

1. Page 2 is the "consent" form

- a. At the top of the page ask the patient if his/her physician or healthcare provider performing the procedure explained the proposed procedure and the risks involved to his/her satisfaction. Circle yes or no. Have the patient initial their answer. **If the patient answers "NO", the nurse stops the process and contacts the physician or healthcare provider.**
- b. Line 1- fill in the patient's name and the operating physician's or healthcare provider performing the procedure's full name.
- c. Ask the patient to answer in his own words what the physician or healthcare provider performing the procedure has told him/her, what their condition is and write their answer in the blank (if the patient's response does not match the proposed procedure, notify the physician or healthcare provider performing the procedure).
- d. Line 2- write in the ordered procedure (no abbreviations).
- e. Line 3- have the patient read statements and ask if they understand, no signature is necessary.
- f. Line 4- Ask the patient if they consent to the use of blood and circle their response. Ask the patient to initial their response.
- g. Lines 5&6- have the patient read and acknowledge understanding
- h. Line 6- only needs to be filled in if the physician or healthcare provider performing the procedure has ordered additional risks for the proposed procedure. If none ordered, leave blank.
- i. Line 7- have the patient read and acknowledge understanding.

2. Page 4 Panels

- a. Top box is only for patients having surgery that will require tissue other than his/her own. Leave this box blank if it does not apply.
- b. Box 2 is only to be checked if the proposed procedure does not have a risk panel assigned. Leave blank if the procedure does have a panel.
- c. Box 3 is the risk panel for blood for HMH and should be checked for all patients at HMH and each section should be initialized by the patient.

3. Pages 4-14 contain the risk panels for the proposed procedure. Check the corresponding panel to the procedure, ordered by the physician or healthcare provider performing the procedure, and have the patient initial in the appropriate blank.

4. Signing the consent:

- a. After the patient has read the entire consent, fill in the date and time, have the patient sign the consent (the patient must sign as long as he/she is competent. If the patient is not competent, the appropriate legal representative may sign for the patient (System PC/PS23 for the complete list). If a translator is being used, he or she must sign the consent if he or she is physically present. If a video-conference or tele-conference is used, such that he or she is not physically present, it is sufficient to write the translator's name and/or ID number on the consent form in lieu of having the translator sign the consent form.
- b. The individual witnessing the patient's signature must then sign as the witness.

5. **If the nurse is unable to fill in any of the blanks on this form, the reason for the blank should be explained during the handoff, (i.e. laterality unknown, physician or healthcare provider performing the procedure unknown, patient needs to talk to physician or healthcare provider performing the procedure prior to the procedure.)**



HMH2227



## Medical Care and Surgical Procedures

Please check or otherwise indicate the name of the hospital where the procedure or other type of medical treatment is to take place.

- ☐ Houston Methodist Hospital - 6565 Fannin St, Houston, TX 77030
- ☐ Houston Methodist Baytown Hospital - 4401 Garth Rd, Baytown, TX 77521
- ☐ Houston Methodist Clear Lake Hospital - 18300 Houston Methodist Dr, Houston, TX 77058
- ☐ Houston Methodist Continuing Care Hospital - 701 S Fry Rd, Katy, TX 77450
- ☐ Houston Methodist Sugar Land Hospital - 16655 Southwest Fwy, Sugar Land, TX 77479
- ☐ Houston Methodist The Woodlands Hospital - 17201 Interstate 45 S, The Woodlands, TX 77385
- ☐ Houston Methodist West Hospital - 18500 Katy Fwy, Houston, TX 77094
- ☐ Houston Methodist Willowbrook Hospital - 18220 Tomball Pkwy, Houston, TX 77070





5. Just as there may be risks and hazards to my health without treatment, there are also risks and hazards related to the care/procedure(s) planned for me.

I understand that all care/procedure(s) involve some risks, ranging from minor to severe. These risks include infection, blood clots in the veins, lungs or other organs, hemorrhage (severe bleeding), allergic reactions, poor wound healing, and death.

The chances of these occurring may be different for each patient based on the care/procedure(s) and the patient's current health.

