



INFORMED CONSENT FORM FOR PROCEDURE / OPERATION

Title of procedure contemplated: ANTERIOR RESECTION S&S ABDOMINO PERINEAL
RESECTION

I certify that I have been explained in the language I understand about the nature of my/ the patient's condition/ diseases and the nature of the procedure/ operation to be performed and the benefits to be reasonably expected compared to alternative approaches and risks of the diseases itself.

I acknowledge that I have been explained the likelihood of major risks or complications/ side effects of this procedure/ operation including (if applicable) but not limited to allergic reactions, infections, drug reactions, blood clots/ bleeding, paralysis, loss of limb function, blindness and loss of bodily function, brain damage and loss of life. I have also been informed that practice of medicine and surgery is not an exact science and that no guarantee can be given for the results and there is always the possibility of unexpected complications which may necessitate procedures different from those contemplated & I hereby consent to the performance of additional procedures or operations that the doctor considers urgent and necessary.

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

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 Anesthesiologists from the department of Anaesthesia of the Hospital. I do agree that I have been explained about the administration of anaesthesia & its nature, possible risks and complications.

I consent further and agree to the publication of my treatment for medical, scientific and /or educational purposes including such photographing videotaping, televising with description or other observation of the operation(s)/procedure(s) provided the pictures or descriptive texts accompanying them do not reveal my identity.

"I have signed the Consent voluntarily out of my free will without any coercion and in my full senses".

Additional comments/ risks explained if any:

BLEEDING, INFECTION

I say that I have read the patient information sheet and do understand the contents.

I further state that I have been given an opportunity to ask questions and all my questions have been answered fully and to my satisfaction.

Surgeon

Anesthesiologist

Witness / Interpreter

Patient / Relative

Date:

21/11/19

Patient Registration ID



HH 1726572 ADM 1430705

HARLALKA

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Dr NAGARAJAN GANESH