

## **In Office Surgery Packet**

This packet includes several surgical consents, forms, and instructions. Please read them all:

- A consent form for your specific surgery
- “General Surgery Consent” form
- “Surgical Risks & Complications” consent forms
- “Blood Transfusion Consent / Refusal” form
- “What To Expect After Surgery”

In order to give an “informed consent” a patient must understand the potential risks, benefits, and alternatives to the planned surgery. You may sign these forms in advance, or at your pre-op visit. **DO NOT** write on or alter the consents in any way. Your surgeon will review all your consents with you, and make any changes that are needed, at your pre-op visit. Please bring a list of any questions you may have.

### Pre-operative appointments

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You will have a pre-operative appointment a few days before your planned surgery.

### Regarding your surgery bill

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There are separate charges for your office care and pathology. You are responsible for any charges not covered by your insurance company. Our office will call your insurance company to check your insurance benefits.

Most policies have a “deductible” and a “co-pay”. The deductible is the amount that you pay (each year), before your insurance begins to pay. Bills for different doctors and hospitals all count towards your deductible. After your deductible is met, then your insurance pays part of your bills, minus a co-pay (a percentage) that you must pay.

All deductibles and estimated co-pays must be paid prior to your surgery. Our office will collect on any remaining deductible, and their co-pay, at your pre-op visit. Our office will collect an estimated co-pay for your surgeon’s fee, at your pre-op visit

If you have detailed questions about your covered benefits, please call your insurance company, or the HR department at your workplace.

## General Surgery Consent

I authorize Dr. Sam Van Kirk to perform any surgery and anesthesia. I have signed a separate consent detailing my specific planned surgery.

Guarantees. I understand that there can be no absolute guarantee that the planned surgery will be able to be done, or that it will relieve all my complaints. I understand that in rare cases, especially if complications occur, I may feel worse.

Alternatives. I understand my alternatives to surgery. I understand that I have the choice not to undergo any treatment, and the possible consequences, if no treatment is rendered.

Second Opinion. I understand that I can choose to get a second opinion from another doctor.

Other Medically Indicated Procedures. I understand that sometimes there are unexpected findings or complications during surgery that may require additional procedures be performed. In this event, I understand that my surgeon will use his best judgment, and I give permission for him to perform any other procedures felt to be medically indicated.

Cancellation. I understand that I am free to change my mind at any time, and cancel any part (or all) or my planned surgery without affecting my right to receive future care and without risk of losing any state or federally funded program benefits to which I might otherwise be entitled.

Risks/Complications. I understand that any surgery carries the risk of complications. I have signed a separate consent detailing surgical risks.

Hospitalization/Recovery. I understand that, if there are no unforeseen complications, most patients feel recovered between 2 days and 2 weeks of outpatient surgery. I understand that I may, or may not, qualify for state disability payments during my recovery.

Anesthesia. I understand that I will be given anesthesia for my surgery. I understand that I may discuss the risks, benefits, and alternative types of anesthesia with my doctor.

Fees. I understand that there are several charges for my office care, surgeon, labs, and pathology. I understand that I am responsible for any charges not covered by my insurance company. I understand that my blood work and pathology specimens will be sent to the lab my doctor chooses.

**I have read and understood all of the above. I have been given the opportunity to discuss all of the above with my surgeon, and to have all my questions answered.**

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Patient Signature (if minor): \_\_\_\_\_ Translator: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ MD Signature: \_\_\_\_\_

### Surgical Risks & Complications (1 of 2)

Any surgery, even simple surgeries in young, healthy patients, carries some risk of complications. Fortunately, serious complications are not common. A patient who decides to have surgery understands that there is the risk of surgical complications, and that they could chose not to have surgery – like a person who decides to drive a car understands that there is the risk of being in a car accident, and that they could choose to walk instead.

Pain. After surgery there will be discomfort/pain (mild or severe) while your body heals, that may last days or months, or in rare cases be permanent.

