

<b>PATIENT:</b>		<b>SERVICE:</b>	<b>UNIT:</b>	<b>DATE:</b>
<b>BIRTH:</b>	<b>AGE:</b>	<b>GENDER:</b>		<b>HOSPITAL PERIOD:</b>
<b>INSURANCE:</b>		<b>PLAN:</b>		

**- ORTHOPEDIC SURGERY -**

I hereby state that:

**DIAGNOSIS AND TREATMENT**

I was duly informed, in clear and objective language by the physician, that the assessments and exams performed revealed the following diagnostic change(s) and/or hypothesis(es):

**DIAGNOSIS:**

**And based on this diagnosis, I was recommended the following treatment/procedure:**

- ORTHOPEDIC SURGERY -

Details or additional procedures:

NO

**LATERALITY:**     RIGHT     LEFT     BILATERAL     NOT APPLICABLE

**DESCRIPTION OF PROCEDURE**

Orthopedics or Orthopedics & Traumatology is the medical specialty responsible for treating injuries, traumas and some deformities that affect the locomotor system. This involves tendons, bones, ligaments, and joints. These repairs are usually performed with the aid of specialized surgical devices via an open (cutting) or minimally invasive approach (smaller incisions, using cameras or percutaneous access). They may also include the need for orthoses/prostheses (such as plates, screws, anchors, among others) or grafts.

Additional description of procedure:

NO

**EXPECTED BENEFITS**

Orthopedic surgery always aims at repairing deformities of bones, ligaments, muscles, joints, as well as general diseases and elements linked to the locomotor system. Surgical repair aims at reestablishing the function or control of the pain pattern of the affected limb or joint.

All scientifically accepted and recommended means existing in this institution will be used in order to achieve the best possible therapeutic result and minimize the risk of complications.

Additional expected benefits:

NO

**ALTERNATIVES AND POTENTIAL CONSEQUENCES OF NOT HAVING THE PROCEDURE PERFORMED**

Alternatives to treatment have been discussed together with the responsible physician, according to the clinical picture presented to prevent the worsening of the patient's clinical condition. These alternatives pose a greater risk to the functionality of the affected limb/joint or worse symptom/pain control, in light of current scientific knowledge.

Additional alternatives and consequences:

NO

**POTENTIAL RISKS OF THE PROCEDURE**

It is important to know that every medical procedure has risks, and orthopedic surgery is no exception. Therefore, your physician recommends surgery when its benefit outweighs its risk to improve the patient's condition.

I am aware that general complications may occur in invasive procedures, such as: Anesthesia-related complications; burns from the use of electrocautery; unsightly scar in the area of surgery (keloids or the presence of a hypertrophic scar) or the need for a new surgical approach to control bleeding or hematoma drainage.

Complications can be immediate or appear after days, months or years, and can even lead to reoperation and hospital stay longer than expected, including in the ICU.

Vascular and Neurological Injuries during surgery: Injury to a vessel or nerve may occur depending on the region being operated on. In the case of vessels, it may pose a greater risk of bleeding. In case of nerve injury, it can range from temporary loss of the nerve function to permanent loss. This will depend on the region operated on and whether it is the first or second time operating. Normally, surgery reconsideration is more difficult and the chance of injury to these structures is greater.

In surgical treatments for fractures, there may be a delay in consolidation or bone nonunion, which we call pseudarthrosis. As a result, the patient may need surgical reconsideration.

Infections: They may appear in the immediate or late post-operative period, and it may be necessary to subject the patient to various surgical procedures to reverse the situation and eliminate the infection or even remove the implanted material. The patient may experience fever, pain, redness, and heat at the surgery site, in addition to the presence of secretion from the surgical wound.

In cases of prosthesis implantation or osteosynthesis materials, the material may present failures and need to be replaced. There are specific complications for each type of prosthesis.

Depending on the procedure, there is also the possibility of developing post-operative pressure ulcers, partial or complete dependence on other people to perform daily activities, as well as prolonged dependence on an artificial respirator. Such dependences may be temporary or permanent.

