

INFORMED CONSENT FOR INTESTINAL RESECTION THROUGH OPEN SURGERY

IDENTIFICATION DETAILS

Name and surnames of the patient:

History number:

Name and surnames of the lawful attorney (if 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, by means of an incision in the abdomen, the diseased part of my intestine will be extirpated and, subsequently, my intestine will be sutured and the continuity of my digestive tube restored. Occasionally, the extirpation may have to be extended to other organs. Sometimes, for technical reasons, it may be necessary to construct an artificial anus, which, in most cases, is only of a temporary nature.

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 intestine or to provide a solution to my symptoms and to prevent the ensuing complications (bleeding, perforation, obstruction, fistula...), which would require an emergency operation.

ALTERNATIVES TO THE PROCEDURE

In your case, we believe there is no efficient alternative treatment for your illness.

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 wound, acute retention of the urine, phlebitis. Delay in the restoration of normal intestinal circulation, which would require treatment with serum. Prolonged pain in the operated area.

Serious, but infrequent risks: dehiscence of the laparotomy (opening of the wound). Fistula of the anastomosis due to an alteration of the cicatrisation of the suture. Intra-abdominal bleeding or infection. Intestinal obstruction.

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:

A segment of the small intestine, more or less extensive, depending on the illness, will have to 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 (**INTESTINAL RESECTION THROUGH OPEN 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 INTESTINAL RESECTION THROUGH LAPAROSCOPIC 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 extirpate the diseased part of my intestine by laparoscopy, subsequently suturing the intestine and restoring the digestive tube. The laparoscopy consists of entering the abdomen by means of the introduction of trocars through small incisions, creating a space after 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).

Occasionally, the extirpation may have to be extended to other organs. Sometimes, for technical reasons, it may be necessary to construct an artificial anus, which, in most cases, is only of a temporary nature.

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 intestine or to provide a solution to my symptoms and to prevent the ensuing complications (bleeding, perforation, obstruction, fistula...), which would require an emergency operation.

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

In your case, we believe there is no efficient alternative treatment for your illness, although the operation 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 wound, acute retention of the urine, phlebitis. Delay in the restoration of normal intestinal circulation, which would require treatment with serum. 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 of the anastomosis due to an alteration of the cicatrization of the suture. Intra-abdominal bleeding or infection. Intestinal obstruction. 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:

A segment of the small intestine, more or less extensive, depending on the illness, will have to 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 (**INTESTINAL RESECTION THROUGH LAPAROSCOPIC 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 OPEN SEGMENTAL RESECTION OF THE COLON

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, by means of an incision in the abdomen, the diseased part of my intestine will be extirpated and, subsequently, my intestine will be sutured and the continuity of my digestive tube restored.

Occasionally, the extirpation may have to be extended to other organs and sometimes, for technical reasons, it may be necessary to construct an artificial anus, which, in most cases, is only of a temporary nature. As a rule it is necessary to carry out a prior preparation to clean the intestine.

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 intestine or to provide a solution to my symptoms and to prevent the ensuing complications (bleeding, perforation, obstruction, fistula...), which would require an emergency operation.

ALTERNATIVES TO THE PROCEDURE

In your case, we believe there is no efficient alternative treatment for your illness.

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 wound, acute retention of the urine, phlebitis. Increase of the number of stools. Prolonged pain in the operated area.

Serious, but infrequent risks: dehiscence of the laparotomy (opening of the wound). Fistula of the anastomosis due to an alteration of the cicatrisation of the suture, which, in most cases, is resolved by medical treatment (drugs, serum, etc.) but, occasionally, requires a resurgery with the construction of an artificial anus. Intra-abdominal bleeding or infection. Intestinal obstruction. 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:

.....

CONSEQUENCES OF THE SURGERY:

A segment of the large intestine, more or less extensive, depending on the illness, will be removed.

.....

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 SEGMENTAL RESECTION OF THE COLON**) 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 SEGMENTAL RESECTION OF THE COLON

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, by means of this technique, the diseased part of my intestine will be extirpated by laparoscopy and, subsequently, my intestine will be sutured and the continuity of my digestive tube restored. As a rule it is necessary to carry out a prior preparation to clean the intestine.

The laparoscopy consists of entering the abdomen by means of the introduction of trocars through small incisions, creating a space after 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).

Occasionally, the extirpation may have to be extended to other organs. Sometimes, for technical reasons, it may be necessary to construct an artificial anus, which, in most cases, is only of a temporary nature.

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 intestine or to provide a solution to my symptoms and to prevent the ensuing complications (bleeding, perforation, obstruction, fistula...), which would require an emergency operation.

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

In your case, we believe there is no efficient alternative treatment for your illness, although the operation 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 wound, acute retention of the urine, phlebitis. Increase of the number of stools. 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 of the anastomosis due to an alteration of the cicatrisation of the suture, which, in most cases, is resolved by medical treatment (drugs, serum, etc.) but, occasionally, requires a resurgery with the construction of an artificial anus. Intra-abdominal bleeding or infection. Intestinal obstruction. 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:

A segment of the large intestine, more or less extensive, depending on the illness, will be removed.

.....

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 SEGMENTAL RESECTION OF THE COLON**) 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 CLOSING OF THE STOMA THROUGH OPEN 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 reconstruct the continuity of the digestive tube closing the artificial anus. To this end, an incision will be made around the latter and, if the rest of the intestine was previously separated from the artificial anus, an abdominal incision will have to be made. Once exposed, the two intestinal extremes will be joined by suture. On occasion, closing the orifice of the artificial anus requires the placing of prosthetic material (mesh). At times it is necessary to carry out a prior preparation to clean the intestine.

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 reconstruct the continuity of the digestive tube, in order to allow me to defecate through the anus.

ALTERNATIVES TO THE PROCEDURE

You can continue with the artificial anus, but the only alternative to close the stoma is 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 wound, acute retention of the urine, phlebitis, diarrhea. Alterations of the fecal continence that, as a rule, disappear after a period of adaptation. Delay in the recovery of intestinal motility that may require a prolonged treatment with serum. Prolonged pain in the operated area.

