

INFORMED CONSENT FOR THE PERFORMANCE OF OPEN ANTIREFLUX SURGERY

IDENTIFICATION DETAILS

Name and surnames of the patient:

History number:

Name and surnames of the lawful attorney (of relevant):

REQUEST FOR INFORMATION

I wish to be informed on my illness and the operation to be performed on me: Yes ☐ No ☐

I wish that the information on my illness and operation be provided to:

DESCRIPTION OF THE PROCEDURE

The surgeon has explained to me that it is the aim of this procedure to stop the stomach acid from backing up into the esophagus, thus avoiding irritation of the latter. The technique consists of constructing a complete or partial wrap with the stomach around the esophagus, placing it underneath the diaphragm. In the event of an associated hiatal hernia, the latter is also repaired, in some cases requiring the placing of synthetic material (mesh) to cover the hernial defect. The procedure may be performed through an incision in the abdomen or the thorax, depending on each specific case.

There is a possibility that, during the operation, modifications may have to be made to the procedure in view of intra-operative findings, in order to provide me with the most appropriate treatment.

The procedure requires the administration of anaesthesia, the risks of which will be explained to me by the anaesthesiologist, and it is possible that the administration of blood or its derivatives may be required during or after the operation.

Barring my indications to the contrary, part of the tissues obtained may be used for scientific, though at no event for commercial purposes.

Barring my indications to the contrary, the performance of the procedure may be filmed for scientific or didactic purposes.

BENEFITS OF THE PROCEDURE

The surgeon has informed me that it is the aim of this procedure to avoid the symptoms caused by the action of the acid on the esophagus and to prevent the ensuing complications, such as stenosis and a possible malignisation.

ALTERNATIVES TO THE PROCEDURE

The surgeon has explained to me that the alternative to surgical operation consists of maintaining the current medical treatment indefinitely although, in my case, this procedure is deemed to be the most efficient treatment.

GENERAL AND SPECIFIC RISKS OF THE PROCEDURE

I understand that, in spite of the adequate selection of the technique and its correct performance, undesirable effects may arise, both the common ones deriving from any operation and liable to affect all organs and systems and others that are specific of this procedure, such as:

Frequent risks of little consequence: infection or bleeding of the surgical wound, phlebitis. Difficulty to belch, transitory swallowing problems. Prolonged pain in the operated area.

Serious, but infrequent risks: dehiscence of the laparotomy (opening of the wound). Intra-abdominal bleeding or infection. Perforation of the viscera. Stenosis. Serious swallowing difficulties. Reproduction of the gastroesophageal reflux.

As a rule, these complications are solved by medical treatment (drugs, serum, etc.), although they may require resurgery, mostly of an emergency nature, and in exceptional cases, may be fatal.

PERSONALISED RISKS AND OTHER CIRCUMSTANCES:

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CONSEQUENCES OF THE SURGERY:

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DO YOU WISH TO MAKE ANY STATEMENT IN RELATION TO THE OPERATION?

.....

Statements and signatures:

I, Mr. / Mrs., holder of National Identity Document

- DECLARE: that the doctor has informed me previously and in a satisfactory manner with regard to the procedure (**OPEN ANTI-REFLUX SURGERY**) to which I will be submitted, and on the risks and complications involved.
- That I know and assume the risks and / or consequences that may arise as a result of the surgical procedure as such, of the localisation of the lesion or of complications of the operation, in spite of the fact that the doctors have taken all precautions within their reach.
- That I have read and understand this document. I am satisfied with the information received, I have asked all questions I considered appropriate and all doubts raised have been clarified to me.
- That I have been informed of the possible use of the procedure in the framework of a teaching or research project without any additional risk for my health.
- I equally understand that I am entitled to revoke the consent granted hereby at any time and without having to give any explanation whatsoever, merely by informing the medical team.

Signature of the informing doctor
Mr. / Mrs.

Signature of the patient
Mr. / Mrs.

Associate number
Date

I, Mr. / Mrs., holder of National Identity Document number, in my capacity as due to, hereby grant my consent for the proposed procedure to be performed on him / her.

Signature of the lawful attorney

Date:

Revocation of the consent:

I, Mr. / Mrs., holder of National Identity Document number

REVOKE the consent previously granted for the performance of this procedure of my own free will, and assume the consequences deriving from such revocation with regard to the progress of the illness I suffer / the patient is suffering.