In the case of complex surgery, adverse events may occur, as well as clinical and surgical complications such as recurrence of the abnormality, limb paralysis, disorder to control feces and urine, disorders in the function of the limb and changes in sensitivity (hypoesthesia, numbness, prickling, neuropathic pain), prolonged vegetative state (coma), edema or hemorrhage in the nervous system; complications of

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cardiovascular origin not directly associated with the surgery, such as deep vein thrombosis, pulmonary embolism, renal failure, acute myocardial infarction, ischemic stroke, cardiac arrhythmias, hypovolemic shock, cardiac arrest and its implications, death, and even other events not described here.

I am aware that I must seek immediate return to the physician or hospital if I notice complications subsequent to the surgery or treatment I underwent, especially when I notice pain, fever, swelling in the limbs, shortness of breath, bloody sputum, dizziness, opening of stitches, among other health alarming signals.

Complications associated with this procedure/surgery, although uncommon or rare, range from simple injuries to more complicated injuries not described herein that may require follow-up in the intensive care unit after surgery.

I understood that this procedure/surgery is one of the treatments of choice for the current clinical condition; however, it may not be the cure for such condition. I understood that there is no absolute guarantee about the results to be obtained, regardless of the type of surgery, good surgical and anesthetic technique and efficiency of medical care.

I am aware that, during the procedure, other unpredictable situations that have not yet been diagnosed or emergencies may occur that require changes to the proposed procedure.

I am aware that there may be a need for a blood transfusion.

I was informed about the possibility of experiencing pain during and after the procedure, and about the measures adopted by the institution to manage such pain.

Additional potential risks:

#### REHABILITATION

I was informed that, after the surgery, I will be responsible for the use of medications, for attending follow-up appointments, and that I must strictly follow the healthcare guidelines provided by the team taking care of me. Financial investment will be required in medications, transportation to appointments and personal care. I also understand that psychological and emotional aspects are factors that can have an impact on the entire recovery process.

I am aware that the post-operative rehabilitation process is important for a good result and consists of a variable period defined by my physician based on the characteristics of my diagnosis and the procedure performed. The recovery period for patients undergoing treatment is very important and varies according to individual characteristics and the treatment received, and it is up to me to strictly follow medical recommendations for better post-surgical adaptation and recovery. The responsible physician has discussed and explained the rehabilitation guidelines.

Additional potential risks:

NO

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Additional rehabilitation guidelines:

NO

#### AUTHORIZATION OF PATIENT OR RESPONSIBLE PERSON

On my own initiative, I accept taking the above-mentioned risks and give voluntary permission/authorization for the procedure(s) to be performed as set out in this form, including the procedures necessary to try to resolve the unpredictable and/or emergency situations, which must be conducted and resolved according to the unique convenience of each event.

This authorization is given to the physician identified below, as well as their assistant(s) and/or other professional(s) selected by the physician.

I authorize  Yes  No filming/taking photos of the surgical site (preserving the patient's identity), as well as the dissemination of said images for scientific purposes, without any financial burden, in the present or future.

I authorize the anatomopathological examination on materials that are removed during the procedure by a pathology laboratory associated with Hospital São Rafael S.A.

I had the opportunity to have all my questions answered regarding the procedure(s), after reading and understanding all the information herein, before signing this document. I was informed about the procedure(s) and associated risks, potential alternatives to the procedure, the consequences of not having the proposed examination/treatment/procedure performed and the problems that may occur during recovery.

After understanding the explanations I received, having all my questions answered and being fully satisfied with the information received, I reserve the right to revoke this consent before the procedure(s), the subject matter of this document, is performed.

I state that I have received instructions prior to the procedure.

Salvador, \_\_\_\_\_ 20 \_\_\_\_\_: \_\_\_\_\_(hh:min)

or

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Patient

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Responsible Person

In case the patient is a minor or has a legally responsible person or cannot sign this document.

**Representative / Legally Responsible Person:**

**ID:**

**Relationship:**

### STATEMENT OF PHYSICIAN

I CONFIRM that I have explained in detail to the patient and/or their family member(s), or responsible person(s), the purpose, benefits, risks, and alternatives for the treatment(s)/procedure(s) described above, answering the questions asked by them, and clarifying that the consent that is now granted and signed may be revoked at any time before the procedure. According to my understanding, the patient or their responsible person is able to understand what was informed.

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Salvador,