UVA Health

0100000

PLACE LABEL HERE.

IF LABEL NOT AVAILABLE, WRITE IN PT NAME &MR#

CONSENT FOR URETERAL REIMPLANT AND ADMINISTRATION OF ANESTHESIA OR SEDATION

A. CONSENT FOR PROCEDURE

1. I authorize_____to perform the following procedure(s):

Ureteral re-implant.

INDICATE LATERALITY, RIGHT OR LEFT.

I understand that I may need other urgent procedures that were unanticipated. I consent to the performance of any additional procedures determined during my original procedure to be in my interests and where delay might cause additional harm.

I understand that other qualified practitioners, including residents (doctors who have finished medical school and are getting more training), may be chosen to do or help with procedures. These practitioners may perform significant surgical tasks including: opening and closing incisions, harvesting grafts, dissecting tissue, removing tissue, altering tissue and/or implanting devices. All qualified practitioners will only perform tasks for which they have been granted clinical privileges or permission to practice based upon demonstrated competency. *Your attending surgeon will be present during key parts of the surgery but may not be present for the entire surgery. Prior to surgery, he/she will discuss with you the roles of the members of the surgical team and the key parts of the surgery for which he/she will be present.*

2. I understand my diagnosis/condition to be: **Ureteral reflUx.**

3. I have been told about what results to expect, which includes information about the chances for the expected results and about problems that might occur during recuperation. I know that results cannot be guaranteed.

4. I have been told about and understand the risks and benefits of the procedure(s) listed above. I understand that there are risks for all kinds of surgery. These risks, which can be serious, include bleeding, infection, and damage to nearby tissues, vessels, nerves, or organs. They may result in paralysis, cardiac arrest, brain damage, and/or death. Other risks for this procedure may include: **Bleeding, damage to Ureter/Bladder, infection, recUrrence of reflUx, strictUre, need for repeat operation.**

5. I understand the alternatives to the proposed procedure and the related risks to be: **do nothing, antiBiotics.**

6. I understand that for some kinds of medical equipment used during procedures, a representative from the equipment manufacturer may be present, providing consultation or performing checks on the equipment.

7. I understand that photographs and/or video or electronic recordings may occur during my procedure and may be used for internal performance improvement or educational purposes.

8. I understand that any tissues or parts removed during my procedure may be disposed of by the hospital or used for any lawful purpose including education and research.

(CONTINUED ON NEXT PAGE)