

CONSENT TO OPERATION OR SPECIAL PROCEDURE COMPREHENSIVE HAND SURGERY CENTER

2819 N. Parham Road, Suite 100

Richmond, VA 23294

(804) 506-3050

www.comprehensivehandsurgerycenter.com

1. I authorize the performance of the surgery or procedure listed on the front of this form to be performed by Dr. Galpern, on myself or my minor child listed on the front of this form.
2. I consent to the administration of such anesthetics as may be considered necessary in the performance of the operation or procedure and the administration of blood or blood products and any medication(s) that may be indicated.
3. I consent to the disposal by the hospital pathologist of any removed tissue(s) or amputated parts.
4. The operation and its objectives have been explained to me. As in any surgical procedure, there are risks involved, although statistically their incidence is rare. Possible complications in hand surgery may include infection, permanent numbness and joint stiffness, persistent swelling and tenderness, prominence of the surgical scar(s), pain, Reflex Dystrophy, etc. Risks associated with anesthesia include damage to the heart, lungs, vascular system, brain, kidneys, liver, and very rarely, death.
5. Medicine is not a precise science and individual variations with respect to healing and ultimate recovery are impossible to predict. naturally, there can be no guarantee that surgery will be successful and it is even conceivable, though unlikely, that the condition will be aggravated. It is also possible that additional surgery may be necessary at some future time to address the same or related problems.
6. Occasionally, situations arise during surgery that require the procedure to be altered in the patient's best interest, and I understand and consent to this being done if deemed necessary by the doctor.
7. I consent to photographs being taken for medical education purposes provided that my name is neither revealed nor listed in any medical publication.
8. In preparation for surgery, my doctor may have requested an HIV test for the antibody to the AIDS virus. I understand that the AIDS test, like any medical test, is not 100% accurate; a positive test does not necessarily guarantee that I have the HIV virus or will necessarily develop AIDS. Similarly, a negative test does not guarantee that I do not have the AIDS virus and will not develop AIDS. I understand that I am entitled to counseling regarding the results of this test.
9. I hereby certify that I have read this consent in its entirety and fully understand it. All of my questions have been answered to my satisfaction, and my doctor has explained to my satisfaction the benefits, risks, possible complications, and reasonable alternatives to the surgical procedure listed on the reverse side. I have voluntarily signed this consent for the procedure listed on the reverse side of this sheet.

I HAVE READ AND COMPLETELY UNDERSTAND THIS CONSENT FORM.

Patient/Guardian Signature

Date

Witness Signature

Date