CONSENT FOR OPERATION / PROCEDURE BY PATIENT

For competent patients above 21 years of age or patients below 21 years who are assessed to have capacity to provide valid consent.

PART I – NAME OF OPERATION(S) / PROCEDURE(S)

Exploratory laparotomy, vaginectomy, omental patch repair, keep in view bowel resection keep in view proceed, temporary abdominal closure and stoma creation.

PART II – TO BE FILLED BY PATIENT

1. I consent to the operation(s) / procedure(s) listed above (Part I) and the administration of sedation or anaesthesia (local, regional or general) as needed for the purpose of the operation(s) / procedure(s).

2. I also consent to:
   (a) The use of drugs and medicines as may be deemed advisable or necessary for the said operation / procedure.
   (b) Such further or alternative operative measures or procedures as may be found to be necessary during the course of the operation / procedure.
   (c) The transfusion of blood and other blood derived products as may be deemed necessary in the peri-operative period.
   (d) The taking of photographs / videographs for education / academic and research purposes, where my identity will not be revealed, if used.

3. I understand that there are inherent risks and complications in any surgical / diagnostic procedure(s) and the administration of sedation or anaesthesia which are not necessarily specific to the operation(s) / procedure(s) stated in Part I, or such other procedure(s) or operation(s) found to be necessary during the course of the operation(s) / procedure(s).

The risks and complications include:
   (a) Cardiac events (such as heart attack);
   (b) Neurological complications (such as stroke);
   (c) Infection;
   (d) Complications from haemorrhage and blood loss;
   (e) Complications from clots forming and obstructing blood flow;
   (f) Possible adverse reactions to the drugs / blood derived products administered during surgery.
   (g) Death

While these constitute general surgical risks, these are not exhaustive. I understand the actual risks to may vary depending on my underlying medical conditions, the presence of predisposing factors as well as nature of the operation(s) / procedure(s) being performed.

4. I acknowledge that the operation(s) / procedure(s) will be performed by a team of doctor(s) / proceduralist(s) and the appropriate doctor(s) / proceduralist(s) will be assigned to undertake the operation(s) / procedure(s).

5. I acknowledge that the nature, purpose, effects, potential benefits, risks / complications and alternatives of operation(s) / procedure(s) have been discussed with me and I have understood. I have also been given opportunity to clarify on any issues / matters arising.

Signature / Thumb Print of Patient

Date 23/6/2020