



Patient Name:

DOB:

Informed Consent Appendectomy

This information is given to you so that you can make an informed decision about having **Appendectomy surgery**.

Appendectomy is the surgical removal of the appendix. The operation is done to remove an infected appendix. An infected appendix, called appendicitis, can burst and release bacteria and stool into the abdomen.

Appendectomy can be performed as open surgery using one larger abdominal incision. The surgery can also be done through a few small abdominal incisions (laparoscopic or robotic surgery). During the surgery the surgeon inserts special surgical tools and a small camera into small cuts made in the abdomen to remove your appendix.

Laparoscopic surgery is not appropriate for everyone and your surgeon may recommend an open approach.

Benefits of this surgery or Procedure:

You might receive the following benefits. Your doctor cannot promise you will receive any of these benefits. Only you can decide if the benefits are worth the risk.

- **Relieve Pain**
- **Removal of the infected organ**

Risks of Surgery or procedure:

No procedure is completely risk free. Some risks are well known. There may be risks not included in the list that your doctor cannot expect.

General risks of surgery or procedure:

- Small areas of the lungs may collapse. This would increase the risk of infection. This may need antibiotics and breathing treatments.
- Clots may form in the legs, with pain and swelling. These are called DVTs or deep vein thrombosis. Rarely, part of the clot may break off and go to the lungs. This can be fatal.
- A strain on the heart or a stroke may occur.
- Bleeding may occur. If bleeding is excessive, you may need a transfusion.
- Reaction to the anesthetic may occur. The most common reactions are nausea and vomiting. In rare cases, death may occur. The anesthesiologist will discuss these with you.

Risks of this surgery or procedure:

- **Infection of the wound or abdomen-** Although antibiotics will be given to you, it is still possible to get an infection. You may need more antibiotics or another procedure.
- **Intestinal blockage may require a nasogastric or colorectal tube.** A nasogastric tube is inserted through the nose and esophagus into the stomach, A colorectal tube is inserted through the rectum into the colon. This is done to decrease swelling, remove fluid and gas buildup, and relieve pressure. You may require additional surgery if obstruction is not resolved.
- **Hernia at the incision and scar tissue from surgery (adhesions).** This can develop and may require additional surgery to repair.
- **Return to operating room.** Significant pain, bleeding or other concerns may cause a return to surgery. This is rare.
- **Injury to bowel, nearby organs, or vascular structures may occur.** If not discovered during the procedure, it may require more surgery and/or other treatments.
- **If you are pregnant there may be a risk of premature delivery.**
- **If the laparoscopic method is unsuccessful an open surgical incision (make a larger incision) to safely remove your appendix may be performed.**

Risks associated with smoking:

Smoking is linked to an increased risk of infections. It can also lead to heart and lung complications and clot formation.

Risks associated with obesity:

Obesity is linked to an increased risk of infections. It can also lead to heart and lung complications and clot formation.

Risks specific to you:

Alternative Treatments:

Other choices:

- Antibiotics may be used as an alternative for specific patients and children.
- Do nothing. You can decide not to have the procedure

If you choose not to have this treatment:

- The appendix may rupture. A rupture spreads infection throughout your abdomen (peritonitis). This would require emergency surgery
- Continued discomfort

Patient Name:

DOB:

General Information

During this procedure, the doctor may need to perform more or different procedures than I agreed to.

During the procedure the doctor may need to do more tests or treatment.

Tissues or organs taken from the body may be tested. They may be kept for research or teaching. I agree the hospital may discard these in a proper way.

Students, residents, technical sales people and other staff may be present during the procedure. My doctor will supervise them.

Pictures and videos may be done during the procedure. These may be added to my medical record. These may be published for teaching purposes. My identity will be protected.

Patient Name: _____

DOB: _____

By signing this form I agree:

- I have read this form or had it explained to me in words I can understand.
- I understand its contents.
- I have had time to speak with the Respiratory Therapist. My questions have been answered.
- I want myself or my child to have this procedure: **Robotic assisted** (mark if applicable)
Laparoscopic Appendectomy possible open _____
- I understand that my doctor may ask a partner to do the procedure.
- Students, technical sales people and other staff may be present during the procedure. My Respiratory Therapist will supervise them.

Provider: This patient may require a type and screen or type and cross prior to surgery. If so, please obtain consent for blood/products.

Patient Signature _____ Date: _____ Time: _____

Relationship: **Patient** **Closest relative (relationship)** _____ **Guardian**

Interpreter's Statement: I have translated this consent form and the doctor's explanation to the patient, a parent, closest relative or legal guardian.

Interpreter: _____ Date _____ Time _____
Interpreter (if applicable)**For Provider Use ONLY:**

I have explained the nature, purpose, risks, benefits, possible consequences of non-treatment, alternative options, and possibility of complications and side effects of the intended intervention, I have answered questions, and patient has agreed to procedure.

Provider signature: _____ Date: _____ Time: _____

Teach Back

I have explained the nature, purpose, risks, benefits, possible consequences of non-treatment, alternative options, and possibility of complications and side effects of the intended intervention, I have answered questions, and patient has agreed to procedure.

Patient shows understanding by stating in his or her own words:

____ Reason(s) for the treatment/procedure: _____

____ Area(s) of the body that will be affected: _____

____ Benefit(s) of the procedure: _____

____ Risk(s) of the procedure: _____

____ Alternative(s) to the procedure: _____

OR

____ Patient elects not to proceed: _____ Date: _____ Time: _____

(Patient signature)

Validated/Witness: _____ Date: _____ Time: _____