

## CONSENT TO SURGERY

### PATIENT'S DETAILS:

FIRST NAME AND SURNAME: .....

Personal ID-No. (PESEL): .....

I, the undersigned, hereby give my consent authorise: .....  
(*first name and surname of the doctor performing the procedure*)

to perform on **\*me/my ward**:

.....  
.....

(*name of procedure*)

1. I give consent to collecting my biological material that may be needed for any examinations that are necessary in connection with my treatment, to performing such examination, to the application of any medicines and medical materials that may be necessary in the course of the treatment, to any necessary postoperative rehabilitation at the hospital department as well as to any nursing and dressing care that is normally provided with this type of surgery.
2. I have been informed about the nature of the proposed surgery, about alternative procedures and about the risk involved with the proposed surgical treatment as well as the possible complications. This information has been provided to me in a clear and accessible manner; therefore, I sign this consent form with full awareness.
3. I consent for the manner of the operation to be modified as necessary in accordance with the principles of medical knowledge if such necessity arises in connection with circumstances thus far unknown and unforeseeable as may be deemed by the above mentioned doctor or turn out to be advisable in the course of the surgical procedure.
4. I give consent to any such anaesthesia that may be deemed necessary or advisable by the attending physician, an anaesthesiologist or any other person acting under the doctor's guidance.
5. I give consent for any tissues or body parts removed during the procedure to be disposed of (in accordance with the safe management of healthcare waste guidance) or subjected to histopathological examination.
6. I declare that I have given comprehensive and accurate information concerning my health status in accordance with the records in the case history. Before the commencement of the procedure I provided full and true answers to the questions asked by the doctor during the history taking concerning my general health status, any types of allergy and sensitisation, ongoing treatment of chronic conditions, presence/absence of pregnancy, any medications currently taken, previous procedures and history of previous injuries. I am aware that failure to disclose any information referred to above may result in additional or increased risk related to the procedure

- and will be treated as my own contribution to any possible damage or injury (which includes, but is not limited to, health impairment, bodily injury or an adverse outcome of the procedure) for which the doctor will not be held liable. I undertake to inform my attending physician about any changes in my health status. I give consent to any necessary diagnostic examinations and for a radiological and photographic documentation to be made.
7. I undertake to strictly adhere to all medical recommendations related to both the procedure itself and the entire therapeutic process contained in this declaration. I am fully aware that my strict adherence to such recommendations will have an essential effect on the course and final outcome of the treatment.
  8. I understand and accept that throughout the therapeutic process I am under obligation to adhere to the attending physician's recommendations and instructions.
  9. I accept that there cannot be given any guarantee nor is there any certainty concerning the outcome that will be reached as a result of the proposed surgical treatment. **The doctor has also informed me that the effects of the procedure are not identical for each patient. I have obtained exhaustive information on the foreseeable therapeutic effects that can be achieved in my case.**
  10. I acknowledge that I had ample opportunity to ask any questions concerning the procedure and the entire therapeutic process; that I have also obtained all comprehensive and accessible explanations concerning the treatment; and that I have received comprehensive answers to all my questions; therefore, I ask for the proposed procedure to be performed.
  11. **\*I also consent/I do not consent** to transfusion of blood or blood products, if necessary. Furthermore, should I experience a state of reduced consciousness during the procedure and become unable to make conscious decisions, I hereby consent to any further procedures that the doctor may deem necessary.
  12. I declare that **\*I have/my ward has** had all the required vaccinations against hepatitis; I am also aware of the risk of infection with hepatitis due to lack of vaccination.
  13. I declare that I give consent to being transferred to an appropriate inpatient department as may be decided by the operating doctor or anaesthesiologist should such a transfer be required due to my health status.
  14. I acknowledge that I have received comprehensive answers to all my questions; therefore, I ask for the proposed procedure to be performed.
  15. I have been thoroughly informed about the costs of treatment, also with regard to various methods of treatment, and about the necessity of further treatment in the event of any possible complication. I fully accept these costs. I know that I am entitled to revoke my consent to the treatment at any time and at my own discretion.
  16. I declare that I have been informed about the patients' rights, in particular those provided for in the Act on Patients' Rights and Patient Ombudsman.
  17. **\*I give/do not give consent**, free of charge and for an indefinite period, for a photographic documentation to be maintained in order to be added to the medical documentation and possibly be used for research purposes (e.g. publication in literature or online on research websites) without revealing my whole identity or any other personal details.

18. I declare that I have been provided with an opportunity to familiarise myself with the Neo Hospital Organisational Rules, and I undertake to observe them throughout the duration of treatment at Neo Hospital.

19. **Detailed information concerning the procedure:**

1. General description of the procedure – to be completed by the doctor:

2. Intraoperative complications – to be completed by the doctor:

3. Postoperative complications – to be completed by the doctor:

4. Postoperative recommendations – to be completed by the doctor:

5. Alternative methods of treatment – to be completed by the doctor:

I have read and understood the above; I have been given a full opportunity to ask questions concerning the procedure and the entire process of treatment; I have also been provided with all explanations concerning the treatment in a clear and accessible manner. I have been informed about the alternative options of treatment including discontinuation of treatment. I have been informed about the risks involved with other therapeutic methods and the consequences resulting from discontinuation of treatment. I understand that as with all medical procedures, the positive outcome of the treatment cannot be guaranteed. Furthermore, the procedure is to be performed in order to remove a particular problem and may not eliminate other hidden problems.

**PLEASE ONLY SIGN IF YOU FULLY UNDERSTAND THE CONTENT OF THE FORM**

<hr style="width: 80%; margin: 0 auto;"/> <p><i>data and patient's legible signature</i></p>	<hr style="width: 80%; margin: 0 auto;"/> <p><i>date, stamp and doctor's signature</i></p>
--	--

*\* If the patient is a minor, a person incapable of giving informed consent or legally incapacitated, consent must be given by their legal representative or, if no legal representative has been appointed, by their de facto carer. With respect to a minor who is over 16 years of age or a legally incapacitated who is capable of giving an informed opinion on the examination and treatment, such persons must also give their consent (they may also file objection to the proposed treatment) pursuant to art. 17 of the Act of 6th November 2008 on Patients' Rights and Patient Ombudsman (consolidated text: Journal of Laws of 2017, item 1318).*

.....  
*Personal details of the legal representative or de facto carer (first name, surname, ID card number).*

<hr style="width: 80%; margin: 0 auto;"/> <p><i>data and legible signature of the legal representative or de facto carer</i></p>	<hr style="width: 80%; margin: 0 auto;"/> <p><i>date, stamp and doctor's signature</i></p>
--	--

***\*delete as appropriate***