Serious, but infrequent risks: dehiscence of the laparotomy (opening of the wound). Intra-abdominal bleeding or infection. Intestinal fistula caused by a defect in the cicatrization of the suture. Intestinal obstruction.

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:

The artificial anus of your abdomen will be closed to make stools happen through the anus.

.....

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 (**CLOSING OF THE STOMA THROUGH OPEN 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 CLOSING OF THE STOMA THROUGH LAPAROSCOPIC 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 reconstruct the continuity of the digestive tube closing the artificial anus through laparoscopy. To this end, an incision will be made around the artificial anus, completing the union of both intestinal extremes by laparoscopy. On occasion, closing the orifice of the artificial anus requires the placing of prosthetic material (mesh). At times it is necessary to carry out a prior preparation to clean the intestine.

The laparoscopy consists of entering the abdomen by means of the introduction of trocars through small incisions, creating a space after 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 reconstruct the continuity of the digestive tube, in order to allow me to defecate through the anus.

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

You can continue with the artificial anus, but the only alternative to close the stoma is surgery, although the operation 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 wound, acute retention of the urine, phlebitis, diarrhea. Alterations of the fecal continence that, as a rule, disappear after a period of adaptation. Delay in the recovery of intestinal motility that may require a prolonged treatment with serum. 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. Intestinal fistula caused by a defect in the cicatrization of the suture. Intestinal obstruction. 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:

The artificial anus of your abdomen will be closed to make stools happen through the anus.

.....

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 (**CLOSING OF THE STOMA THROUGH LAPAROSCOPIC 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 OPEN TOTAL COLECTOMY WITH OR WITHOUT RESERVOIR

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, by means of an incision in the abdomen, the large intestine and most of the rectum will be extirpated. If possible, the continuity of the intestine will then be reconstructed, forming a neorectum with part of the small intestine. In most cases, a discharge ileostomy will be performed, i.e. a temporary artificial anus in the abdomen, which will be closed at a later date by a new surgical operation. When it is impossible to reconstruct the rectum, a permanent ileostomy will have to be maintained. As a rule, it is necessary to carry out a prior preparation to clean the intestine.

On occasion, it may be necessary to extend the extirpation to other organs.

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 intestine, avoiding the complications deriving from the latter (bleeding, perforation, obstruction, fistula...) that would require an emergency operation.

ALTERNATIVES TO THE PROCEDURE

We believe that surgery is the only efficient alternative for your illness.

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 wound, acute retention of the urine, phlebitis, diarrhea, irritation of the skin around the artificial anus. Prolonged pain in the operated area.

Serious, but infrequent risks: dehiscence of the laparotomy (opening of the wound). Fistula of the anastomosis due to an alteration of the cicatrisation of the suture which, in most cases, is resolved by medical treatment (drugs, serum, etc.) but, occasionally, requires a resurgery with the construction of an artificial anus. Intra-abdominal bleeding or infection. Intestinal obstruction. Sexual dysfunctions that may involve impotence. Alteration of the continence to flatulence and even to excrements. Inflammation of the reservoir. 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:

.....

CONSEQUENCES OF THE SURGERY:

The entire large intestine will be extirpated and, if the anus is extirpated, you will have to defecate through an artificial anus placed in your abdomen.

.....

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 TOTAL COLECTOMY WITH OR WITHOUT RESERVOIR**) 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 TOTAL COLECTOMY WITH OR WITHOUT RESERVOIR

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, by means of laparoscopy, the large intestine and most of the rectum will be extirpated. If possible, the continuity of the intestine will then be reconstructed, forming a neorectum with part of the small intestine. In most cases, a discharge ileostomy will be performed, i.e. a temporary artificial anus in the abdomen, which will be closed at a later date by a new surgical operation. When it is impossible to reconstruct the rectum, a permanent ileostomy will have to be maintained. As a rule, it is necessary to carry out a prior preparation to clean the intestine.

The laparoscopy consists of entering the abdomen by means of the introduction of trocars through small incisions, creating a space after 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).

On occasion, it may be necessary to extend the extirpation to other organs.

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 intestine, avoiding the complications deriving from the latter (bleeding, perforation, obstruction, fistula...) that would require an emergency operation.

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

Given your illness, we believe that surgery is the only efficient alternative, although the operation can be performed through 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 wound, acute retention of the urine, phlebitis, increase of the number of stools. 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 of the anastomosis due to an alteration of the cicatrisation of the suture which, in most cases, is resolved by medical treatment (drugs, serum, etc.) but, occasionally, requires a resurgery with the construction of an artificial anus. Intra-abdominal bleeding or infection. Intestinal obstruction. Sexual dysfunctions that may involve impotence. Alteration of the continence to flatulence and even to excrements. Inflammation of the reservoir. 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:

The entire large intestine will be extirpated and, if the anus is extirpated, you will have to defecate through an artificial anus placed in your abdomen.

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 TOTAL COLECTOMY WITH OR WITHOUT RESERVOIR**) 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 RECTUM THROUGH OPEN 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, by means of an incision in the abdomen, part or the entire rectum, i.e. the end part of the intestine, will be extirpated. Depending on the distance to the anus, it may or may not be possible to reconstruct the continuity of the intestine; in most cases it is possible to do so. When it is necessary to extirpate the anus, a permanent artificial anus will have to be installed in the abdomen. When it is possible to suture the colon, it may prove necessary to leave a temporary artificial anus. As a rule, a prior preparation is required to clean the intestine. On occasion, it may be necessary to extend the extirpation to other organs.

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 rectum, avoiding the complications deriving from the latter (bleeding, perforation, obstruction, fistula...) that would require an emergency operation.

ALTERNATIVES TO THE PROCEDURE

Although, in some instances, the placing of an endoprosthesis or the resection of the lesion through the anus could be contemplated, in your case we believe that open surgery is the ideal option.

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 wound, acute retention of the urine, phlebitis, increase of the number of stools. Prolonged pain in the operated area.