Signature of the patient

Signature of the lawful attorney

Date:

INFORMED CONSENT FOR THE PERFORMANCE OF LAPAROSCOPIC ANTIREFLUX SURGERY

IDENTIFICATION DETAILS

Name and surnames of the patient:

History number:

Name and surnames of the lawful attorney (of relevant):

REQUEST FOR INFORMATION

I wish to be informed on my illness and the operation to be performed on me: Yes ☐ No ☐

I wish that the information on my illness and operation be provided to:

DESCRIPTION OF THE PROCEDURE

The surgeon has explained to me that it is the aim of this procedure to stop the stomach acid from backing up into the esophagus, thus avoiding irritation of the latter. The technique consists of constructing a complete or partial wrap with the stomach around the esophagus, placing it underneath the diaphragm. In the event of an associated hiatal hernia, the latter is also repaired, in some cases requiring the placing of synthetic material (mesh) to cover the hernial defect.

The laparoscopy consists of entering the abdomen by means of the introduction of trocars through small incisions, creating a space by introducing gas and operating with special instruments. The surgical technique is not different from the habitual one. In cases where technical reasons or intra-operative findings make it impossible to conclude the surgery using this procedure, the surgeon will convert to open surgery (laparotomy).

There is a possibility that, during the operation, modifications may have to be made to the procedure in view of intra-operative findings, in order to provide me with the most appropriate treatment.

The procedure requires the administration of anaesthesia, the risks of which will be explained to me by the anaesthesiologist, and it is possible that the administration of blood or its derivatives may be required during or after the operation.

Barring my indications to the contrary, part of the tissues obtained may be used for scientific, though at no event for commercial purposes.

Barring my indications to the contrary, the performance of the procedure may be filmed for scientific or didactic purposes.

BENEFITS OF THE PROCEDURE

The surgeon has informed me that it is the aim of this procedure to avoid the symptoms caused by the action of the acid on the esophagus and to prevent the ensuing complications, such as stenosis and a possible malignisation.

The aim of the laparoscopy surgery is to avoid a larger incision. Smaller incisions reduce the risk of post-operative hernias. As a rule, post-operative pain is milder, recovery of the intestinal system is generally quicker and the post-operative recovery period is normally shorter and more comfortable.

ALTERNATIVES TO THE PROCEDURE

The surgeon has explained to me that the alternative to surgical operation consists of maintaining the current medical treatment indefinitely although, in my case, this procedure is deemed to be the most efficient treatment. The procedure can be performed by open surgery.

GENERAL AND SPECIFIC RISKS OF THE PROCEDURE

I understand that, in spite of the adequate selection of the technique and its correct performance, undesirable effects may arise, both the common ones deriving from any operation and liable to affect all organs and systems and others that are specific of this procedure, such as:

Frequent risks of little consequence: infection or bleeding of the surgical wound, phlebitis. Difficulty to belch, transitory swallowing problems. Prolonged pain in the operated area. The laparoscopic surgery may cause the gas to extend to the subcutaneous tissue or other areas and provoke related pain, generally in the shoulder.

Serious, but infrequent risks: Intra-abdominal bleeding or infection. Perforation of the viscera. Stenosis. Serious swallowing difficulties. Reproduction of the gastroesophageal reflux. The laparoscopic surgery may result in vascular lesions, the lesion of neighbouring organs, gaseous embolism and pneumothorax.

As a rule, these complications are solved by medical treatment (drugs, serum, etc.), although they may require resurgery, mostly of an emergency nature, and in exceptional cases, may be fatal.

PERSONALISED RISKS AND OTHER CIRCUMSTANCES:

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CONSEQUENCES OF THE SURGERY:

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DO YOU WISH TO MAKE ANY STATEMENT IN RELATION TO THE OPERATION?

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Statements and signatures:

I, Mr. / Mrs., holder of National Identity Document

- DECLARE: that the doctor has informed me previously and in a satisfactory manner with regard to the procedure (**LAPAROSCOPIC ANTI-REFLUX SURGERY**) to which I will be submitted, and on the risks and complications involved.
- That I know and assume the risks and / or consequences that may arise as a result of the surgical procedure as such, of the localisation of the lesion or of complications of the operation, in spite of the fact that the doctors have taken all precautions within their reach.
- That I have read and understand this document. I am satisfied with the information received, I have asked all questions I considered appropriate and all doubts raised have been clarified to me.
- That I have been informed of the possible use of the procedure in the framework of a teaching or research project without any additional risk for my health.
- I equally understand that I am entitled to revoke the consent granted hereby at any time and without having to give any explanation whatsoever, merely by informing the medical team.

Signature of the informing doctor
Mr. / Mrs.

Signature of the patient
Mr. / Mrs.

Associate number
Date

I, Mr. / Mrs., holder of National Identity Document number, in my capacity as due to, hereby grant my consent for the proposed procedure to be performed on him / her.

