



Specialist Centre for Orthopaedic Surgery

Patient Labels

Generic Consent Form

Condition and Procedure

Dr Kaushik Hazratwala has explained that I have the following condition:

.....
.....

This condition requires the following procedure:

.....
.....

Anaesthetic

The administration of an anaesthetic and/or medicines may be needed in association with this operation/procedure and/or treatment and as such these carry some risks.

General Risks of a Procedure

They include:

- (a) Small areas of the lungs may collapse, increasing the risk of chest infection. This may need antibiotics and physiotherapy.
- (b) Clots in the legs with pain and swelling. Rarely part of this clot may break off and go to the lungs which can be fatal.
- (c) A heart attack because of strain on the heart or lungs.
- (d) Death is possible due to the procedure.
- (e) Increased risk in obese people of wound infection, chest infection, heart and lung complications, and thrombosis.
- (f) Increased risk in smokers of wound and chest infections, heart and lung complications, and thrombosis.

Risks of the procedure

There are some risks/ complications, which may happen specifically with this type of surgery.

They include :

.....
.....
.....

Significant Risks and Relevant Treatment Options

Dr Kaushik Hazratwala has explained any significant risks and problems specific to me, and the likely outcomes if complications occur.

Dr Kaushik Hazratwala has also explained relevant treatment options as well as the risks of not having the procedure.

Patient Consent

I acknowledge that:

- Dr Kaushik Hazratwala has explained my medical condition, the proposed procedure and the risks of this procedure.
- I understand the risks of the procedure, including the risks that are specific to me, and the likely outcomes.
- Dr Kaushik Hazratwala has explained other relevant treatment options and their associated risks. Dr. Kaushik Hazratwala has explained my prognosis and the risks of not having the procedure.
- I was able to ask questions and raise concerns with Dr, Kaushik Hazratwala about my condition, the procedure and its risks, and my treatment options. My questions and concerns have been discussed and answered to my satisfaction.
- I understand that the procedure may include a blood transfusion.
- I understand that if organs or tissues are removed during the surgery, that these may be retained for tests for a period of time and then disposed of sensitively by the hospital.
- Dr, Kaushik Hazratwala has explained to me that if immediate life-threatening events happen during the procedure, they will be treated accordingly.
- I understand that photographs or video footage maybe taken during my operation. These may then be used for teaching health professionals. (You will not be identified in any photo or video).
- I understand that no guarantee has been made that the procedure will improve the condition, and that the procedure may make my condition worse.

On the basis of the above statements

I REQUEST TO HAVE THE PROCEDURE.

Name:

Signature:

Date:

Doctor's Statement

I, Dr. Kaushik Hazratwala

have explained:

- the patient's condition
- need for treatment
- the procedure and the risks
- relevant treatment options and their risks
- likely consequences if those risks occur
- the significant risks and problems specific to this patient.

I have given the patient/ substitute decision-maker an opportunity to:

- ask questions about any of the above matters
- raise any other concerns

which I have answered as fully as possible.

I am of the opinion that the patient/ substitute decision-maker understood the above information.

Dr Kaushik Hazratwala

Orthopaedic Surgeon

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