

## CONSENT FOR SURGICAL PROCEDURE/INTERVENTION

I, Dr Daniela Krick, have personally explained the nature, risks and possible consequences of the proposed procedure to the undersigned patient or person legally competent to give consent on her behalf.

\_\_\_\_\_ \_\_\_\_\_  
**Dr Daniela Krick (MP 0612359)** **Date**

**Nature of decision:**

|          |           |
|----------|-----------|
| Elective | Emergency |
|----------|-----------|

**Anticipated Procedure:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Were the services of an interpreter used in counselling for consent? 

|     |    |
|-----|----|
| Yes | No |
|-----|----|

  
 Name of interpreter: \_\_\_\_\_

Anaesthetic consented to: 

|        |  |         |  |
|--------|--|---------|--|
| Spinal |  | General |  |
|--------|--|---------|--|

  
 Consent for the use of blood/products 

|     |  |    |  |
|-----|--|----|--|
| Yes |  | No |  |
|-----|--|----|--|

(The administration of blood or blood products may become necessary as an emergency intervention during the procedure.)

**In case of an incident of contamination of a health care worker by bodily fluids occurs during the procedure, I agree that a sample of my blood be taken and tested for Hepatitis B and Human Immunodeficiency Virus (HIV)**

**I, the undersigned, hereby consent to the performance of the above procedure. I understand the nature, risks and possible unforeseen consequences related to this procedure and have been given adequate opportunity to discuss my questions fears and concerns regarding the procedure and possible consequences. The doctors who perform the above may increase the reasonable scope thereof or carry out additional or alternative measures if considered necessary.**

**Full names of patient:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
*Person legally competent to give consent on patient's behalf:*

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**People witnessing the signing of this document by either the patient or person legally giving consent on patient's behalf**

**Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_  
**Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

- RISKS OF SURGERY:**  
**IMMEDIATE:**  
 Injury to bladder  
 Injury to ureters  
 Injury to bowel  
 Injury to blood vessels  
 Injury to ovaries  
 Tissue tears  
 Internal bleeding  
 Escalated surgery  
 Vaginal bleeding  
 Wound Bleeding  
 Surgical withdrawal  
 Death

- LATER:**  
 Wound infection  
 Bladder infection  
 Lung infection  
 Deep vein thrombosis  
 Pulmonary embolus  
 Adhesion formation  
 Bowel obstruction  
 Ileus  
 Tissue necrosis  
 Death

- ANAESTHETIC RISKS:**  
 Nausea and Vomiting  
 Site bleeding/infection  
 Post-spinal headache  
 Aspiraton (General anaesth)  
 Allergicreaction  
 Death

- POSSIBLE EMERGENCY INTERVENTIONS:**  
 Bowel resection  
 Bowel reanastomosis  
 Colostomy  
 Hysterectomy  
 Oophorectomy  
 Bladder repair  
 Ureter repair  
 Stent placing (ureteric/other)  
 Supra-pubic catheter  
 Artery ligation

- RISK TO THE BABY:**  
 Delivery Injury  
 Scalpel Injury