Serious, but infrequent risks: dehiscence of the laparotomy (opening of the wound). Fistula of the anastomosis due to an alteration of the cicatrisation, which, in most cases, is resolved by medical treatment (drugs, serum, etc.) but, occasionally, requires a resurgery with the construction of an artificial anus. Intra-abdominal bleeding or infection. Intestinal obstruction. Sexual dysfunctions that may involve impotence. Alteration of the continence to flatulence and even to excrements. 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:

.....

CONSEQUENCES OF THE SURGERY:

All or part of the rectum will be extirpated and, if the anus is extirpated, you will have to defecate through an artificial anus placed in your abdomen.

.....

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 RECTUM THROUGH OPEN 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 RECTUM THROUGH LAPAROSCOPIC 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, by means of laparoscopy, all or part of rectum, i.e. the end part of the intestine, will be extirpated. Depending on the distance to the anus, it may or may not be possible to reconstruct the continuity of the intestine; in most cases it is possible to do so. When it is necessary to extirpate the anus, a permanent artificial anus will have to be installed in the abdomen. When it is possible to suture the colon, it may prove necessary to leave a temporary artificial anus. As a rule, a prior preparation is required to clean the intestine. On occasion, it may be necessary to extend the extirpation to other organs.

The laparoscopy consists of entering the abdomen by means of the introduction of trocars through small incisions, creating a space after 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 rectum, avoiding the complications deriving from the latter (bleeding, perforation, obstruction, fistula...) that would require an emergency operation.

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

Although, in some instances, the placing of an endoprosthesis or the resection of the lesion through the anus could be contemplated, in your case we believe that surgery is the ideal option, although the operation can also be performed through open surgery (laparotomy).

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 wound, acute retention of the urine, phlebitis, increase of the number of stools. 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: dehiscence of the laparotomy (opening of the wound). Fistula of the anastomosis due to an alteration of the cicatrisation, which, in most cases, is resolved by medical treatment (drugs, serum, etc.) but, occasionally, requires a resurgery with the construction of an artificial anus. Intra-abdominal bleeding or infection. Intestinal obstruction. Sexual dysfunctions that may involve impotence. Alteration of the continence to flatulence and even to excrements. 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:

All or part of the rectum will be extirpated and, if the anus is extirpated, you will have to defecate through an artificial anus placed in your abdomen.

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 RECTUM THROUGH LAPAROSCOPIC 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 POLIPECTOMY OF COLON OR RECTUM

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, by means of this procedure, a polyp located in the colon or rectum will be extirpated, not subsidiary to an endoscopic treatment for its complete histological study. If the polyp is located in the colon, an opening will have to be made in this part of the intestine to remove the lesion and subsequently suture the intestine. In some cases it may be necessary to remove a segment of the large intestine. If the polyp is located in the rectum, it may be removed through the anus if it is situated in the lowest part, or from the posterior by making an opening in the rectum and subsequently closing it by suture. The anatomopathological study during or after the operation indicate the advisability of an extension of the resection or the installation of an artificial anus which, in most cases, is merely temporary. As a rule, a prior preparation is required to clean the intestine.

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 polyp, thus avoiding its growth and possible malignant degeneration.

ALTERNATIVES TO THE PROCEDURE

In your case, we believe that there is no efficient alternative treatment for your illness.

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 wound, acute retention of the urine, phlebitis. Prolonged pain in the operated area.

Serious, but infrequent risks: dehiscence of the laparotomy (opening of the wound). Fistula of the anastomosis due to an alteration of the cicatrisation, which, in most cases, is resolved by medical treatment (drugs, serum, etc.) but, occasionally, requires a resurgery with the construction of an artificial anus. Intra-abdominal bleeding or infection. Intestinal obstruction. Alteration of the continence to flatulence and even to excrements. 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:

.....

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 (**POLIPLECTOMY OF COLON OR RECTUM**) 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 ENDOANAL RESECTION

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 extirpate the tumoration I have in the rectum through the anus. On occasion, a special device is used that, introduced through the anus and extirpates the tumoration by means of a special apparatus. As a rule, a prior preparation is required to clean the intestine.

In some instances, either in view of the intra-operative study of the surgical piece or due to the impossibility to extirpate the tumoration in this way, it is necessary to perform, in the same operation, an intervention through an incision in the abdomen to extirpate the lesion completely. If it is necessary to extirpate the rectum, depending on the distance from the lesion to the anus, it may or may not be possible to reconstruct the continuity of the intestine; in most cases it is possible to do so. When it is necessary to extirpate the anus, a permanent artificial anus will have to be installed in the abdomen. When it is possible to suture the colon, it may prove necessary to leave a temporary artificial anus. On occasion, it may be necessary to extend the extirpation to other organs.

The final anatomopathological study of the surgical piece may indicate that a subsequent resurgery is advisable to extirpate the tumoration completely.

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 perform a complete anatomopathological study of the lesion of the rectum and to avoid the complications deriving from the latter (bleeding, obstruction,), which could require an emergency operation.

ALTERNATIVES TO THE PROCEDURE

In your case, we believe that the endoanal resection of the lesion is the best alternative, although a total or partial extirpation of the rectum is also possible.

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 wound, acute retention of the urine, phlebitis. Prolonged pain in the operated area. In case of partial extirpation of the rectum: increase of the number of stools.

Serious, but infrequent risks: serious bleeding or infection. Alteration of the continence to flatulence and even to excrements. Reproduction of the disease. In case of partial extirpation of the rectum: dehiscence of the laparotomy (opening of the wound). Fistula of the anastomosis due to an alteration of the cicatrisation, which, in most cases, is resolved by medical treatment (drugs, serum, etc.) but, occasionally, requires a resurgery with the construction of an artificial anus. Intra-abdominal bleeding or infection. Intestinal obstruction. Sexual dysfunctions that may involve impotence.

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 (**ENDOANAL RESECTION**) 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 RECTAL PROLAPSE 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 this technique, an attempt will be made to restore the rectum to its customary position, trying to eliminate the symptoms, such as local discomfort, incontinence and even bleeding. The prolapse may be repaired through the abdomen or through the anus. The repair of the prolapse may require intestinal resection, fixing the intestine with prosthetic material (mesh) or the suture of the rectal muscles and extirpation of part of the mucosa. As a rule, a prior preparation is required to clean the intestine.