Bowel or bladder problems. After surgery, most patients have normal bladder and bowel function within a few days. Some patients have nausea/vomiting, and some develop temporary problems: an inability to empty their bladder (urinary retention), constipation, or a paralysis of their bowel (ileus). In rare cases patients may develop permanent dysfunctions of their bladder or bowel, incontinence of urine or stool, or blockages of their bowel (potentially leading to life-threatening infections or rupture of the bowel).

Bleeding. Any surgery carries the risk of severe bleeding (hemorrhage), which can be life-threatening, and may require blood transfusion. Blood transfusions carry a small risk of severe allergic reactions and of transmitting diseases (such as hepatitis or HIV).

Infection. Any surgery carries the risk of infections in the bladder/kidney, lungs (pneumonia), skin (cellulitis), wound, deep skin/fascia (necrotizing fasciitis), vagina/vaginal cuff, or bowel. Serious infections can be life-threatening, may form abscesses that require drainage, may require surgery to remove infected tissue (debridement), or may spread throughout the belly (peritonitis) or to the blood (sepsis). Smoking, obesity, and diabetes increase the risk of infection.

Wound Problems/Poor Healing. Some patients can form thick skin scars (keloids), or heal with skin retractions or ridges. Some patients develop hernias, collections of fluid (seromas) or blood (hematomas) under the skin, or wound infections. Some wounds are slow to heal, or re-open, superficially or deeply (dehiscence). Poor healing can lead to the formation of connections between the vagina and bladder or rectum (fistulas). Smoking, obesity, and diabetes increase the risk of wound complications.

Anesthesia. Risks of anesthesia include allergic reactions, sudden changes of blood pressure and heart rate, seizures, aspiration of stomach acid into the lungs (which can cause a chemical pneumonia), a rare uncontrollable rise in body temperature (malignant hyperthermia), and death.

**I have read and understood all of the above. I have been given the opportunity to discuss all of the above with my surgeon, and to have all my questions answered.**

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Patient Signature (if minor): \_\_\_\_\_ Translator: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ MD Signature: \_\_\_\_\_

**Surgical Risks & Complications (2 of 2)**

Medical Complications. In rare cases, during or after surgery, patients may suffer from life-threatening seizures, heart attack, stroke, or develop blood clots in their legs (DVT/deep venous thrombosis) or lungs (PE/pulmonary embolus).

Adhesions. After surgery, some patients form scarring inside their body (adhesions). Adhesions can cause infertility, tubal pregnancies, blockage of the uterus/kidney or bowel, or cause pain (spontaneous, or with sex or exercise, or with voiding or bowel movements). Endometriosis, cancer, and infection increase the risk of forming adhesions.

Accidental Injury. During surgery, accidental damage (from pressure, clamping, burning, suturing, cutting or tearing) may occur to other organs, including the fallopian tubes and ovaries, blood vessels, bladder, ureters (the tubes that connect the kidneys to the bladder), intestines/rectum (bowel), and nerves. Damage may or may not be immediately noted. In worst case scenarios, these complications may result in permanent damage, kidney failure, the need for further surgery, rupture or gangrene (necrosis) of the bowel, resection/removal of portions of the intestines, or the need for diverting nephrostomy/ileostomy/colostomy (in order to empty the bladder or bowel out of the abdominal wall), infection or death. Nerve damage may result in temporary (and in rare cases permanent) muscle weakness or paralysis, pain, "pins and needles" sensation, or loss of sensation.

Cancer. If cancer is diagnosed, more surgery, or radiation/chemotherapy, may be needed. Removal of lymph nodes for cancer staging may cause chronic leg swelling (lymphedema).

Other Complications. The list above includes the majority (but not every possible) serious complication associated with gynecologic surgery. The risk of serious complications or death from gynecologic surgery is very low.

