6



### GENERIC CONSENT

BUNDABERG HOSPITAL	SEX	UR NO
PHILLIPS	M	03454
JAMES EDWARD		

		MM
Ph(H)		
Ph(B)		•
Catholic,	nec	PENSIONER

. INTERPRETER/ CULTURAL NEEDS	E. RISKS OF
. IN I LIVE IN LEDIT CONTRACTOR	

An Interpreter Service is required ves□ no□ If yes, is a qualified Interpreter present ves□ no□ A Cultural Support Person is required yes□ no□ If yes, is a Cultural Support Person present

ves□ no□

B. COND	ITION AND	PROCEDI	JRE

The doctor has explained that I have the following condition: (Doctor to document in patient's own

This condition requires the following procedure: (Doctor to document) and Jepunoston

Esophagogaslitetum FIFTHER DT

- Abdominal & Lett- Neck lycisi - By Andomina & Let Chest

MCision

# C. ANAESTHETIC

See "About your anaesthetic" information sheet for information about the anaesthetic and the risks involved. If you have any concerns, talk these over with your anaesthetist. If you have not been given an information sheet, please ask for one.

#### D. 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 (deep vein thrombosis or DVT) 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 a stroke.
- (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.

E. RISKS	OF THIS	PROCEDURE	

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

<b>*</b>	hey include: (Doctor to document)
(a)	Breeding
(b)	lufection
(c)	Poor Healing
(d)	Anastomotic Leak
(e)	Chest-Infection & Preamone
(f)	3100d C(c)
(g)	Pook Twellowip
(h)	Auschle Merch
y (i)	
<i>(i)</i>	
(k)	
ارتبار	
F. SI	GNIFICANT RISKS AND

The doctor has explained any significant risks and problems specific to me, and the likely outcomes if complications occur.

The doctor has also explained relevant treatment options as well as the risks of not having the procedure.

(Doctor to document in space provided. Continue in Medical Record if necessary. Cross out if not applicable.

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#### G. PATIENT CONSENT

#### I acknowledge that:

The doctor has explained my medical condition and the proposed procedure. I understand the risks of the procedure, including the risks that are specific to me, and the likely outcomes.

The doctor has explained other relevant treatment options and their associated risks. The doctor has explained my prognosis and the risks of <u>not</u> having the procedure.

I have been given a Patient Information Sheet on Anaesthesia. The doctor has explained the risks of anaesthesia and the factors that increase the risks of anaesthesia.

I was able to ask questions and raise concerns with the doctor 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 a doctor other than the Consultant Surgeon may conduct the procedure. I understand this could be a doctor undergoing further training.

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.

The doctor has explained to me that if immediate life-threatening events happen during the procedure, they will be treated accordingly.

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, <u>I REQUEST</u> TO HAVE THE PROCEDURE.

Name of Patient/ Substitue decision maker and relationship

Signature

Date

Substitute Decision Maker Under the Powers of Attorney Act 1998 and/ or the Guardianship and Administration Act 2000. If the patient is an adult and unable to give consent, an authorised decision- maker must give consent on the patient's behalf.

# H. INTERPRETER'S STATEMENT

Name of Interpreter	
Signature	
Date	

## I. ADVANCE HEALTH DIRECTIVE

The patient has an Advance Health Directive/ Enduring Power of Attorney and will provide the doctor with a copy on admission yes  $\square$  no  $\square$ 

# J. DOCTOR'S STATEMENT

I 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.

Signature

Date