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 restore the rectum to its customary position, attempting to eliminate the symptoms, such as local discomfort, incontinence, secretions and even bleeding.

ALTERNATIVES TO THE PROCEDURE

In your case, we believe that there is no efficient therapeutic alternative to correct the prolapse of the rectum.

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 wound, acute retention of the urine, phlebitis. Prolonged pain in the operated area.

Serious, but infrequent risks: depending on the technique used, the following may occur: dehiscence of the laparotomy (opening of the wound), in the case of operation through the abdomen. Intra-abdominal bleeding or infection around the anus. Rejection of the synthetic material forcing its removal, intestinal fistula, stenosis and incontinence to flatulence and even to excrements. Sexual alterations may occur that may even lead to impotence. Reproduction of the prolapse of the rectum.

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 (**RECTAL PROLAPSE 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 RECTOCELE 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, by means of this procedure, an attempt will be made to prevent the rectum from herniating towards the vagina and to eliminate symptoms, such as local discomfort and constipation. The rectocele can be repaired through the rear wall of the vagina, through the perineum or through the anus. The repair of the rectocele may require the suture of the rectal muscles or the placing of prosthetic material (mesh) between the rectum and the vagina. On occasion, a prior preparation is required to clean the intestine.

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 prevent the rectum from herniating towards the vagina, attempting to eliminate the symptoms, such as local discomfort and constipation.

ALTERNATIVES TO THE PROCEDURE

In your case, we believe that there is no efficient therapeutic alternative to correct the rectocele.

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 wound, acute retention of the urine. Prolonged pain in the operated area. Phlebitis.

Serious, but infrequent risks: depending on the technique used, there is a possibility of infection around the anus, rejection of the synthetic material forcing its removal, intestinal fistula, stenosis and incontinence to flatulence and even to excrements, difficulty to have sexual relations. Reproduction of the rectocele.

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 (**RECTOCELE 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 ANAL STENOSIS 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 anal stenosis may be caused as a result of the alteration of the skin or the muscles of the area. Possible repairs include a dilatation of the anus, the partial section of the sphincter or an anal graft. In exceptional cases, the repair will require the construction of an artificial anus. On occasion, a prior preparation is required to clean the intestine.

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 correct the anal stenosis, allowing me to defecate more easily.

ALTERNATIVES TO THE PROCEDURE

Although a dilatation of the anus can be performed, in your case, we believe that there is no efficient therapeutic alternative when the stenosis is of a considerable level.

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 wound, acute retention of the urine, phlebitis. Prolonged pain in the operated area.

Serious, but infrequent risks: serious infection of the anus and the perineum. Incontinence to flatulence and even to excrements. Persistence or reproduction of the stenosis.

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 (**ANAL STENOSIS 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 ANAL FISTULA 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 technique to channel the track of the fistula and, by sectioning and laying open, the extirpation of the track or the introduction of a stitch or a rubber sling through the track. On occasion, it is necessary to perform the repair of the anal sphincters or the placing of grafts. In complex fistulas communicating with other organs, both orifices are repaired and, exceptionally, it is necessary to construct an artificial anus. On occasion, a prior preparation is required to clean the intestine.

In selected cases, this surgical procedure can be performed under the system of CMA (Major Ambulatory Surgery), allowing for the patient to be discharged on the same day of the operation.

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 eliminate the fistula track and to resolve the symptoms (bleeding, pain, infection, etc.) produced by the fistula.

ALTERNATIVES TO THE PROCEDURE

In your case, we believe that there is no efficient alternative procedure to repair the anal fistula.

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 wound, acute retention of the urine, inflammation of the anus. Prolonged pain in the operated area. Phlebitis.

Serious, but infrequent risks: serious infection of the anus and the perineum. Incontinence to flatulence and even to excrements. Stenosis of the anus. Reproduction of the fistula.

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 (**ANAL FISTULA 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 SURGERY FOR ANAL FISSURE

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, by means of this technique, part of the anal sphincter will be sectioned (cut) or a dilatation of the latter will be performed to allow the subsequent suture of the fissure. On occasion, this pathology is associated to hemorrhoids or polyps and an attempt may be made to solve these problems in the same operation.

In selected cases, this surgical procedure can be performed under the system of CMA (Major Ambulatory Surgery), allowing for the patient to be discharged on the same day of the operation.

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 resolve the symptoms (bleeding, pain, etc.) and to allow the cicatrisation of the anal fissure.

ALTERNATIVES TO THE PROCEDURE

In your case, we believe it is unlikely that you will improve through medication and that surgery is the most efficient alternative to treat your anal fissure.

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 wound, acute retention of the urine, anal edema. Prolonged pain in the operated area.

Serious, but infrequent risks: serious infection of the perineum. Incontinence to flatulence and even to excrements. Stenosis of the anus. Reproduction of the anal fissure.

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 (**SURGERY FOR ANAL FISSURE**) 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 SURGERY OF HEMORRHOIDS

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 they will extirpate my hemorrhoids (venous dilatations in the neighbourhood of the anus), which are the cause of my discomfort (bleeding, pain, etc.). On occasion, it is not necessary to extirpate all of them and the treatment is sometimes complemented with ligatures or sclerosis of smaller or accessory groups that cannot be extirpated.

In selected cases, this surgical procedure can be performed under the system of CMA (Major Ambulatory Surgery), allowing for the patient to be discharged on the same day of the operation.

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 hemorrhoids in order to cure or to resolve my symptoms (discomfort, bleeding, pain, etc.).

ALTERNATIVES TO THE PROCEDURE

In your case, we believe it is unlikely that you will improve through medication and that surgery is the most efficient alternative to treat your hemorrhoids.

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 wound, acute retention of the urine, anal edema. Prolonged pain in the operated area.

Serious, but infrequent risks: serious infection of the anus and the perineum. Incontinence to flatulence and even to excrements. Stenosis of the anus. Reproduction of the hemorrhoids.

