

Information for the doctor of the Surgery Department

All patients requiring a surgical operation must have filled out and signed the informed consent document.

Patients seen at the preoperative consultation

- During the preoperative consultation and after having provided the necessary information, the Chief Surgeon issues the patient with the "informed consent" document below and asks him to return it signed at the start of his hospitalisation.
- The Assistant Doctor for the floor checks that the informed consent document has been signed and put in the patient's medical record before the surgical operation.
- The signed informed consent document is filed in the patient's medical record.

Patients operated on in an emergency

The informed consent document is obtained and signed at the time when the information is given by the Chief Surgeon. It is then put in the patient's medical record.



Prof. Vincent Bettschart
Head of the Surgery Department of
CHCVs
Department Head

To be issued to the patient

PATIENT LABEL

In this document the following are referred to as "surgical operations":

- ☞ A surgical operation;
- ☞ A treatment procedure;
- ☞ A diagnostic procedure;
- ☞ An anaesthetic

1. **Symptoms or complaints :**

2. **Diagnosis :**

3. **Surgical operation (short description)**

**YOU CAN CROSS OUT ANY PARAGRAPH OR PART OF A PARAGRAPH TO WHICH YOU
DO NOT WANT TO GIVE YOUR CONSENT**

Explanations and an outline of the operation can be provided by the surgeon if you wish.

4. I, the undersigned, _____ (last name, first name of the patient), born on _____ authorise the doctor designated by the Surgery Department of CHCVs to carry out the surgical operation described in figure 3.

5. I attest that Dr _____ has explained to me the nature and purpose of the surgical operation. He has also informed me of the benefits, risks and possible complications, as well as the possible alternatives to the surgical operation proposed. I have been given the chance to ask questions and all my questions have been answered.
6. I consent to the administration of an anaesthetic/sedation/analgesia deemed necessary under the supervision of an authorised doctor. If it is a local anaesthetic, I have been made aware of the possible risks, consequences and alternatives associated with the administration of these drugs by the doctor mentioned in figure 5. Information relating to any other anaesthetic will be provided by the anaesthetist.
7. I understand that during the surgical operation, an unexpected situation may occur requiring a procedure different to that planned and discussed. In this case and within the framework of the planned operation, I consent to an additional surgical procedure being carried out if the surgeon considers it necessary.
8. I also consent to the transfusion of blood or blood products if deemed necessary by the doctor or his associate(s)/assistant(s). The benefits and possible alternative treatments have been explained to me, as have the possible risks and consequences.
9. I also authorise the insertion of foreign material (prosthesis; for example mesh) if the doctor deems it necessary during the surgical operation. I attest that I have been given information on the risks involved and the alternatives to this.
10. Each organ/tissue/implant removed surgically can be examined, made available and used by the hospital for medical reasons, research or teaching, in accordance with authorised practice.
11. For medical or scientific reasons or for the purpose of education, I consent to photographs being taken, videotaping and/or televised images on the internal network, as well as publication of the surgical operation carried out, insofar as my identity is not revealed and I cannot be recognised.
12. I also consent to the admission of trainee health professionals into the operating theatre or during treatment.
13. I consent to the representative of a medical equipment company being present during the surgical operation and providing the necessary technical support.
14. I confirm that I have read and fully understood the information given in this document. I understand and accept that no guarantee or assurance can be given to me with regard to the expected result of the surgical operation.
15. I have been made aware of any care plans and possible treatments after the operation. I have also been informed of the side effects or possible complications of this care / these treatments.

16. Patient comments :

17. Surgeon's comments :

18. I attest that all the blank spaces in this form (Nos 1, 2, 3, 4, 5, 16 and 17) have been filled in before I sign.

Patient's signature _____

Legal or therapeutic representative's signature* _____

Name (capital letters): _____ Date: _____

*** *The patient's signature must be obtained, except in an emergency or incapacity to make an informed decision***

I, the undersigned, Dr _____ (Last name, first name, capital letters), certify that I have explained the nature, purpose, benefits, risks and alternatives to the surgical operation and/or diagnostic or therapeutic procedure and/or treatment and/or anaesthetic.

I also certify that I have given the patient the chance to ask all the questions that he/she wishes and have fully answered these questions. I believe that the patient/legal or therapeutic representative has fully understood my explanations.

Date _____ Doctor (signature): _____

THIS DOCUMENT FORMS AN INTEGRAL PART OF THE PATIENT'S MEDICAL RECORDS