**I have read and understood all of the above. I have been given the opportunity to discuss all of the above with my surgeon, and to have all my questions answered.**

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Patient Signature (if minor): \_\_\_\_\_ Translator: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ MD Signature: \_\_\_\_\_

**Blood Transfusion Consent/Refusal Form**

- Your blood contains fluid (plasma), red blood cells (which carry oxygen), white blood cells (which fight infection), and platelets (which help your blood to clot). If your blood fluid volume or red blood cell count drops very low (severe anemia), you will die.
- The simple truth is that any surgery causes some blood loss, even in hospitals that claim to perform “bloodless” surgery. The goal is to do surgery with as little blood loss as possible. If there is moderate blood loss, most patients will tolerate moderate levels of anemia (depending upon a patient’s age and health). An anemic patient will slowly build their blood back up, but may suffer from headaches, fatigue, and a decreased ability to fight off infection.
- On rare occasions, a patient may suffer severe blood loss (hemorrhage), either before, during or after surgery. With severe hemorrhage, there comes a point where a patient will die if they do not receive a blood transfusion.
- Receiving a blood transfusion has some risks. On rare occasions, patients may develop a life-threatening allergic reaction, or become infected with diseases, such as hepatitis or HIV.
- Some patients, due to their religious beliefs, would rather die than receive a blood transfusion. If you would refuse a blood transfusion, you must notify your doctor immediately and you must bring your immediate family with you to your pre-operative visit to discuss this. Our office reserves the right not to schedule elective surgeries, or insist that all alternatives to surgery be attempted first. If you do not agree with this policy, we will help refer you to another office.
- You may contact the local blood bank if you are interested in having family members donate blood, to save and transfuse if needed. Family members must be of the same blood type, be willing to submit to testing for infectious diseases, and donate blood several days in advance.
- You may contact the local blood bank if you are interested in donating your own blood (autologous donation), to save and transfer if needed. You cannot donate if you are already anemic. You must donate 6 to 8 weeks before your surgery.

**I have read and understood all of the above. I have been given the opportunity to discuss all of the above with my surgeon, and to have all my questions answered. Please initial one of the choices below.**

Initials:\_\_\_\_\_ I consent to the use of blood or blood products, if deemed medically needed.

**Or**

Initials:\_\_\_\_\_ I would rather bleed to death, than receive a blood transfusion or blood products.

**Or**

Initials: \_\_\_\_\_ I will accept some products, I give my consent to the use of the following:

\_\_\_\_\_ Red Blood Cells      \_\_\_\_\_ Platelets      \_\_\_\_\_ Fresh Frozen Plasma

\_\_\_\_\_ Albumin      \_\_\_\_\_ Isolated Factor Preparations

Patient or Guardian Signature:\_\_\_\_\_ Date:\_\_\_\_\_

Witness Signature:\_\_\_\_\_ MD Signature:\_\_\_\_\_

## **What To Expect After Surgery**

Fever. Call the office if you have a temperature over 100.4 F (taken with an oral thermometer).

Nausea. Nausea is common after surgery. Please call if you have severe nausea or vomiting.

Bloating & Constipation. Drink at least 8 glasses of water a day. Narcotic pain pills worsen constipation. You may take Metamucil or Milk of Magnesia if constipation persists.

Pain Medication. Every patient has a different “pain threshold” for how well they tolerate pain. Pain should gradually get better, but may “flare up”, especially with activity. Please call the office if you have severe pain.

NSAIDs include Motrin, Ibuprofen, and Aleve. Narcotics are prescription pain pills, such as Norco, Percocet, and Tylenol #3. Use your pain medication as directed. Narcotics can cause nausea, sleepiness, bloating, constipation, and abdominal pain. You should not drive if you are taking narcotics. You can combine the narcotics with NSAIDs, but not with Tylenol.

Activity. Moderate activity speeds recovery, but excessive activity can cause complications. Until you are seen for your post-op appointment, please follow these instructions: Do not have sex or douche. You may shower, but do not sit in a bathtub, hot tub, or go swimming. You may go up and down stairs and walk as much as you like. You may ride in a car, but do not drive until you are not taking pain pills.

Proper Diet. A well-balanced diet high in protein will speed healing. Drink at least 8 large glasses of water a day. Avoid spicy food.