



Informed Consent for Anaesthesia

Title of the procedure contemplated: Anterior resection w/ APR

I hereby consent and agree to the administration of General / Regional / Local anaesthesia and /or sedation for the performance of surgical operations, post operative pain relief, diagnostic and therapeutic procedures.

I have had an opportunity to ask all questions regarding anaesthetic techniques / pain relief procedures including discussions of all the alternative methods.

I acknowledge that I have been explained the likelihood of major risks / complications / side effects of the anaesthetic techniques / medications including but not limited to infections, drug reactions, bleeding, loss of limb function, paralysis, brain damage and loss of life. I have also been informed that no guarantee can be given for the results and there is always a possibility of unexpected complications & I hereby consent to the performance of additional procedures that the doctor considers urgent and necessary. Other less severe risks include sore throat, shivering, nausea, vomiting, injury to teeth, lips, tongue or dental work, confusion and awareness. Regional anaesthesia may be associated with headache, backache and urinary retention.

I have also been explained that in performing the procedures / operations, the Anaesthesiologist may use assistants such as hospital residents / other physicians / trained nurses and I consent to the same.

I have been explained the importance of preoperative fasting and the risks of consuming solids / liquids prior to the induction of anaesthesia.

I have informed the anaesthesiologists of all the previous illnesses, allergic drug reactions, any medications I have received in the past & receiving at present, surgical procedures, any problems during previous surgery & anaesthesia. I shall not hold the hospital or the doctor responsible for the consequences, which may arise from the non disclosure of any of the facts.

I hereby consent & agree to administration of all necessary drugs, medications, intravenous fluids, blood, blood products.

Occasional complications can follow transfusion of blood / blood products & I am prepared to accept the risk.

I state that I agree to get medical services in the form of General anaesthesia during the above mentioned procedure from any of the group of Anaesthesiologists from the Department of Anaesthesia of the Hospital.

I have been explained the contents of this form in the language that I understand & I am signing this consent in a fully alert state of mind.

I am signing this consent form out of my own free will and without any coercion.

High risk explained, in view of major Sx, ↑↑ blood loss, 80s Iw stay

| | Anaesthesiologist: | Patient | Witness |
|------------|---------------------|-----------------------|--------------------|
| Name: | <u>Dr. Sanyadip</u> | <u>S.K. Haralakur</u> | <u>AASHAY</u> |
| Signature: | <u>[Signature]</u> | <u>[Signature]</u> | <u>[Signature]</u> |
| Date: | <u>22/11/19</u> | | |

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