Signature of the lawful attorney

Date:

Revocation of the consent:

I, Mr. / Mrs., holder of National Identity Document number

REVOKE the consent previously granted for the performance of this procedure of my own free will, and assume the consequences deriving from such revocation with regard to the progress of the illness I suffer / the patient is suffering.

Signature of the patient

Signature of the lawful attorney

Date:

INFORMED CONSENT FOR THE PERFORMANCE OF OPEN SURGERY OF ESOPHAGEAL MOTOR DISORDERS

IDENTIFICATION DETAILS

Name and surnames of the patient:

History number:

Name and surnames of the lawful attorney (of relevant):

REQUEST FOR INFORMATION

I wish to be informed on my illness and the operation to be performed on me: Yes ☐ No ☐

I wish that the information on my illness and operation be provided to:

DESCRIPTION OF THE PROCEDURE

The surgeon has explained to me that it is the aim of this technique to resolve my disease, provoked by an alteration in the contraction movements of the esophagus. As a result of these alterations, dilatations of the whole or part of the esophagus occur accompanied, occasionally, by the formation of diverticula similar to sacs, in various areas of the esophagus. The surgical intervention varies depending on the specific disorder and consists of the section of part of the muscular layer of the esophagus in the located dilatation of the esophagus and, if necessary, the related extirpation of the diverticula. Depending on the altered area, the procedure will be performed through the neck, the thorax or the abdomen.

There is a possibility that, during the operation, modifications may have to be made to the procedure in view of intra-operative findings, in order to provide me with the most appropriate treatment.

The procedure requires the administration of anaesthesia, the risks of which will be explained to me by the anaesthesiologist, and it is possible that the administration of blood or its derivatives may be required during or after the operation.

Barring my indications to the contrary, part of the tissues obtained may be used for scientific, though at no event for commercial purposes.

Barring my indications to the contrary, the performance of the procedure may be filmed for scientific or didactic purposes.

BENEFITS OF THE PROCEDURE

The surgeon has informed me that it is the aim of this procedure to avoid the symptoms caused by the action of the acid on the esophagus and to prevent the ensuing complications, such as stenosis and a possible malignisation.

ALTERNATIVES TO THE PROCEDURE

The surgeon has explained to me that, in my case, taking into account the evolution of my disease, there is no efficient alternative treatment.

GENERAL AND SPECIFIC RISKS OF THE PROCEDURE

I understand that, in spite of the adequate selection of the technique and its correct performance, undesirable effects may arise, both the common ones deriving from any operation and liable to affect all organs and systems and others that are specific of this procedure, such as:

Frequent risks of little consequence: infection or bleeding of the surgical wound, acute urine retention, phlebitis, transitory swallowing problems, heartburn. Prolonged pain in the operated area.

Serious, but infrequent risks: Dehiscence of the laparotomy (opening of the wound). Fistula due to a defect in the cicatrization of the suture. Alterations of the voice (seldom permanent), narrowness of the esophagus. Intra-abdominal bleeding or infection. Gastroesophageal reflux and recidivism of the disease.

As a rule, these complications are solved by medical treatment (drugs, serum, etc.), although they may require resurgery, mostly of an emergency nature, and in exceptional cases, may be fatal.

PERSONALISED RISKS AND OTHER CIRCUMSTANCES:

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CONSEQUENCES OF THE SURGERY:

.....

DO YOU WISH TO MAKE ANY STATEMENT IN RELATION TO THE OPERATION?

.....

Statements and signatures:

I, Mr. / Mrs., holder of National Identity Document

- DECLARE: that the doctor has informed me previously and in a satisfactory manner with regard to the procedure (**OPEN SURGERY OF ESOPHAGEAL MOTOR DISORDERS**) to which I will be submitted, and on the risks and complications involved.
- That I know and assume the risks and / or consequences that may arise as a result of the surgical procedure as such, of the localisation of the lesion or of complications of the operation, in spite of the fact that the doctors have taken all precautions within their reach.
- That I have read and understand this document. I am satisfied with the information received, I have asked all questions I considered appropriate and all doubts raised have been clarified to me.
- That I have been informed of the possible use of the procedure in the framework of a teaching or research project without any additional risk for my health.
- I equally understand that I am entitled to revoke the consent granted hereby at any time and without having to give any explanation whatsoever, merely by informing the medical team.

Signature of the informing doctor
Mr. / Mrs.

Signature of the patient
Mr. / Mrs.

Associate number
Date

I, Mr. / Mrs., holder of National Identity Document number, in my capacity as due to, hereby grant my consent for the proposed procedure to be performed on him / her.

Signature of the lawful attorney

Date:

Revocation of the consent:

I, Mr. / Mrs., holder of National Identity Document number

REVOKE the consent previously granted for the performance of this procedure of my own free will, and assume the consequences deriving from such revocation with regard to the progress of the illness I suffer / the patient is suffering.

