



GENERAL SURGERY INFORMED CONSENT

I _____, give consent for the following surgery:

The reasons and benefits of this surgery have been discussed with me. I understand the outcomes with and without the surgery and have been discussed with me in detail. I further understand that any operation or procedure involve some risks and hazards. The more common risk includes: infection, bleeding, nerve injury, blood clots, heart attack, allergic reactions and severe blood loss.

Anesthesia: There are risks associated with any type of anesthesia including but not limited to respiratory problems, drug reaction, brain damage or even death. Other risks and hazards that may result from the use of general anesthetics include but are not limited to minor discomfort due to injury to the vocal cords, teeth or eyes. You can discuss these risks with your anesthesiologist before your surgery.

It has fully been explained in terms clear to me, the effect and nature of the operation(s) to be performed, the foreseeable risks involved, alternative methods of treatment including not operating and not treating at all, as well as what I can expect to experience if recovery is uneventful. Lastly, I acknowledge that I have been given an opportunity to ask questions and that these questions have been answered to my satisfaction.

If any tissue, lesions or part is removed, the medical facility will send to pathology or dispose of it in accordance with the medical facilities' usual custom.

I have read, understand and accept the risks and complications of this operation and give consent to proceed with the above surgery.

Print Name: _____

Signature: _____

Date: _____