure may be necessary.
- Abscesses (a collection of pus that may require surgical drainage).
- Fistulas (leaks of intestinal contents through the incision).
- Damage to blood vessels and/or nerves.
- Hernia formation (weakening of the body wall at the incision site). This may require additional surgery.

Risks or complications of the proposed treatment that is specific and unique to the patient:

Alternative Treatments:

- Observation for symptoms of worsening infection (fever, nausea and vomiting)
- Antibiotics
- Analgesics for pain control

Prognosis if the proposed treatment is NOT accepted:

- If you choose not to have surgery you may experience continued pain.
- Possible rupture of the appendix, which would require emergency surgery.
- Possible intra-abdominal (in the abdomen) abscess, which would require surgery.

CONSENT

Consent: I hereby authorize and direct the designated authorized physician/group, together with associates and assistants of his choice, to administer or perform the medical treatment or surgical procedure described in this Consent Form, including any additional procedures or services as they may deem necessary or reasonable, including the administration of any general or regional anesthetic agent, x-ray or other radiological services, laboratory services, and the disposal of any tissue removed during a diagnostic or surgical procedure, and I hereby consent thereto.

I have read and understand all information set forth in this document and all applicable blanks were filled in prior to my signing. This authorization for and consent to medical treatment or surgical procedure is and shall remain valid until revoked by me in writing.

I acknowledge that I have had the opportunity to ask any questions about the contemplated medical procedure or surgical procedure described in this consent form, including risks or alternatives, and acknowledge that my questions have been answered to my satisfaction.

Signature of Patient _____ Date/Time _____

Signature of Patient Representative Date/Time

Signature of Witness _____ Date/Time _____

Print Representative's Name

Relationship to Patient