Signature of the patient

Signature of the lawful attorney

Date:

INFORMED CONSENT FOR THE PERFORMANCE OF LAPAROSCOPIC SURGERY OF ESOPHAGEAL MOTOR DISORDERS

IDENTIFICATION DETAILS

Name and surnames of the patient:

History number:

Name and surnames of the lawful attorney (of relevant):

REQUEST FOR INFORMATION

I wish to be informed on my illness and the operation to be performed on me: Yes ☐ No ☐

I wish that the information on my illness and operation be provided to:

DESCRIPTION OF THE PROCEDURE

The surgeon has explained to me that it is the aim of this technique to resolve my disease, provoked by an alteration in the contraction movements of the esophagus. As a result of these alterations, dilatations of the whole or part of the esophagus occur accompanied, occasionally, by the formation of diverticula similar to sacs, in various areas of the esophagus. The surgical intervention varies depending on the specific disorder and consists of the section of part of the muscular layer of the esophagus in the located dilatation of the esophagus and, if necessary, the related extirpation of the diverticula. Depending on the altered area, the procedure will be performed through the neck, the thorax or the abdomen.

The laparoscopy consists of entering the abdomen by means of the introduction of trocars through small incisions, creating a space by introducing gas and operating with special instruments. The surgical technique is not different from the habitual one. In cases where technical reasons or intra-operative findings make it impossible to conclude the surgery using this procedure, the surgeon will convert to open surgery (laparotomy).

There is a possibility that, during the operation, modifications may have to be made to the procedure in view of intra-operative findings, in order to provide me with the most appropriate treatment.

The procedure requires the administration of anaesthesia, the risks of which will be explained to me by the anaesthesiologist, and it is possible that the administration of blood or its derivatives may be required during or after the operation.

Barring my indications to the contrary, part of the tissues obtained may be used for scientific, though at no event for commercial purposes.

Barring my indications to the contrary, the performance of the procedure may be filmed for scientific or didactic purposes.

BENEFITS OF THE PROCEDURE

The surgeon has informed me that it is the aim of this procedure to avoid the symptoms caused by the action of the acid on the esophagus and to prevent the ensuing complications, such as stenosis and a possible malignisation.

ALTERNATIVES TO THE PROCEDURE

The surgeon has explained to me that the alternative to surgical operation consists of maintaining the current medical treatment indefinitely although, in my case, this procedure is deemed to be the most efficient treatment.

GENERAL AND SPECIFIC RISKS OF THE PROCEDURE

I understand that, in spite of the adequate selection of the technique and its correct performance, undesirable effects may arise, both the common ones deriving from any operation and liable to affect all organs and systems and others that are specific of this procedure, such as:

Frequent risks of little consequence: infection or bleeding of the surgical wound, phlebitis. Difficulty to belch, transitory swallowing problems. Prolonged pain in the operated area.

Serious, but infrequent risks: Intra-abdominal bleeding or infection. Perforation of the viscera. Stenosis. Serious swallowing difficulties. Reproduction of the gastroesophageal reflux.

As a rule, these complications are solved by medical treatment (drugs, serum, etc.), although they may require resurgery, mostly of an emergency nature, and in exceptional cases, may be fatal.

PERSONALISED RISKS AND OTHER CIRCUMSTANCES:

.....

CONSEQUENCES OF THE SURGERY:

.....

DO YOU WISH TO MAKE ANY STATEMENT IN RELATION TO THE OPERATION?

.....

Statements and signatures:

I, Mr. / Mrs., holder of National Identity Document

- DECLARE: that the doctor has informed me previously and in a satisfactory manner with regard to the procedure (**LAPAROSCOPIC SURGERY OF ESOPHAGEAL MOTOR DISORDERS**) to which I will be submitted, and on the risks and complications involved.
- That I know and assume the risks and / or consequences that may arise as a result of the surgical procedure as such, of the localisation of the lesion or of complications of the operation, in spite of the fact that the doctors have taken all precautions within their reach.
- That I have read and understand this document. I am satisfied with the information received, I have asked all questions I considered appropriate and all doubts raised have been clarified to me.
- That I have been informed of the possible use of the procedure in the framework of a teaching or research project without any additional risk for my health.
- I equally understand that I am entitled to revoke the consent granted hereby at any time and without having to give any explanation whatsoever, merely by informing the medical team.

Signature of the informing doctor
Mr. / Mrs.

Signature of the patient
Mr. / Mrs.

Associate number
Date

I, Mr. / Mrs., holder of National Identity Document number, in my capacity as due to, hereby grant my consent for the proposed procedure to be performed on him / her.

