BEFORE YOUR OPERATION

Consent to surgery *and anaesthesia*

FILE NO. _____

This form records that the operation has been explained to you and that you agree to it. It is completed with Dr. ElKhoury at your pre-operative visit. Read every line. Initial a statement only if it is true for you. If anything is unclear, ask before you sign.

HOW TO FILL THIS IN Use a pen. Tick one box on each line. If you are not sure of an answer, leave it blank and ask at the clinic.

01 Patient

Patient full name _____

Date of birth (DD / MM / YYYY) _____

COMPLETED BY DR. ELKHOURY — The operation

Operation

_____

Area and side _____

Hospital _____

Anaesthesia

☐ General ☐ Sedation ☐ Local

Surgeon: Dr. Vincent ElKhoury, plastic and reconstructive surgeon.

Risks specific to this operation, discussed with the patient

_____

_____

_____

_____

02 Statements

Write your initials next to each statement that is true for you.

01 The operation, what it involves and where the scars will be have been explained to me. INITIALS _____

02 What the operation will not do has been explained to me. INITIALS _____

03 The alternatives, including not having surgery, have been explained to me. INITIALS _____

03 Statements, continued

04	I understand the general risks of surgery: bleeding, infection, poor or thick scarring, asymmetry, delayed wound healing, numbness, blood clots, and the risks of anaesthesia.	INITIALS
05	I understand that results differ between people, that no result is guaranteed, and that a further procedure can be needed.	INITIALS
06	I understand that smoking and some medications and supplements increase the risk of complications, and I have declared mine.	INITIALS
07	I agree to follow the instructions before and after surgery, including the follow-up visits.	INITIALS
08	If an unexpected finding makes it necessary for my safety, I agree that the surgeon carries out an additional procedure during the operation.	INITIALS
09	I have had the chance to ask questions, and they have been answered.	INITIALS
10	I understand that I can withdraw this consent at any time before the operation.	INITIALS
11	Photographs are covered by the separate photograph consent form.	INITIALS

CONSENT TO SURGERY · CONTINUED

04 Signatures

Patient signature

Date

×

If the patient is under 18: parent or guardian, full name

Parent or guardian signature

Date

×

Interpreter, if one was used: full name and language

Interpreter signature

Date

×

COMPLETED BY DR. ELKHOURY — Surgeon's statement

Surgeon's statement: I have explained the operation, its expected benefit, what it will not do, its risks and the alternatives, and I have answered the patient's questions.

Surgeon signature

Date

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