



**CONSENT FOR AMPUTATION**

Name of the patient: \_\_\_\_\_

IPD No: \_\_\_\_\_ Date: \_\_\_\_\_ Age/Sex: \_\_\_\_\_

**Conditions and procedures**

1) 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/additional procedures is/are advisable.

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

**Procedure and its benefits**

Amputation is done to remove/cut the necrosed and infective part of the limb.

The aims of the surgery are:

- a) To prevent spread of gangrene
- b) To control infection
- c) In cases of acute limb ischemia, amputation is done to prevent systemic complications like sepsis, septic shock, renal failure and cardio-respiratory arrest

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

**General risk of the surgery**

**There are general risks and complications with the procedure.**

**They include, but are not limited to, the following:**

- a) There can be oozing of blood, watery discharge from the wound
- b) Infection of the affected part can lead to requirement of higher antibiotics or repeat surgery
- c) Sepsis, which may require ICU shifting and monitoring, or shifting to another hospital
- d) Impaired renal function, causing acute renal failure leading to need for dialysis
- e) Sudden increase or decrease in blood pressure and diabetic condition
- f) Heart attack or cardiac arrest. This risk is higher in elderly patients or patients with a history of heart disease or delayed presentation
- g) Respiratory failure leading to ventilatory support and intubation
- i) Need for blood transfusion
- j) Debridement or revising amputation of certain part of the limb
- k) Delayed wound healing

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

**AMPUTATION**



**Risks of not having the procedure done**

- If this condition is not treated it can lead to spread of gangrene resulting in septicemia
- May require amputation at a higher level

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

**General considerations**

- We have been explained that the patient will require some medicines lifelong. Even after amputation is performed, it may take 2–3 months for healing after which prosthesis (artificial leg) can be fitted. In case of recurrent ulcer or gangrene at the amputation stump, a repeat amputation at a higher level may be required
- Discontinuing medicines or taking tobacco or alcohol or smoking may lead to repeat blockages
- We have been given an option to get the treatment from elsewhere; however, we wish to get treated here
- The treating doctor may change the line of treatment in the best interest of the patient
- No false assurance, warranty or guarantee for the procedure has been given to us by the doctor

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

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

Signature of the relative: \_\_\_\_\_

Signature of the patient: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

**AMPUTATION**

**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.