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 (**SURGERY OF HEMORRHOIDS**) 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 SURGERY OF ANAL INCONTINENCE

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 the type of operation to solve my incontinence depends on the cause producing it. If it is due to a lesion of the sphincter, the latter will be repaired to try to achieve its functionality. Sometimes the lesion is more complex and requires in addition the repair of other muscles surrounding the anus. In case of nervous lesions, on occasion it may be necessary to perform muscular transpositions with or without stimulation or to use an artificial anal sphincter. In exceptional cases an artificial anus will have to be constructed. As a rule, a prior preparation will be required to clean the intestine.

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 solve the incontinence or to reduce my discomfort, achieving the complete or partial recovery of continence.

ALTERNATIVES TO THE PROCEDURE

Although a treatment can be attempted involving rehabilitation and anal exercises or the use of mechanical methods, in your case we believe that surgery is the most advisable procedure.

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 wound, acute retention of the urine, inflammation of the anus. Prolonged pain in the operated area. Phlebitis.

Serious, but infrequent risks: serious infection of the anus and nearby tissues. Stenosis of the anus and difficult defecation. Persistence of the incontinence.

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 (**SURGERY OF ANAL INCONTINENCE**) 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 SURGERY FOR PILONIDAL SINUS

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 procedure consists of the extirpation of the cyst and all its fistulous tracks. Thereafter, the wound will be closed or will be left open for subsequent cures, depending on the condition of the wound, with a view to reducing the risk of infection or reproduction.

In selected cases, this surgical procedure can be performed under the system of CMA (Major Ambulatory Surgery), allowing for the patient to be discharged on the same day of the operation.

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 cyst and to solve my symptoms.

ALTERNATIVES TO THE PROCEDURE

In your case, we believe there is no efficient therapeutic alternative to extirpate the sinus.

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 wound, acute retention of the urine.

Prolonged pain in the operated area.

Infrequent risks: reproduction of the sinus.

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 (**SURGERY FOR PILONIDAL SINUS**) 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 SURGERY OF THE BILIARY DUCT

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, by means of laparoscopy, an exploration of the biliary duct will be performed in order to confirm the level and the cause of the obstruction, and the extirpation of the gallbladder in case this has not been done previously. Depending on the cause and the location, the biliary duct will be cleaned, extirpated or drained.

In some cases this procedure can be associated with surgery on the liver, the duodenum or the pancreas. If it is necessary to extirpate the biliary duct, the latter will be reconstructed through the interposition of a segment of the small intestine. In some instances, these procedures entail the performance of anastomosis and the placing of drainages.

The laparoscopy consists of entering the abdomen by means of the introduction of trocars through small incisions, creating a space after 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 resolve the clinical manifestation of obstruction or infection of the biliary duct or to prevent the said symptoms from appearing.

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

Although, in some instances, endoscopic or transhepatic procedures can be used for the extraction of the stones, the placing of a prosthesis or the dilatation of the biliary duct, we believe that, in your case, surgery is the best therapeutic alternative, although the operation can also be performed through 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, acute retention of the urine, phlebitis, disorder of the intestinal rhythm. 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: biliary fistula, which, in most cases, is resolved by medical treatment (drugs, serum, etc.) but, occasionally, requires the performance of other tests (CPRE and / or drainage of the bile). Intra-abdominal bleeding or infection. Intestinal obstruction. Narrowness of the biliary duct. Cholangitis (infection of the biliary ducts). 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:

As a rule, the gallbladder will be extirpated, unless this was done previously. Frequently, it will be necessary to leave drainages in the area of the operation or inside the biliary duct.

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 THE BILIARY DUCT**) 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 SURGERY OF THE HEPATIC CYSTS

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, by means of an incision in the abdomen, the cyst will be extirpated completely or partially from the liver and possible communications of the latter with the biliary ducts will be closed. On occasion, it may be necessary to perform some specific procedure on the biliary duct (extirpating it or deviating it to the intestine or through a tube). In some instances, it will be necessary to extend the extirpation to other organs adhered to the cyst (resection of part of the liver, the gallbladder, the biliary duct, the stomach or parts of the small or large intestine).

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

It is the aim of this procedure to extirpate all or part of the cyst, avoiding its growth and complications (bursting open, infection).

ALTERNATIVES TO THE PROCEDURE

Although, in some instances, radiological techniques of draining the cysts can be considered, we believe that, in your case, surgery is the best alternative.

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, temporary digestive disorders. Pleural overflow. Prolonged pain in the operated area.

Serious, but infrequent risks: dehiscence of the laparotomy (opening of the wound). Biliary fistula. Intra-abdominal bleeding or infection. Intestinal obstruction. Inflammation of the pancreas (pancreatitis). Cholangitis (infection of the biliary ducts). Jaundice. Allergic reactions. Hepatic failure.

As a rule, these complications are solved by medical treatment (drugs, serum, etc.) and, occasionally, require the performance of other tests (CPRE and / or drainage), 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:

If part of the liver is extirpated and the remaining part is healthy, it will regenerate.

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 THE HEPATIC CYSTS**) 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 SURGERY OF THE HEPATIC CYSTS

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, by means of laparoscopy, the cyst will be extirpated completely or partially from the liver and possible communications of the latter with the biliary ducts will be closed. On occasion, it may be necessary to perform some specific procedure on the biliary duct (extirpating it or deviating it to the intestine or through a tube). In some instances, it will be necessary to extend the extirpation to other organs adhered to the cyst (resection of part of the liver, the gallbladder, the biliary duct, the stomach or parts of the small or large intestine).

The laparoscopy consists of entering the abdomen by means of the introduction of trocars through small incisions, creating a space after 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

It is the aim of this procedure to extirpate all or part of the cyst, avoiding its growth and complications (bursting open, infection).

