

# Detailed Surgery Risk Consent Form Example

This **Detailed Surgery Risk Consent Form** is designed to inform patients of all possible risks, complications, benefits, and alternatives associated with their upcoming surgical procedure. It is critical for the patient's understanding and for legal and ethical purposes ensuring fully informed consent.

## 1. Patient & Procedure Information

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

Date of Birth: \_\_\_\_\_

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

Date of Procedure: \_\_\_\_\_

Surgeon: \_\_\_\_\_

## 2. Purpose of Procedure

The nature and purpose of the recommended procedure has been explained to me/guardian, including why it is necessary and what it aims to achieve:

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## 3. Risks and Possible Complications

- Bleeding (hemorrhage)
- Infection at the surgical site or systemic infection
- Adverse reactions to anesthesia or medications
- Blood clots (deep vein thrombosis, pulmonary embolism)
- Damage to surrounding tissues, nerves, or organs
- Scarring or poor wound healing
- Pain or discomfort (acute or chronic)
- Allergic reactions
- Need for additional surgeries or interventions
- Risk of disability or, in rare cases, death

Additional specific risks related to this surgery:

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## 4. Potential Benefits

- Relief of symptoms
- Improved function and quality of life
- Prevention of further health issues
- Other: \_\_\_\_\_

## 5. Alternative Treatments

Alternative methods or treatments available have been discussed, including:

- Non-surgical management (medications, physical therapy, etc.)
- Other surgical options
- No treatment
- Other: \_\_\_\_\_

## 6. Patient Acknowledgment

- I have had the opportunity to ask questions and discuss concerns regarding the surgery.
- I understand the risks, benefits, and alternatives to the procedure.
- I consent to receive the described surgical procedure and any necessary additional procedures as deemed necessary by my medical team during surgery.

Patient/Authorized Representative: \_\_\_\_\_ Date: \_\_\_\_\_

Witness (if required): \_\_\_\_\_ Date: \_\_\_\_\_

**Surgeon:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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*This is a sample template and should be tailored by healthcare facilities to meet legal requirements, the specifics of the surgery, and the needs of individual patients.*