General Consent for Surgery and - or Invasive Procedures

GENERAL CONSENT FOR SURGERY AND/OR INVASIVE PROCEDURES

I Agree that I will have (Procedure as scheduled): _____ _____

_____

I understand that residents, medical students, surgical tech students, nursing students, physician assistants and/or advanced practice registered nurses may also be in attendance, and/or assisting in the performance, and/or performing significant medical/surgical tasks within the above specified surgery/procedure.
My doctor may have help from others. Help could include opening and closing the wound. Help might also include taking grafts, cutting out tissue, or implanting devices.

I have talked to my doctor or health care team about:
What the procedure is and what will happen.
How it may help me (the benefits).
How it might harm me (the most likely and most serious risks).
The long-term effects it might have.
My other choices for treatment. The risks and benefits of these choices.
What will likely happen if I say no to this procedure.
How I might feel right after and how quickly I can expect to recover.
What medicines will be used to manage pain or sedate me.
The plan for anesthesia.

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

I agree that:
I will ask questions
No one has promised me definite results for this procedure.
If it is best for me, my doctor may change my treatment if they find further serious problems during this procedure.
If I have “do not resuscitate” (DNR) wishes, they will be put on hold during the procedure.
Students and others may watch the procedure. This must be approved by this facility.
Pictures or video may be taken. They may be used for medical and/or learning reasons only.
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.

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.

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.

I understand that:
I can change my mind. If I do, I must tell my doctor or team.
The assisting staff, not surgeon, may change during the procedure.
The team will double-check who I am. They will ask what I am having done. This is to protect me.

I hereby consent to the presence of a visitor to observe or assist in my medical and surgical care for it educational value.
Student/Visitor Name and title:_____

- ☐ **Interpreter used**

Name/ID number_____

Language/Organization_____

PATIENT (or authorized decision maker):
My questions have been answered. I agree to the procedure. If I do not agree with a statement, see instructions written below:

_____

PROVIDER:
I have discussed the procedure and the information stated above with the patient (or patient's representative) and answered their questions. The patient or representative consented to the procedure. All medications, X-Ray, treatments administered under the direction of the Physician.

_____

WITNESS:
I have verified that the signature is that of the patient's or representatives. This form has been signed before the procedure.

_____