Signature of the lawful attorney

Date:

Revocation of the consent:

I, Mr. / Mrs., holder of National Identity Document number

REVOKE the consent previously granted for the performance of this procedure of my own free will, and assume the consequences deriving from such revocation with regard to the progress of the illness I suffer / the patient is suffering.

Signature of the patient

Signature of the lawful attorney

Date:

INFORMED CONSENT FOR SURGICAL TREATMENT OF ULCEROUS DISEASE

IDENTIFICATION DETAILS

Name and surnames of the patient:

History number:

Name and surnames of the lawful attorney (of relevant):

REQUEST FOR INFORMATION

I wish to be informed on my illness and the operation to be performed on me: Yes ☐ No ☐

I wish that the information on my illness and operation be provided to:

DESCRIPTION OF THE PROCEDURE

The surgeon has explained to me that it is the aim of this technique to regulate the secretion of gastric acids, which are the cause of the ulcer I suffer from, and to treat possible complications provoked by the ulcer, such as the narrowness of the outlet of the stomach or repeated episodes of hemorrhage. Depending on the affection of the stomach and the duodenum, the surgery will consist of the section of the gastric nerves, either alone or in association with an extension of the stomach outlet through section and suture of the latter. In some instances it is necessary to extirpate part of the stomach.

There is a possibility that, during the operation, modifications may have to be made to the procedure in view of intra-operative findings, in order to provide me with the most appropriate treatment.

The procedure requires the administration of anaesthesia, the risks of which will be explained to me by the anaesthesiologist, and it is possible that the administration of blood or its derivatives may be required during or after the operation.

Barring my indications to the contrary, part of the tissues obtained may be used for scientific, though at no event for commercial purposes.

Barring my indications to the contrary, the performance of the procedure may be filmed for scientific or didactic purposes.

BENEFITS OF THE PROCEDURE

The surgeon has informed me that it is the aim of this procedure to avoid the symptoms caused by the action of the acid on the esophagus and to prevent complications such as stenosis and a possible malignisation.

ALTERNATIVES TO THE PROCEDURE

The surgeon has explained to me that the alternative to surgical operation consists of maintaining the current medical treatment indefinitely although, in my case, this procedure is deemed to be the most efficient treatment.

GENERAL AND SPECIFIC RISKS OF THE PROCEDURE

I understand that, in spite of the adequate selection of the technique and its correct performance, undesirable effects may arise, both the common ones deriving from any operation and liable to affect all organs and systems and others that are specific of this procedure, such as:

Frequent risks of little consequence: infection or bleeding of the surgical wound, phlebitis. Difficulty to belch, transitory swallowing problems. Prolonged pain in the operated area.

Serious, but infrequent risks: dehiscence of the laparotomy (opening of the wound). Intra-abdominal bleeding or infection. Perforation of the viscera. Stenosis. Serious swallowing difficulties. Reproduction of the gastroesophageal reflux.

As a rule, these complications are solved by medical treatment (drugs, serum, etc.), although they may require resurgery, mostly of an emergency nature, and in exceptional cases, may be fatal.

PERSONALISED RISKS AND OTHER CIRCUMSTANCES:

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CONSEQUENCES OF THE SURGERY:

.....

DO YOU WISH TO MAKE ANY STATEMENT IN RELATION TO THE OPERATION?

.....

Statements and signatures:

I, Mr. / Mrs., holder of National Identity Document

- DECLARE: that the doctor has informed me previously and in a satisfactory manner with regard to the procedure (**SURGICAL TREATMENT OF ULCEROUS DISEASE**) to which I will be submitted, and on the risks and complications involved.
- That I know and assume the risks and / or consequences that may arise as a result of the surgical procedure as such, of the localisation of the lesion or of complications of the operation, in spite of the fact that the doctors have taken all precautions within their reach.
- That I have read and understand this document. I am satisfied with the information received, I have asked all questions I considered appropriate and all doubts raised have been clarified to me.
- That I have been informed of the possible use of the procedure in the framework of a teaching or research project without any additional risk for my health.
- I equally understand that I am entitled to revoke the consent granted hereby at any time and without having to give any explanation whatsoever, merely by informing the medical team.

Signature of the informing doctor
Mr. / Mrs.

Signature of the patient
Mr. / Mrs.

Associate number
Date

I, Mr. / Mrs., holder of National Identity Document number, in my capacity as due to, hereby grant my consent for the proposed procedure to be performed on him / her.

Signature of the lawful attorney

Date:

Revocation of the consent:

I, Mr. / Mrs., holder of National Identity Document number

REVOKE the consent previously granted for the performance of this procedure of my own free will, and assume the consequences deriving from such revocation with regard to the progress of the illness I suffer / the patient is suffering.

