

Informed Consent

INVASIVE AND/OR SURGICAL PROCEDURE

Major Ambulatory Surgery

Date of obtaining the IC: _____

Diagnosis: _____

Laterality: _____

Doctor (First name and two surnames): _____

Patient (First name and two surnames): _____ ID No _____

Legal representative (if applicable): _____ ID No _____

Objective

Describe the invasive and / or surgical procedure to be followed, detailing the benefits and risks involved.

Characteristics

The performance of any procedure requires subjecting the patient to sedation or local, regional, epidural or general anesthesia; technique that will be determined for my particular case according to the professional assessment made by the treating medical team and the anesthesiologist in charge, considering general medical factors and my personal condition; and that whatever the technique chosen, it will imply advantages and benefits, but it also has associated risks and complications inherent in its execution.

Every therapeutic procedure has implicit technical limitations, which result in the existence of a percentage of cases in: that the expected therapeutic benefits are not achieved; that in the event of the failure of an advanced technology technique or the occurrence of a complication, it is necessary to convert the procedure to more invasive classical techniques; whereas, in the event of partial effects, it is necessary to carry out reoperations or complementary procedures; that in the event of a complication it is necessary to carry out reoperations and others; All of which depends on variable and unpredictable factors, and that in that case I will have to assume the hospital and medical expenses that this means.

The performance of any surgical or invasive procedure necessarily involves a recovery period, generally variable according to the treatment performed and, in particular, dependent on the characteristics of each individual and their evolution and recovery capacity, in this case, an abbreviated hospitalization.

Risks

All surgical procedure has implicit in its execution risks and / or complications; even some associated with the technique of sedation and / or anesthesia to be used; all of which despite all the measures and care adopted by the medical team, are inevitable in their occurrence, such as cardiovascular problems, lung and / or respiratory diseases, infections, compromises or neurological damage, hemorrhages, allergic reactions, thrombosis, and others such as the risk of mortality that exists in a very lower percentage of cases.

He has informed me that all the proposed surgical treatment alternatives imply the possibility of the occurrence of risks and / or complications, which are inevitable, despite the effort and care of the medical team, and that in some cases limit the possibility of achieving the therapeutic benefits associated with the treatment. Examples of these cases are: bruises and bleeding; infection at the superficial, deep or systemic level; injury to vascular and/or nerve structures; loss of sensation in operated area; development of hypertrophic, keloid, or pigmented scars; skin necrosis; fibrosis; superficial irregularities; neurological involvement and/or damage; pulmonary and/or respiratory involvement; injury to organs, difficulty in healing processes and closure of operative wounds externally and internally and others.

If there is always the least possibility, that before the evidence of unexpected intraoperative findings, the surgeon must suspend the surgery or scheduled intervention, or vary the technique previously chosen, or that it is imperative in light of the obligation of due medical care and benefit of my health, to execute diagnostic and / or therapeutic procedures not scheduled or informed, such as: taking samples for biopsy, cultures, removal of nodules and or tumor masses, release of adhesion tissue, etc.

I have understood the explanations that have been provided to me in clear and simple language, and the doctor who has attended me has allowed me to make all the observations and has clarified all the doubts that I have raised.

I also understand that, at any time and without giving any explanation, I can revoke the consent I now give.

In such conditions I **CONSENT** to the procedure of _____

Medical Firm

Patient Firm Legal

Representative Firm