

St. Cloud Surgical Center

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CONSENT FOR SURGERY AND/OR INVASIVE PROCEDURES

1. I Agree that I will have:

- a. (surgery/procedure) _____
(Procedure as scheduled) _____

- b. The reason for this procedure is: [patient's medical condition]: _____

My doctor may have help from others. Help could include opening and closing the wound. Help might also include taking grafts, cutting out tissue, implanting devices. I have been told who will help, if known.

2. I have talked to my doctor or health care team about:

- a. What the procedure is and what will happen.
- b. How it may help me (the benefits).
- c. How it might harm me (the most likely and most serious risks).
- d. The long-term effects it might have.
- e. My other choices for treatment. The risks and benefits of these choices.
- f. What will likely happen if I say no to this procedure.
- g. How I might feel right after and how quickly I can expect to recover.
- h. What medicines will be used to manage pain or sedate me.
- i. The plan for anesthesia.

Note: If this procedure is for removal of the uterus (hysterectomy), I know that this will prevent future pregnancies.

3. I agree that: (IF I DO NOT AGREE WITH A STATEMENT, I HAVE CROSSED IT OUT.)

- a. I will ask questions
- b. No one has promised me definite results for this procedure.
- c. If it is best for me, my doctor may change my treatment if they find further serious problems during this procedure.
- d. If I have "do not resuscitate" (DNR) wishes, they will be put on hold during the procedure.
- e. Students and others may watch the procedure. This must be approved by this facility.
- f. Pictures or video may be taken. They may be used for medical and/or learning reasons only.
- g. Tissues or items removed from my body may be tested. They will be disposed of with respect. Unless I agree, tissues will not be used for research or sold.
- h. If anyone is exposed to my blood or body fluids, my blood will be drawn and tested for HIV and hepatitis. The test results will go:
 - To me;
 - In my medical record;
 - To the exposed person. This is to be decided if treatment for the worker is needed;
 - To the Employee Health Services Department and/or Infection Control at this facility; and
 - To Minnesota health officials.
- i. Blood transfusions:
 - I have been told how likely I am to need a blood transfusion. I know the risks and benefits of transfusions and if transfusions are needed, I give my consent to receive them. My doctor and I talked about my other options.