Signature of the patient

Signature of the lawful attorney

Date:

INFORMED CONSENT FOR OPEN STOMACH SURGERY

IDENTIFICATION DETAILS

Name and surnames of the patient:

History number:

Name and surnames of the lawful attorney (of relevant):

REQUEST FOR INFORMATION

I wish to be informed on my illness and the operation to be performed on me: Yes ☐ No ☐

I wish that the information on my illness and operation be provided to:

DESCRIPTION OF THE PROCEDURE

The surgeon has explained to me that, through an incision in the abdomen, the whole or a part of the stomach will be removed, depending on the degree of affection. Subsequently, the continuity of the digestive tube will be reconstructed through the suture of the esophagus or the residual stomach to a loop of the small intestine. On occasions, it may be necessary to extend the extirpation to other abdominal organs, such as the spleen or the end of the pancreas.

There is a possibility that, during the operation, modifications may have to be made to the procedure in view of intra-operative findings, in order to provide me with the most appropriate treatment.

The procedure requires the administration of anaesthesia, the risks of which will be explained to me by the anaesthesiologist, and it is possible that the administration of blood or its derivatives may be required during or after the operation.

Barring my indications to the contrary, part of the tissues obtained may be used for scientific, though at no event for commercial purposes.

Barring my indications to the contrary, the performance of the procedure may be filmed for scientific or didactic purposes.

BENEFITS OF THE PROCEDURE

The surgeon has informed me that it is the aim of this procedure to extirpate the diseased part of the stomach that produces the symptoms and to avoid its complications (bleeding, perforation, obstruction).

ALTERNATIVES TO THE PROCEDURE

The surgeon has explained to me that, in my case, no efficient alternative for the treatment of my illness is available.

GENERAL AND SPECIFIC RISKS OF THE PROCEDURE

I understand that, in spite of the adequate selection of the technique and its correct performance, undesirable effects may arise, both the common ones deriving from any operation and liable to affect all organs and systems and others that are specific of this procedure, such as:

Frequent risks of little consequence: infection or bleeding of the surgical wound, phlebitis. Delay in the recovery of the intestinal motility. Prolonged pain in the operated area.

Serious, but infrequent risks: dehiscence of the laparotomy (opening of the wound). Fistula or stenosis caused by a defect in the cicatrisation of the intestinal suture. Alterations of the nutritional state, normally corrected with dietetic supplements. Intra-abdominal bleeding or infection. Reproduction of the disease.

As a rule, these complications are solved by medical treatment (drugs, serum, etc.), although they may require resurgery, mostly of an emergency nature, and in exceptional cases, may be fatal.

PERSONALISED RISKS AND OTHER CIRCUMSTANCES:

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CONSEQUENCES OF THE SURGERY:

By means of this surgery, your entire stomach or part of it will be extirpated.

DO YOU WISH TO MAKE ANY STATEMENT IN RELATION TO THE OPERATION?

.....

Statements and signatures:

I, Mr. / Mrs., holder of National Identity Document

- DECLARE: that the doctor has informed me previously and in a satisfactory manner with regard to the procedure (**OPEN STOMACH SURGERY**) to which I will be submitted, and on the risks and complications involved.
- That I know and assume the risks and / or consequences that may arise as a result of the surgical procedure as such, of the localisation of the lesion or of complications of the operation, in spite of the fact that the doctors have taken all precautions within their reach.
- That I have read and understand this document. I am satisfied with the information received, I have asked all questions I considered appropriate and all doubts raised have been clarified to me.
- That I have been informed of the possible use of the procedure in the framework of a teaching or research project without any additional risk for my health.
- I equally understand that I am entitled to revoke the consent granted hereby at any time and without having to give any explanation whatsoever, merely by informing the medical team.

Signature of the informing doctor
Mr. / Mrs.

Signature of the patient
Mr. / Mrs.

Associate number
Date

I, Mr. / Mrs., holder of National Identity Document number, in my capacity as due to, hereby grant my consent for the proposed procedure to be performed on him / her.

Signature of the lawful attorney

Date:

Revocation of the consent:

I, Mr. / Mrs., holder of National Identity Document number

REVOKE the consent previously granted for the performance of this procedure of my own free will, and assume the consequences deriving from such revocation with regard to the progress of the illness I suffer / the patient is suffering.

