CONSENT FOR AORTIC SURGERY

Name of the patient: ____________________________

IPD No: ____________________________ Date: ____________ Age/Sex: ________________

Conditions and procedures

We, the undersigned relatives of Mr./Mrs. ____________________________, have been explained in detail regarding his/her condition, with the following diagnosis:

a) ______________________________________________________________________
b) ______________________________________________________________________
c) ______________________________________________________________________
d) ______________________________________________________________________

for which ____________________________________________________________________ procedure is advisable.

Procedure and its benefits

Aortic surgery or aorto-bifemoral bypass is used to bypass diseased vessel of abdomen. Aorta is a major blood vessel which supplies blood to the abdominal, pelvic and thoracic organs.

The blood is redirected by placing a synthetic graft. As this is a major laparotomy procedure, patient may be allowed liquids/diet after 3–5 days of surgery, depending on the recovery.

The aims of the surgery are to:

a) Improve circulation                   b) Relieve rest pain

b) Prevent aggravation/further spread of gangrene       c) Help ulcers heal

c) ______________________________________________________________________

Signature: ____________________________

General risk of the procedure

There are risks and complications with the procedure. They include but are not limited to the following:

Specific complications

- Infection, requiring antibiotics and further treatment
- Bleeding- intra or postoperative
- Sudden increase or decrease of blood pressure and diabetes
- Swelling in the limbs- which can last for 1 month or more after surgery
- Wound may discharge clear fluid called lymph, which is self-resolving but may require surgery (this is rare)
- Due to rapid metabolic changes in body, possibility of electrolyte disturbances and acidosis in post-operative period, thereby needing aggressive intensive care management
- Wound healing may be delayed and abnormal and can lead to scar formation (keloid)
- Nerve injury, which can cause increased sensitivity and/or numbness in parts of leg/foot
- If a synthetic graft is used—
  a) May get infected and need to be removed, leading to compromised blood supply
  b) Increased risk of thrombosis with synthetic grafts
- There can be abdominal distension and fullness, causing abdominal pain/vomiting/indigestion
- The intestines may not function well, causing paralytic ileus (this is rare)

Signature: ____________________________

Rare but major complications

Rare but major complications associated with vascular surgery (can happen in 3 out of 100 patients) include:

a) Renal failure                   b) Ventilatory support and intubation

b) Need for haemodialysis       c) Heart attack or cardiac arrest

c) ICU shifting or shifting to other hospital d) Aortoduodenal fistula or secondary graft infection, leading to massive blood loss

Signature: ____________________________
Need for repeat intervention

- We have been explained in detail regarding the advantages and complications of disease/surgery
- In some patients (7 to 10 out of 100 patients), there is a possibility of recurrent thrombosis/aggravation of gangrene/spreading of infection, which may require repeat interventions like:
  a) Repeat vascular surgery
  b) Debridement amputation of certain part of limb
  c) Requirement of special vacuum-assisted closure (VAC) dressings or hyperbaric oxygen therapy (HBOT)
  d) Due to weakness of abdominal muscles, an abdominal hernia may develop rarely

Signature: _______________________

Risk of not having the procedure

As patient has advanced peripheral arterial disease, the risk of aggravation of gangrene and infection is high. If untreated the risk of limb amputation is very high.

Signature: _______________________

Anaesthesia

The procedure may require spinal, epidural or general anesthesia. However, after anesthetist evaluation the type of anaesthesia can be changed.

Signature: _______________________

Expenditure

Approximate expenditure of hospitalisation and treatment has been explained in detail. But if the patient develops unexpected complications, expenditure may increase.

Signature: _______________________

General considerations

- We have been explained that the patient will require some medication life long
- Discontinuing medicines or taking tobacco or alcohol or smoking may lead to repeat blockages
- No warranty or guarantee for the procedure has been given to us by the doctor

After going through all the details mentioned above, we request to undergo the procedure.

Sign of Relative: _______________________
Sign of Patient: _______________________

Name: _______________________
Name: _______________________

Declaration by the surgeon regarding the procedure

I hereby declare that I have explained in detail regarding the operative procedure and associated risk factors/complications. I have given detailed explanation to the patient and his/her relatives in the language they could understand and have given them opportunities to ask questions and have given satisfactory answers.

Patient's/Witness's Name: _______________________
Doctor's Name: _______________________
Patient's/Witness's Signature: _______________________
Doctor's Signature: _______________________
Date & Time: _______________________
Date & Time: _______________________

This specific procedural consent is endorsed by the Vascular Society of India and may be used by vascular surgeons practising in India.