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

In some instances, radiological techniques of draining the cysts can be considered; in your case, however, we believe that surgery is the best alternative, although the operation 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, temporary digestive disorders. Pleural overflow. 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: Biliary fistula. Intra-abdominal bleeding or infection. Intestinal obstruction. Inflammation of the pancreas (pancreatitis). Cholangitis (infection of the biliary ducts). Jaundice. Allergic reactions. Hepatic failure. 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.) and, occasionally, require the performance of other tests (CPRE and / or drainage), 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:

If part of the liver is extirpated and the remaining part is healthy, it will regenerate.

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 THE HEPATIC CYSTS**) 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 HEPATIC RESECTION THROUGH OPEN 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, by means of an incision in the abdomen, part of my diseased liver will be extirpated. Depending on the location of the disease, it may be necessary to extirpate the gallbladder or the biliary duct or to extend the resection to other affected organs in the vicinity. If the biliary duct is extirpated, then the latter must be reconstructed through suture with a segment of the intestine.

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 a part of the diseased liver, avoiding the complications deriving from it (bleeding, biliary or hepatic infection), which would require an emergency operation.

ALTERNATIVES TO THE PROCEDURE

Although, in some instances, other treatments can be tried (chemotherapy, radiofrequency), we believe that, in your case, surgery is the best alternative.

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, temporary digestive disorders. Pleural overflow. Prolonged pain in the operated area.

Serious, but infrequent risks: dehiscence of the laparotomy (opening of the wound). Biliary fistula. Intra-abdominal bleeding or infection. Intestinal obstruction. Inflammation of the pancreas (pancreatitis). Cholangitis (infection of the biliary ducts). Jaundice. Hepatic failure.

As a rule, these complications are solved by medical treatment (drugs, serum, etc.) and, occasionally, require the performance of other tests (CPRE and / or drainage), 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:

Part of your liver will be extirpated; however, if the remaining part of the liver is healthy, it will regenerate.

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 (**HEPATIC RESECTION THROUGH OPEN 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 HEPATIC RESECTION THROUGH LAPAROSCOPIC 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, by means of laparoscopy, part of my diseased liver will be extirpated. Depending on the location of the disease, it may be necessary to extirpate the gallbladder or the biliary duct or to extend the resection to other affected organs in the vicinity. If the biliary duct is extirpated, then the latter must be reconstructed through suture with a segment of the intestine.

The laparoscopy consists of entering the abdomen by means of the introduction of trocars through small incisions, creating a space after 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 a part of the diseased liver, avoiding the complications deriving from it (bleeding, biliary or hepatic infection), which would require an emergency operation.

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

In some instances, the possibility of trying other treatments (chemotherapy, radiofrequency) can be considered; in your case, however, we believe that surgery is the best alternative, although the operation 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, temporary digestive disorders. Pleural overflow. 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: dehiscence of the laparotomy (opening of the wound). Biliary fistula. Intra-abdominal bleeding or infection. Intestinal obstruction. Inflammation of the pancreas (pancreatitis). Cholangitis (infection of the biliary ducts). Jaundice. Hepatic failure. 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.) and, occasionally, require the performance of other tests (CPRE and / or drainage), 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:

Part of your liver will be extirpated; however, if the remaining part of the liver is healthy, it will regenerate.

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 (**HEPATIC RESECTION THROUGH LAPAROSCOPIC 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 SURGERY OF THE PORTAL HYPERTENSION

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 deviate part of the blood reaching the liver by the portal vein to the vena cava or one of its branches, or to interrupt circulation in a stretch of the digestive apparatus where the dilated veins are located. On occasion, it is necessary to extirpate 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

It is the aim of this procedure to diminish the blood pressure at the entrance to the liver, reducing or avoiding my symptoms, such as bleeding through the mouth, ascites

ALTERNATIVES TO THE PROCEDURE

Although, in some instances, the possibility of performing techniques with interventionist radiology to try to control the portal hypertension can be considered, in your case, we believe that surgery is the best alternative.

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, temporary digestive disorders. Pleural overflow. Ascites. Prolonged pain in the operated area.

Serious, but infrequent risks: dehiscence of the laparotomy (opening of the wound). Intra-abdominal bleeding or infection. Intestinal obstruction. Hepatic failure or coma. Bleeding through the digestive apparatus.

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:

This surgery does not cure the disease of the liver; it merely tries to keep its symptoms in check. Consequently, complications deriving from the hepatic disease (encephalopathy, ascites, jaundice, hepatic or renal failure...) may continue to occur.

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 (**SURGERY OF THE PORTAL HYPERTENSION**) 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 CHOLECYSTECTOMY

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, by means of an incision in the abdomen, my gallbladder will be extirpated. In some instances, it may be necessary to perform a radiography with contrast material during the operation in order to rule out the presence of stones in the biliary ducts, to the effect that, in case stones are present, the surgery will be extended in order to proceed to clean these stones, to which end a deviation of the biliary duct or the extension of the biliary duct exit (sphincterotomy).

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 explained to me that it is the aim of this procedure to eliminate colic pains, improve food tolerance, avoid complications such as an acute inflammation of the gallbladder, the pancreas and / or jaundice, which, quite frequently, would require an emergency operation.

ALTERNATIVES TO THE PROCEDURE

We believe that, in your case, there is no efficient alternative treatment for your illness.

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 retention of the urine, phlebitis, temporary digestive disorders. Prolonged pain in the operated area.

Serious, but infrequent risks: dehiscence of the laparotomy (opening of the wound). Narrowness of the biliary duct. Biliary fistula with loss of bile which, in most cases, is solved by medical treatment (drugs, serum, etc.), although, occasionally, the performance of other tests is required (CPRE and / or drainage of the bile). Intra-abdominal bleeding or infection. Intestinal fistula. Cholangitis. Jaundice. Pancreatitis. Choledocholithiasis.

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:

In this operation your gallbladder 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 CHOLECYSTECTOMY**) 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 CHOLECYSTECTOMY

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, by means of laparoscopy, my gallbladder will be extirpated. The laparoscopy consists of entering the abdomen by means of the introduction of trocars through small incisions, creating a space after 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).

In some instances, it may be necessary to perform a radiography with contrast material during the operation in order to rule out the presence of stones in the biliary ducts, to the effect that, in case stones are present, the surgery will be extended in order to proceed to clean these stones, to which end a deviation of the biliary duct or the extension of the biliary duct exit (sphincterotomy).