Signature of the patient

Signature of the lawful attorney

Date:

INFORMED CONSENT FOR LAPAROSCOPIC STOMACH SURGERY

IDENTIFICATION DETAILS

Name and surnames of the patient:

History number:

Name and surnames of the lawful attorney (of relevant):

REQUEST FOR INFORMATION

I wish to be informed on my illness and the operation to be performed on me: Yes ☐ No ☐

I wish that the information on my illness and operation be provided to:

DESCRIPTION OF THE PROCEDURE

The surgeon has explained to me that, through an incision in the abdomen, the entire stomach or a part of it will be removed, depending on the degree of affection. Subsequently, if necessary, the continuity of the digestive tube will be reconstructed through the suture of the esophagus or the residual stomach to a loop of the small intestine. On occasions, it may be necessary to extend the extirpation to other abdominal organs, such as the spleen or the end of the pancreas.

The laparoscopy consists of entering the abdomen by means of the introduction of trocars through small incisions, creating a space by introducing gas and operating with special instruments. The surgical technique is not different from the habitual one. In cases where technical reasons or intra-operative findings make it impossible to conclude the surgery using this procedure, the surgeon will convert to open surgery (laparotomy).

There is a possibility that, during the operation, modifications may have to be made to the procedure in view of intra-operative findings, in order to provide me with the most appropriate treatment.

The procedure requires the administration of anaesthesia, the risks of which will be explained to me by the anaesthesiologist, and it is possible that the administration of blood or its derivatives may be required during or after the operation.

Barring my indications to the contrary, part of the tissues obtained may be used for scientific, though at no event for commercial purposes.

Barring my indications to the contrary, the performance of the procedure may be filmed for scientific or didactic purposes.

BENEFITS OF THE PROCEDURE

The surgeon has informed me that it is the aim of this procedure to extirpate the diseased part of the stomach that produces the symptoms and to avoid its complications (bleeding, perforation, obstruction).

The aim of the laparoscopy surgery is to avoid a larger incision. Smaller incisions reduce the risk of post-operative hernias. As a rule, post-operative pain is milder, recovery of the intestinal system is generally quicker and the post-operative recovery period is normally shorter and more comfortable.

ALTERNATIVES TO THE PROCEDURE

The surgeon has explained to me that, in my case, no efficient alternative for the treatment of my illness is available.

GENERAL AND SPECIFIC RISKS OF THE PROCEDURE

I understand that, in spite of the adequate selection of the technique and its correct performance, undesirable effects may arise, both the common ones deriving from any operation and liable to affect all organs and systems and others that are specific of this procedure, such as:

Frequent risks of little consequence: infection or bleeding of the surgical wound, phlebitis. Delay in the recovery of the intestinal motility. Prolonged pain in the operated area. The laparoscopic surgery may cause the gas to extend to the subcutaneous tissue or other areas and provoke related pain, generally in the shoulder.

Serious, but infrequent risks: Fistula or stenosis caused by a defect in the cicatrisation of the intestinal suture. Alterations of the nutritional state, normally corrected with dietetic supplements. Intra-abdominal bleeding or infection. Reproduction of the disease. The laparoscopic surgery may result in vascular lesions, the lesion of neighbouring organs, gaseous embolism and pneumothorax.

As a rule, these complications are solved by medical treatment (drugs, serum, etc.), although they may require resurgery, mostly of an emergency nature, and in exceptional cases, may be fatal.

PERSONALISED RISKS AND OTHER CIRCUMSTANCES:

.....

CONSEQUENCES OF THE SURGERY:

By means of this surgery, your entire stomach or part of it will be extirpated.

DO YOU WISH TO MAKE ANY STATEMENT IN RELATION TO THE OPERATION?

.....

Statements and signatures:

I, Mr. / Mrs., holder of National Identity Document

- DECLARE: that the doctor has informed me previously and in a satisfactory manner with regard to the procedure (**LAPAROSCOPIC STOMACH SURGERY**) to which I will be submitted, and on the risks and complications involved.
- That I know and assume the risks and / or consequences that may arise as a result of the surgical procedure as such, of the localisation of the lesion or of complications of the operation, in spite of the fact that the doctors have taken all precautions within their reach.
- That I have read and understand this document. I am satisfied with the information received, I have asked all questions I considered appropriate and all doubts raised have been clarified to me.
- That I have been informed of the possible use of the procedure in the framework of a teaching or research project without any additional risk for my health.
- I equally understand that I am entitled to revoke the consent granted hereby at any time and without having to give any explanation whatsoever, merely by informing the medical team.

Signature of the informing doctor
Mr. / Mrs.

Signature of the patient
Mr. / Mrs.

Associate number
Date

I, Mr. / Mrs., holder of National Identity Document number, in my capacity as due to, hereby grant my consent for the proposed procedure to be performed on him / her.

