

# COLECTOMY

*Colectomy is the surgical removal of part of the bowel. The purpose of this surgery is to remove the disease process, whether it be cancer, inflammation, pain, or obstruction.*

Patient's  
Initials

- \_\_\_\_\_ Details of the procedure including the anticipated benefits and material risks have been explained to me in terms I understand.
- \_\_\_\_\_ Alternative methods and therapies, their benefits, material risks and disadvantages have been explained to me.
- \_\_\_\_\_ I understand and accept that the most likely material risks and complications of colectomy have been discussed with me and may include but are not limited to:
- *anastomotic leak or obstruction*
  - *bleeding*
  - *blood clot*
  - *bowel obstruction*
  - *break down of the anastomosis*
  - *deep vein thrombosis with or without pulmonary embolism*
  - *infection*
  - *injury to other organs*
  - *recurrence of tumor*
  - *urinary or respiratory infection*
  - *urinary retention*
- \_\_\_\_\_ I understand and accept that there are complications, including the remote risk of death or serious disability, that exist with any surgical procedure.
- \_\_\_\_\_ I understand and accept the risks of blood transfusion(s) that may be necessary.
- \_\_\_\_\_ I understand that tissue cannot heal without scarring and that how one scars is dependent on individual genetic characteristics. The physician will do his/her best to minimize scarring but cannot control its ultimate appearance.
- \_\_\_\_\_ I am aware that smoking during the pre- and postoperative periods could increase chances of complications.
- \_\_\_\_\_ I have informed the doctor of all my known allergies.
- \_\_\_\_\_ I have informed the doctor of all medications I am currently taking, including prescriptions, over-the-counter remedies, herbal therapies and supplements, aspirin, and any other recreational drug or alcohol use.
- \_\_\_\_\_ I have been advised whether I should avoid taking any or all of these medications on the days surrounding the procedure.
- \_\_\_\_\_ I am aware and accept that no guarantees about the results of the procedure have been made.
- \_\_\_\_\_ I have been advised of the probable consequences of declining recommended or alternative therapies.
- \_\_\_\_\_ I have been informed of what to expect postoperatively, including but not limited to: estimated recovery time, anticipated activity level, and the possibility of additional procedures.
- \_\_\_\_\_ I understand that any tissue/specimen removed during the surgery may be sent to pathology for evaluation.
- \_\_\_\_\_ The doctor has answered all of my questions regarding this procedure.

I certify that I have read and understand this treatment agreement and that all blanks were filled in prior to my signature.

I authorize and direct \_\_\_\_\_, M.D., with associates or assistants of his or her choice, to perform a colectomy on \_\_\_\_\_.  
(patient name)

*Continued*

I further authorize the physician(s) and assistants to do any other procedure that in their judgment may be necessary or advisable should unforeseen circumstances arise during the procedure.

\_\_\_\_\_  
Patient or Legal Representative Signature/Date/Time

\_\_\_\_\_  
Relationship to Patient

\_\_\_\_\_  
Print Patient or Legal Representative Name

\_\_\_\_\_  
Witness Signature/Date/Time

I certify that I have explained the nature, purpose, anticipated benefits, material risks, complications, and alternatives to the proposed procedure to the patient or the patient's legal representative. I have answered all questions fully, and I believe that the patient/legal representative (circle one) fully understands what I have explained.

\_\_\_\_\_  
initial copy given to patient

\_\_\_\_\_  
Physician Signature/Date/Time

\_\_\_\_\_  
initial original placed in chart

SAMPLE