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 explained to me that it is the aim of this procedure to eliminate colic pains, improve food tolerance, avoid complications such as an acute inflammation of the gallbladder, the pancreas and / or jaundice, which, quite frequently, would require an emergency operation.

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

We believe that, in your case, there is no efficient alternative treatment for your illness, although the operation 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, acute retention of the urine, phlebitis, temporary digestive disorders. 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: Narrowness of the biliary duct. Biliary fistula with loss of bile which, in most cases, is solved by medical treatment (drugs, serum, etc.), although, occasionally, the performance of other tests is required (CPRE and / or drainage of the bile). Intra-abdominal bleeding or infection. Intestinal fistula. Cholangitis. Jaundice. Pancreatitis. Choledocholithiasis. 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:

In this operation your gallbladder 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 CHOLECYSTECTOMY**) 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 SURGERY OF THE BILIARY DUCT

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, by means of this technique, an exploration of the biliary duct will be performed in order to confirm the level and the cause of the obstruction, and the extirpation of the gallbladder in case this has not been done previously. Depending on the cause and the location, the biliary duct will be cleaned, extirpated or drained. In some cases this procedure can be associated with surgery on the liver, the duodenum or the pancreas. If it is necessary to extirpate the biliary duct, the latter will be reconstructed through the interposition of a segment of the small intestine. In some instances, these procedures entail the performance of anastomosis and the placing of drainages.

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 resolve the clinical manifestation of obstruction or infection of the biliary duct or to prevent the said symptoms from appearing.

ALTERNATIVES TO THE PROCEDURE

Although, in some instances, endoscopic or transhepatic procedures can be used for the extraction of the stones, the placing of a prosthesis or the dilatation of the biliary duct, we believe that, in your case, surgery is the best therapeutic alternative.

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 retention of the urine, phlebitis, disorder of the intestinal rhythm. Prolonged pain in the operated area.

Serious, but infrequent risks: dehiscence of the laparotomy (opening of the wound). Biliary fistula, which, in most cases, is resolved by medical treatment (drugs, serum, etc.) but, occasionally, requires the performance of other tests (CPRE and / or drainage of the bile). Intra-abdominal bleeding or infection. Intestinal obstruction. Narrowness of the biliary duct. Cholangitis (infection of the biliary ducts). 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.

We believe that, in your case, there is no efficient alternative treatment for your illness.

PERSONALISED RISKS AND OTHER CIRCUMSTANCES:

.....

CONSEQUENCES OF THE SURGERY:

Normally, the gallbladder will be extirpated, unless this has been done previously. If the biliary duct is extirpated, an anastomosis will have to be performed and drainages installed.

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 THE BILIARY DUCT**) 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 PANCREATIC RESECTION THROUGH OPEN 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, by means of an incision in the abdomen, all or a part of my pancreas will be extirpated. Depending on the location of the disease, in some instances it may be necessary to extend the extirpation to other organs (gallbladder, biliary duct, duodenum, stomach, spleen or other neighbouring organs). Subsequently, the digestive tube will be reconstructed by sutures.

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 explained to me that it is the aim of this procedure to extirpate the diseased pancreas and to prevent complications (bleeding, perforation, obstruction, fistula, jaundice...) that would require an emergency operation.

ALTERNATIVES TO THE PROCEDURE

The alternative is the placing of prosthesis by endoscopy or radiology; however, we believe that, in your case, surgery is the best therapeutic alternative.

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, temporary or permanent digestive disorders. Diabetes that would require insulin or oral anti-diabetics. Prolonged pain in the operated area.

Serious, but infrequent risks: dehiscence of the laparotomy (opening of the wound). Intra-abdominal bleeding or infection. Intestinal obstruction. Fistula with loss of pancreatic juice, bile or intestinal contents. Inflammation of the pancreas (pancreatitis). Cholangitis (infection of the biliary ducts). Jaundice. Reproduction of the disease.

In most cases, these complications are resolved by medical treatment (drugs, serum, etc.) while, occasionally, they require the performance of other tests (CPRE and / or drainage), 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:

If the entire pancreas is extirpated, this will leave an endocrinous and exocrine deficit that will require a substitutive treatment (insulin and pancreatic enzymes). If the pancreas is only partially extirpated, not all cases require a substitutive treatment.

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 (**PANCREATIC RESECTION THROUGH OPEN 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 PANCREATIC RESECTION THROUGH LAPAROSCOPIC 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, by means of laparoscopy, all or a part of my pancreas will be extirpated. Depending on the location of the disease, in some instances it may be necessary to extend the extirpation to other organs (gallbladder, biliary duct, duodenum, stomach, spleen or other neighbouring organs). Subsequently, the digestive tube will be reconstructed by sutures.

The laparoscopy consists of entering the abdomen by means of the introduction of trocars through small incisions, creating a space after 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 explained to me that it is the aim of this procedure to extirpate the diseased pancreas and to prevent complications (bleeding, perforation, obstruction, fistula, jaundice...) that would require an emergency operation.

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 alternative is the placing of prosthesis by endoscopy or radiology; however, we believe that, in your case, surgery is the best therapeutic alternative, although operation can also 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, temporary or permanent digestive disorders. Diabetes that would require insulin or oral anti-diabetics. 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. Intestinal obstruction. Fistula with loss of pancreatic juice, bile or intestinal contents. Inflammation of the pancreas (pancreatitis). Cholangitis (infection of the biliary ducts). Jaundice. Reproduction of the disease. The laparoscopic surgery may result in vascular lesions, the lesion of neighbouring organs, gaseous embolism and pneumothorax.

In most cases, these complications are resolved by medical treatment (drugs, serum, etc.) while, occasionally, they require the performance of other tests (CPRE and / or drainage), 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:

If the entire pancreas is extirpated, this will leave an endocrinous and exocrine deficit that will require a substitutive treatment (insulin and pancreatic enzymes). If the pancreas is only partially extirpated, not all cases require a substitutive treatment.

