



Need for repeat Intervention

- We have been explained in detail regarding the advantages and complications of surgery
- In some patients (7 to 10 out of 100 patients), there is a possibility of recurrent thrombosis/aggravation of gangrene/spreading infection which may require repeat interventions like:
 - a) Repeat arterial surgery
 - b) Debridement or amputation of a certain part of limb
 - c) Requirement of special VAC dressings or HBOT (Hyperbaric oxygen therapy)

Risk of not having the procedure

Signature: _____

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

Signature: _____

Anaesthesia

The procedure may require spinal or 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 provided this detailed explanation to the patient and his/her relatives in the language they could 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.

FEMORO POPLITEAL OR DISTAL BYPASS