Signature of the lawful attorney

Date:

Revocation of the consent:

I, Mr. / Mrs., holder of National Identity Document number

REVOKE the consent previously granted for the performance of this procedure of my own free will, and assume the consequences deriving from such revocation with regard to the progress of the illness I suffer / the patient is suffering.

Signature of the patient

Signature of the lawful attorney

Date:

INFORMED CONSENT FOR RESECTION OF THE ESOPHAGUS

IDENTIFICATION DETAILS

Name and surnames of the patient:

History number:

Name and surnames of the lawful attorney (of relevant):

REQUEST FOR INFORMATION

I wish to be informed on my illness and the operation to be performed on me: Yes ☐ No ☐

I wish that the information on my illness and operation be provided to:

DESCRIPTION OF THE PROCEDURE

The surgeon has explained to me that this technique consists of the removal of the entire esophagus or part of it, which is altered by the disease. The procedure shall be performed through the neck, thorax or abdomen and frequently by a combination of the several methods. The reconstruction of the digestive continuity will be performed by using the stomach or part of the intestine, depending on the location of the disease. As a rule, during the post-operative period, it will be necessary to administrate intravenous or enteral feeding (by catheter). On occasions, it may be necessary to extend the extirpation to other abdominal organs, such as the stomach or the spleen.

There is a possibility that, during the operation, modifications may have to be made to the procedure in view of intra-operative findings, in order to provide me with the most appropriate treatment.

The procedure requires the administration of anaesthesia, the risks of which will be explained to me by the anaesthesiologist, and it is possible that the administration of blood or its derivatives may be required during or after the operation.

Barring my indications to the contrary, part of the tissues obtained may be used for scientific, though at no event for commercial purposes.

Barring my indications to the contrary, the performance of the procedure may be filmed for scientific or didactic purposes.

BENEFITS OF THE PROCEDURE

The surgeon has informed me that it is the aim of this procedure to extirpate the diseased part of the stomach that produces the symptoms and to avoid its complications (bleeding, perforation, obstruction).

ALTERNATIVES TO THE PROCEDURE

The surgeon has explained to me that, in my case, no efficient alternative for the treatment of my illness is available.

GENERAL AND SPECIFIC RISKS OF THE PROCEDURE

I understand that, in spite of the adequate selection of the technique and its correct performance, undesirable effects may arise, both the common ones deriving from any operation and liable to affect all organs and systems and others that are specific of this procedure, such as:

Frequent risks of little consequence: infection or bleeding of the surgical wound, phlebitis. Transitory swallowing difficulties, transitory alteration of the voice, digestive disorders (diarrhea, vomiting, etc.). Prolonged pain in the operated area.

Serious, but infrequent risks: Dehiscence of the laparotomy (opening of the wound). Intra-abdominal bleeding or infection. Fistula or stenosis caused by a defect in the cicatrisation of the intestinal suture. Pleuropulmonary complications, lesion of the recurrent nerve (alteration of the voice), lesion of the lymphatic duct. Recidivism of the disease.

As a rule, these complications are solved by medical treatment (drugs, serum, etc.), although they may require resurgery, mostly of an emergency nature, and in exceptional cases, may be fatal.

PERSONALISED RISKS AND OTHER CIRCUMSTANCES:

.....

CONSEQUENCES OF THE SURGERY:

By means of this surgery, your entire stomach or part of it will be extirpated.

DO YOU WISH TO MAKE ANY STATEMENT IN RELATION TO THE OPERATION?

.....

Statements and signatures:

I, Mr. / Mrs., holder of National Identity Document

- DECLARE: that the doctor has informed me previously and in a satisfactory manner with regard to the procedure (**RESECTION OF THE ESOPHAGUS**) to which I will be submitted, and on the risks and complications involved.
- That I know and assume the risks and / or consequences that may arise as a result of the surgical procedure as such, of the localisation of the lesion or of complications of the operation, in spite of the fact that the doctors have taken all precautions within their reach.
- That I have read and understand this document. I am satisfied with the information received, I have asked all questions I considered appropriate and all doubts raised have been clarified to me.
- That I have been informed of the possible use of the procedure in the framework of a teaching or research project without any additional risk for my health.
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Signature of the informing doctor
Mr. / Mrs.

Signature of the patient
Mr. / Mrs.

Associate number
Date

I, Mr. / Mrs., holder of National Identity Document number, in my capacity as due to, hereby grant my consent for the proposed procedure to be performed on him / her.

Signature of the lawful attorney

Date:

Revocation of the consent:

I, Mr. / Mrs., holder of National Identity Document number

REVOKE the consent previously granted for the performance of this procedure of my own free will, and assume the consequences deriving from such revocation with regard to the progress of the illness I suffer / the patient is suffering.

Signature of the patient

Signature of the lawful attorney

Date: