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CONFIRMATION OF INFORMED CONSENT

I, **Test Session**, understand that this document constitutes my informed consent to the following procedure on myself: **REMOVAL OF EXOSTOSES**







Modern surgical and anaesthetic techniques have become progressively more and more safe, but can never be entirely risk-free.

I understand that the complications listed below are all rare, unless I am at a higher risk due to my pre-existing medical or surgical conditions. These will be discussed and annotated during the consent process.

I understand that all surgery carries elements of risk, both general to all surgical procedures, and specific to the type of procedure itself.

GENERAL RISKS OF SURGERY

GENERAL RISKS OF SURGERY include, but are not limited to:

- Immediate or delayed bleeding, due to blood vessels reopening after the wound has been closed.
very rare  strong possibility
- Infection, due to the nature of the procedure, my general state of health, or inadvertent secondary infection during the healing period.
very rare  strong possibility
- Collapse of areas of lung tissue, increasing the risk of chest infection. This may require further antibiotic treatment and physiotherapy.
very rare  strong possibility
- A stroke due to raised blood pressure or a heart attack due to increased strain on the heart.
very rare  strong possibility
- Loss of function - the operated area may cease to function despite, or due to, surgical intervention or complications thereof.
very rare  strong possibility
- Failure of a wound or organ to heal within the expected time period.
very rare  strong possibility
- Unusually thick scar formation, which may be unsightly and painful and require further treatment.

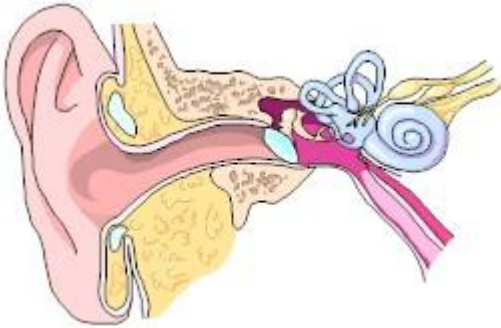
very rare  strong possibility

- Although rare, the complications mentioned herein may be fatal.

very rare  strong possibility

PROCEDURE OVERVIEW

Surgery to remove bony swellings of the ear canal.



RISKS OF REMOVAL OF EXOSTOSES

I also understand the consequences as a result of REMOVAL OF EXOSTOSES. Although some of these may not occur, they include, but are not limited to, the following:

- A loss of, or changed taste sensation may be a temporary complication.

very rare  strong possibility

- In rare cases, total or partial nerve deafness may occur (less than 1%)

very rare  strong possibility

- Healing may take up to 2-3 months.

very rare  strong possibility

- Rescarring of the canal opening, or regrowth of the bony swelling may occur in some cases.

very rare  strong possibility

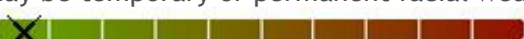
- Bleeding or infection is relatively rare. A large blood clot within the area of surgery may require another procedure for removal.

very rare  strong possibility

- Temporary ringing (tinnitus) in the ears and dizziness may occur.

very rare  strong possibility

- There may be temporary or permanent facial weakness in very rare cases.

very rare  strong possibility

- Injury to the tympanic membrane (eardrum) or ossicles (bones transmitting sound in the middle

ear) may result in hearing loss and require further surgery.

very rare  strong possibility

- There may be pain in the joint of the jaw.

very rare  strong possibility

- Abnormal scarring causing cosmetic deformity is rare.

very rare  strong possibility

- There may be a temporary loss of sensation to the ear.

very rare  strong possibility

PATIENT STATEMENT

- I acknowledge that I have been informed of my health status, the benefits, risks, costs and consequences generally associated with each option, my right to refuse health services and the implications, risks and obligations of such refusal. My doctor has also explained the alternatives to surgery, regardless of their cost or the extent to which the treatment options are covered by health insurance as well as the risks of not having the procedure.
- The doctor has explained to me that in the unlikely event of immediate life-threatening events during the procedure, they will be treated accordingly.
- I understand that there is no guarantee that the procedure will improve the condition, and that in rare cases the procedure may make my condition worse.
- After discussing all of the above, my doctor gave me an opportunity to ask questions and seek further information regarding to above items. I acknowledge that my right to make my own informed health care decisions has been honoured, that I give my consent voluntarily and freely. I certify that I am capable of giving valid consent. I understand that I can revoke this consent at any time up until the time the operation/treatment/procedure/process is started
- I believe that I do not require further information at this time, and I am prepared to proceed with the recommended operation/treatment/procedure/process.
- I understand that this procedure is:
 - Purely cosmetic
 - To diagnose other disease states
 - To alleviate troubling symptoms and to improve quality of life
 - To treat potentially life-threatening diseases
 - Absolutely essential to diminish risk of serious morbidity or mortality

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Patient Signature

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Witness Signature

DOCTOR STATEMENT

- I have explained the condition, the need for treatment, the significant risks and problems specific to this condition, relevant treatment options and their risks, likely consequences if those risks occur and specific risks of the procedure to my patient or consent-giver.
- I have discussed in broad terms the expected costs inherent in the procedure.
- I have given the consent giver an opportunity to ask questions about any of the above matters or raise any other concerns, which I have answered as fully as possible.
- The consent-giver was lucid and coherent at all times.
- I am of the opinion that the consent-giver understood the above information.

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Doctor Signature

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Dated