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 (**PANCREATIC RESECTION THROUGH LAPAROSCOPIC 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 PANCREATIC DERIVATION

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, by means of this technique, the secretions of the pancreas will be deviated to a segment of the digestive tube (stomach, duodenum or small intestine), suturing both structures. This surgery is performed through an incision in the abdomen. On occasion, this procedure is accompanied by a derivation of the main biliary duct and the extirpation of the gallbladder and occasionally also other affected organs. Subsequently, the digestive tube will be reconstructed by sutures.

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 explained to me that it is the aim of this procedure to resolve or alleviate my symptoms and to prevent complications (bleeding, jaundice, pain, obstruction...) that could require an emergency operation.

ALTERNATIVES TO THE PROCEDURE

We believe that, in your case, surgery is the most efficient therapeutic alternative.

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, temporary digestive disorders. Diabetes that would require insulin or oral anti-diabetics. Prolonged pain in the operated area.

Serious, but infrequent risks: dehiscence of the laparotomy (opening of the wound). Intestinal, biliary or pancreatic fistula which, in most cases, is resolved by medical treatment (drugs, serum, etc.), but sometimes requires the performance of other tests (CPRE and / or drainage). Intra-abdominal bleeding or infection. Intestinal obstruction. Inflammation of the pancreas (pancreatitis). Jaundice. Cholangitis (infection of the biliary ducts).

In most cases, these complications are resolved 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:

After operation of the pancreas, an endocrinous and exocrine deficit will ensue that may require a substitutive treatment (insulin and pancreatic enzymes).

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 (**PANCREATIC DERIVATION**) 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 HERNIA 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 the hernia is a defect of the abdominal wall, through which in some cases some viscus or organ slips. The operation consists of performing an incision on or near the hernia, rearranging its contents and repairing the defect. On occasion, a prosthetic material (mesh) has to be used to ensure an adequate repair.

In selected cases, this surgical procedure can be performed under the system of CMA (Major Ambulatory Surgery), allowing for the patient to be discharged on the same day of the operation.

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 repair the defect of the abdominal wall and to avoid the increase of the hernia, the discomfort the latter is causing me and its possible strangulation, which would make an emergency operation inevitable.

ALTERNATIVES TO THE PROCEDURE

Surgery is the only efficient alternative to correct a hernia.

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, bleeding or accumulation of liquid in the surgical wound, phlebitis, acute retention of the urine, hematoma. Prolonged pain in the operated area.

Serious, but infrequent risks: prolonged post-operative pain due to nervous affection. Rejection of the mesh. Reproduction of the hernia. In inguinal hernias: testicular inflammation and atrophy. Vascular lesion.

In most cases, these complications are resolved 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 (**OPEN HERNIA 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 HERNIA 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 the hernia is a defect of the abdominal wall, through which in some cases some viscus or organ slips. The operation consists of rearranging the contents of the hernia in the abdominal cavity and repairing the defect of the wall by laparoscopy. On occasion, a prosthetic material (mesh) has to be used to ensure an adequate repair.

The laparoscopy consists of entering the abdomen by means of the introduction of trocars through small incisions, creating a space after 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).

In selected cases, this surgical procedure can be performed under the system of CMA (Major Ambulatory Surgery), allowing for the patient to be discharged on the same day of the operation.

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 repair the defect of the abdominal wall and to avoid the increase of the hernia, the discomfort the latter is causing me and its possible strangulation, which would make an emergency operation inevitable.

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

Surgery is the only efficient alternative to correct a hernia, although the operation can also 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, bleeding or accumulation of liquid in the surgical wound, phlebitis, acute retention of the urine, hematoma. 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: prolonged post-operative pain due to nervous affection. Rejection of the mesh. Reproduction of the hernia. In inguinal hernias: testicular inflammation and atrophy. Vascular lesion. The laparoscopic surgery may result in vascular lesions, the lesion of neighbouring organs, gaseous embolism and pneumothorax.

In most cases, these complications are resolved 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 HERNIA 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 OPEN SURGERY OF THE EVENTRATION

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 the eventration is a defect of the abdominal wall in a previously operated area, through which protrude one or more abdominal viscera covered by the skin. The operation consists of repairing the defect and strengthening the abdominal wall, in most cases by means of the placing of a prosthetic material (mesh). On occasion, it may be necessary to perform a resection of a specific affected organ.

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 repair the defect of the abdominal wall, avoiding the gradual increase of the defect eliminating the risk of strangulation, which would make an emergency operation inevitable.

ALTERNATIVES TO THE PROCEDURE

Surgery is the only efficient therapy to correct the eventration.

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, bleeding or accumulation of liquid in the surgical wound. Phlebitis. Prolonged pain in the operated area.

Serious, but infrequent risks: intestinal obstruction. In obese individuals or people with pulmonary problems, respiratory diseases may occur or become worse. Rejection of the mesh. Reproduction of the eventration.

In most cases, these complications are resolved 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 (**OPEN SURGERY OF THE EVENTRATION**) 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 SURGERY OF THE EVENTRATION

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 the eventration is a defect of the abdominal wall in a previously operated area, through which protrude one or more abdominal viscera covered by the skin. The operation consists of repairing the defect and strengthening the abdominal wall, in most cases by means of the placing of a prosthetic material (mesh). On occasion, it may be necessary to perform a resection of a specific affected organ.

The laparoscopy consists of entering the abdomen by means of the introduction of trocars through small incisions, creating a space after 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 repair the defect of the abdominal wall, avoiding the gradual increase of the defect eliminating the risk of strangulation, which would make an emergency operation inevitable.

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

Surgery is the only efficient therapy to correct the eventration, although the operation can also 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, bleeding or accumulation of liquid in the surgical wound. Phlebitis. 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: intestinal obstruction. In obese individuals or people with pulmonary problems, respiratory diseases may occur or become worse. Rejection of the mesh. Reproduction of the eventration. The laparoscopic surgery may result in vascular lesions, the lesion of neighbouring organs, gaseous embolism and pneumothorax.

In most cases, these complications are resolved 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 THE EVENTRATION**) 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: