caps Clinic

CANBERRA AESTHETIC
PLASTIC SURGERY

PATIENT LABEL

patient procedure consent & theatre form

PROCEDURE DATE: ..... ESTIMATE TIME IN THEATRE: .....

OPERATION CONSENT

PROVISION OF INFORMATION TO PATIENT

I, ... have informed this patient as detailed below including the nature, likely results, and material risks of the recommended procedure.

PATIENT CONSENT

Dr ..... and I have discussed my present condition and the various ways in which it may be treated. The doctor has recommended:

.....

.....

ITEM NUMBERS: .....

Dr Taylor has advised me:

- To cease/decrease the following medications: .....
- The procedure carries some risks and that complications may occur;
- An anaesthetic may be needed and these may have some risks;
- Additional procedures or treatments may be needed if the doctor finds something unexpected,
- The procedure may not give the expected result even though the procedure is carried out with due professional care.

I understand the nature of the procedure and that undergoing the procedure/treatment carries risks.

I have had the opportunity to ask questions and I am satisfied with the explanation and the answers to my questions.

I understand that I may withdraw my consent.

I agree to the examination by a pathologist of any pathological tissue removed at operation.

I **request and consent** to the procedure described above for me.

I also consent to anaesthetics, medicines or other treatments which could be related to this procedure.

If any member of staff assisting with your operation is exposed to my/ child's /ward's* blood, I give consent to that blood being tested for any disease including Hepatitis and HIV antibody on the understanding that:

1. The results of the test will be made available to myself and the staff member concerned only
2. All staff is bound by practice policy to maintain confidentiality of any test result.

Patient/Parent signature :..... Date: .....

Surgeon's signature: ..... Date: .....

procedure checklist

PATIENT LABEL

DATE: .....

Time out performed: Yes No

Consent Signed: Yes No

Procedure took ..... mins to complete

Known Drug Allergies: .....

OPERATION RECORD

Name of Surgeon: .....

Name of Scout: ..... Signature of Scout: .....

Name of Scrub: ..... Signature of Scrub: .....

Patient to Theatre	Anaesthetic Commenced	Operation Commenced	Operation completed

Local Infiltration: 1% Xylocaine 1:100,000 ❑ with Adrenalin ❑ Sodium Bicarbonate ❑

Prep. Solution: Betadine ❑ Normal Saline/ Betadine 50:50 ❑ Chlorhexidine ❑

Procedure Pack	**Bipolar Diathermy Y/N**	**Light Handle Y/N**
ATTACH LABEL	ATTACH LABEL	ATTACH LABEL

Item	First Count	Added During Operation						Final Count
Raytec								
Blades								
Needles								
Items added and tracking stickers								

Surgeon informed that counts correct ❑ Yes Signature Scrub Nurse: .....

Specimens: **X** ..... to Capital Pathology Other: .....

OPERATION DETAILS

Surgeon's signature: .....