


Patient Information (or Patient Label)
Patient No.:
Patient Name:
Sex: Age:
Room no.: Doctor:

SPHF-OTCSE-001


St. Paul's Hospital
聖保祿醫院
Consent for Surgical / Invasive Procedure

**This form is valid for 180 days (6 months) from the date of signing*

Part I. Status of Signatory who gives consent:

- The Patient in person
- The Parent or Guardian of the Patient who is a minor
- The Patient's legal guardian appointed under the Mental Health Ordinance
- Substitute decision maker (Please specify designation or relationship) _____

Name of Signatory* _____ HKID Card / Identity Document No. _____

Part II. Interpreter

- An interpreter, if required, is present

Name of Interpreter* _____ HKID Card / Identity Document No. _____

Part III. Name or description of the Procedure:

Part IV. Risks and Complications of the Procedure:

1. General risks associated with a surgical procedure:

- 1.1. Bleeding
- 1.2. Wound infection
- 1.3. Chest infection; infection elsewhere
- 1.4. Heart attack
- 1.5. Stroke
- 1.6. Blood clot in the leg veins, which may break off and travel to the lungs

Rarely a serious complication may be fatal.

2. Risks and complications relevant to the Procedure

3. Any special risks (risk factors) relevant to the patient

4. Any consequential procedure(s) / treatment(s) / management(s) which may become necessary during or following the Procedure, such as:

- Intensive care
- Blood transfusion
- Open procedure (for laparoscopic / endoscopic procedures)
- Other operation(s) / procedure(s) / treatment(s): _____

- The signatory does not agree to perform the following consequential operation / procedure / treatment without further consent unless lifesaving: _____

* In Block Letters

Part V. The Consent:

I acknowledge that:

1. Any information given to the medical team is accurate and true to the best of my knowledge. I understand that any omission or inaccuracy may lead to serious medical complications and affect the accuracy of estimated risks associated with the procedure.
2. The doctor has explained my / the patient's medical condition, the proposed procedure, the likely outcome, and the risks of this procedure. I understand the risks of the procedure, including the risks that are specific to me / the patient, and the likely outcome.
3. The doctor has explained other relevant treatment options and their associated outcomes and risks.
4. The quoted complications / risks of the procedure are not exhaustive. Rare complications may not be listed.
5. The doctor has explained my / the patient's likely outcome of **NOT** having the procedure.
6. I was able to ask questions and raise concerns with the doctor about my / the patient's condition, the procedure and its risks, and treatment options. My questions and concerns have been discussed and answered to my satisfaction.
7. I understand that a doctor / doctors other than the attending surgeon may assist to conduct the procedure.
8. I understand that if tissues or organs are removed during the surgery, they may be submitted for pathological studies and / or disposed of appropriately by the Hospital.
9. I understand that during the operation, consequential procedures may have to be performed, especially those that are needed to save life, limb, or organ.
10. I understand that photographs or other recording may be taken during the procedure. These may be used for documentation and teaching purposes. (The patient will not be identified in any visual recording except facial surgeries.)
11. I understand that although the doctor(s) will perform the procedure in my / the patient's best interest, there is no guarantee of cure or improvement.

On the basis of the above statements, **I agree to have the procedure performed.**

_____ Name of Signatory*	_____ Signature	_____ Date
_____ Name of doctor(s) who perform the Procedure*	_____ Signature	_____ Date
_____ Name of Witness*	_____ Signature	_____ Date
_____ Name of Interpreter* (<i>if applicable</i>)	_____ Signature	_____ Date

* In Block Letters