

Surgical Consent

This must be returned prior to/or on the day of surgery

1. I, _____ of _____, being acquainted with the possible risks involved, hereby request **Mr. Ozan Amir** (podiatric surgeon) and his designated assistants, to perform the following foot operation on me: _____

_____ should arise during this operation, I consent to the performance of operations and procedures in addition to or different from those now contemplated.

3. The nature, purpose and risks of the operation and procedures, and possible alternative methods of treatment (including the option of no treatment) have been explained to me. I confirm that I have understood these explanations, and that I have had all my questions answered to my satisfaction. I acknowledge that other practitioners may have differing opinions as to their preferred method of treatment for my condition, albeit I have chosen to undergo the aforementioned procedure(s).

4. Although most patients obtain good results from their foot surgery and rarely experience any long-term complications, I am aware that complications can sometimes occur from surgical intervention and any surgery carries an element of risk. Such complications may include, **but are not limited to**, the following:

- Blood clots forming in veins, which can lead to permanent swelling and/or other significant problems.
- Post-operative infections, which can permanently damage tissues in the body.
- Joint instability and/or weakness, which can cause permanent lack of function and difficulty walking.
- Temporary or permanent post-operative pain and/or swelling which does not respond to further treatment.
- Thick scarring or contracture of wounds, or failure of bones or soft tissues to heal properly.
- Temporary or permanent joint stiffness, mal-alignment of feet or toes, or return of deformity.

5. I acknowledge that no guarantee or assurance has been made as to the results that may be obtained, or the length of time required for healing following the surgery. I acknowledge that the possibility of one or more complications arising may increase if post-operative instructions and advice are not followed. I accept that further foot operation/s may be required if an adverse outcome from this surgery occurs.

6. I consent to and request the administration of such anaesthetics and analgesia that may be considered necessary or advisable by the podiatric surgeon or anaesthetist. I consent to the performance of any life saving procedures that may be necessary due to unforeseen reaction to treatment, or to the operative procedure, or to medications administered at the time of the operation.

7. I consent to the performance of services involving pathology and/or radiology, and authorise the pathologist or podiatric surgeon to use his discretion in the disposal of any removed tissue.

8. I consent to information regarding this surgery been forwarded to other health care practitioners who are involved in my care.

I accept and certify that I have read and have had explained to me, in terminology that I fully understand, the above consent for surgery; that the usual risks and hazards of both the surgical procedures and anaesthetic were made known to me and that I accept and acknowledge that these or any other complications may arise during or result from the surgical procedure(s) which is (are) to be performed at my request according to this consent.

I acknowledge that I have received and understand fully a quotation for my surgery and am satisfied that I understand the costs involved including out of pocket expenses.

Signature of Patient (or Guardian): _____ Date signed: _____

Witnessed by (name): _____ Signature of Witness: _____