



CONSENT FOR CAROTID ENDARTERECTOMY

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. The patient is suffering from critical carotid artery stenosis (artery which supplies blood to the brain) and co-existing problems are:

- a) _____
- b) _____

For which carotid endarterectomy procedure is advisable on LEFT RIGHT side

Procedure and its benefits

This procedure removes plaques or blockages from the lining of carotid arteries, which supply blood to the brain. By this procedure we can prevent a future cardiovascular (CV) stroke or paralysis.

General Risks of the procedure

- Infection of wound can occur, requiring antibiotics
- Bleeding- intra or postoperative
- Oxygen requirement
- Heart attack or CV stroke
- Need for ICU shifting/dialysis/ventilatory support

Specific Risks

- Despite a technically perfect operation, a minor or major stroke may occur, which can cause temporary or permanent disability (**can occur in 3 out of 100 patients**).

The following problems may occur after surgery, which require immediate intervention:

- a) Major bleeding from the neck
- b) Difficulty in breathing
- c) CV stroke (intra or postoperative)
- Hyperperfusion syndrome, which can cause headaches (temporary)
- Abnormal wound healing leading to scar formation
- Temporary difficulty in swallowing and talking
- Voice hoarseness after surgery (temporary)

Signature: _____

CAROTID ENDARTERECTOMY



Risk of not having the procedure

Untreated significant carotid stenosis may lead to a high risk of stroke (2%–6% annual stroke risk)

Signature: _____

Anaesthesia

The anaesthetist would evaluate the patient and advise for local/regional or general anaesthesia.

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 life long medication
- 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 for the procedure.

Signature of the relative: _____ Signature of the patient: _____

Name: _____ Name: _____

CAROTID ENDARTERECTOMY

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 provided detailed explanation to the patient and his/her relatives in the language they can understand and have given them the chance to ask questions and have accordingly provided 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.