

Consent for Surgery

(In accordance with Nevada Revised Statute 41A.110)

a u	RIHUPE	DICS		Dr. Joseph Yu Dr. William McGee
Procedure	ə:			
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By signing below, I acknowledge and understand the following:

The operation or procedure has been explained to me and I have had the opportunity to ask questions. All of my questions and concerns have been addressed adequately prior to the procedure.

I authorize and consent to the performance of the procedure as it has been discussed and is described on this consent as well as any additional procedures, within reason, that the physician deems necessary at the time of the surgery. I authorize the physician and his assistants, under his guidance, to be involved in the procedure. I authorize for students to be present for observation of the surgery.

I have been informed of the likelihood of success of the surgery, and I understand that there are no guarantees or assurance that this success will be achieved.

I have been informed of what to expect after surgery and what is involved in the rehab and recovery. I have been informed of the outcomes of conservative or no treatment and the outcomes or a consequences of not having the procedure.

I authorize the physician to take photographs or video for the purpose of sharing for education. There will be no identifying factors associated with these images.

I authorize the physician to administer a blood transfusion or additional, unplanned care that may include hospitalization, in the event that it is medically necessary.

Possible risks of various procedures include but are not limited to those listed below.

<u> Hisks</u>	Common	to A	ll Sur	<u>geries</u>
Pain				

Bleeding Infection

Injury to a blood vessel Injury to a nerve Blood clot in the leg

Blood clot in the lungs (that could be fatal)

Heart Attack Stroke Death

Complex Regional Pain (exaggerated pain response)

<u>Fracture</u>

Non-union (fracture doesn't heal) Mal-union (fracture heals in a bad position) Need for additional procedure(s) Need for Removal of hardware

Amputation of the arm (as a result of other complications)

Other Procedures

Injury to cartilage, tendon or ligament

Swelling and continued pain

Failure of surgery

Failure of the repair / reconstruction Early development of arthritis in the joint

Continued pain

Need for additional procedure(s)

Inability to return to sport, work, or activity

Anesthesia Related Risks

Nausea, Vomiting Allergic Reaction

Nerve Injury (from a nerve block)

Sore throat

Injury to teeth, gums, or bridgework

Print Name	Signature	Date