



**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**

A 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
- c) Prevent aggravation/further spread of gangrene
- d) Help ulcers heal

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
- c) Need for haemodialysis
- d) Heart attack or cardiac arrest
- e) ICU shifting or shifting to other hospital
- f) Aortoduodenal fistula or secondary graft infection, leading to massive blood loss

Signature: \_\_\_\_\_

**AORTIC SURGERY**



**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:
  - Repeat vascular surgery
  - Debridement amputation of certain part of limb
  - Requirement of special vacuum-assisted closure (VAC) dressings or hyperbaric oxygen therapy (HBOT)
  - 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 anaesthesia. However, after anaesthetist 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.

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