6. ADDITIONAL RISKS OR COMMENTS (line through if none) \_\_\_\_\_

7. Granting of Consent for this Care/Procedure(s)

In signing below, I consent to the care/procedure(s) described below. I acknowledge the following:

- I understand this care/procedure(s) does not guarantee a result or a cure to my condition.
- I have been given an opportunity to ask questions I may have about:
  1. Alternative forms of treatment,
  2. Risks of non-treatment,
  3. Steps that will occur during my care/procedure(s), and
  4. Risks and hazards involved in the care/procedure(s)
- I believe I have enough information to give this informed consent.
- I certify this form has been fully explained to me and the blank spaces have been filled in.
- I have read this form or had it read to me.
- I understand the information on this form.

If any of those statements are not true for you, please talk to your physician/health care provider before continuing.

Patient/Other Legally Authorized Representative (signature required)

Print Name: \_\_\_\_\_ Signature \_\_\_\_\_

If Legally Authorized Representative, list relationship to Patient: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_ AM/PM (circle one)

Witness:

Print Name: \_\_\_\_\_ Signature \_\_\_\_\_

Name and/or ID number of the  
qualified interpreter (if applicable): \_\_\_\_\_

Signature of qualified interpreter: (if applicable) \_\_\_\_\_



- ☐ **(E) Vascular thrombolysis (removal or dissolving of blood clots)-percutaneous (mechanical or chemical).**
- (1) All associated risks as listed under paragraph 2 (B) of this subsection.
  - (2) Increased risk of bleeding at or away from site of treatment (when using medications to dissolve clots).
  - (3) For arterial procedures: distal embolus (fragments of blood clot may travel and block other blood vessels with possible injury to the supplied tissue).
  - (4) For venous procedures: pulmonary embolus (fragments of blood clot may travel to the blood vessel in the lungs and cause breathing problems or if severe could be life threatening).
  - (5) Kidney injury or failure which may be temporary or permanent (for procedures using certain mechanical thrombectomy devices).
  - (6) Need for emergency surgery.

PT INITIALS

- ☐ **(F) Angiography with occlusion techniques (including embolization and sclerosis) - therapeutic**
- (1) For all embolizations
    - (a) Angiography risks (inclusive of aortography, arteriography, venography) – injection of contrast material into blood vessels.
      - (i) Unintended injury to or occlusion (blocking) of blood vessels which may require immediate surgery or other intervention.
      - (ii) Hemorrhage (severe bleeding).
      - (iii) Damage to parts of the body supplied by the artery with resulting loss of use or amputation (removal of body part).
      - (iv) Worsening of the condition for which the procedure is being done.
      - (v) Contrast nephropathy (kidney damage due to the contrast agent used during the procedure).
      - (vi) Unintended thrombosis (blood clot forming at or blocking the blood vessel) at access site or elsewhere.
    - (b) Loss or injury to the body part with potential need for surgery, including death of overlying skin for sclerotherapy/treatment of superficial lesions/vessels and nerve injury with associated pain, numbness or tingling or paralysis (inability to move).
    - (c) Infection in the form of abscess (infected fluid collection) or septicemia (infection of the blood stream).
    - (d) Nontarget embolization (blocking of blood vessels other than those intended) which can result in injury to tissues supplied by those vessels.
  - (2) For procedures involving the thoracic aorta and/or vessels supplying the brain, spinal cord, head, neck or arms, these risks in addition to those under section 1 of this subparagraph.
    - (a) Stroke.
    - (b) Seizure.
    - (c) Paralysis (inability to move).
    - (d) Inflammation or other injury of nerves.
    - (e) For studies of the blood vessels of the brain: contrast-related, temporary blindness or memory loss.
  - (3) For female pelvic arterial embolizations including uterine fibroid embolization, these risks in addition to those under section 1 of this subparagraph.
    - (a) Premature menopause with resulting sterility.
    - (b) Injury to or infection involving the uterus which might necessitate hysterectomy (removal of the uterus) with resulting sterility.
    - (c) After fibroid embolization: prolonged vaginal discharge.
    - (d) After fibroid embolization: expulsion/delayed expulsion of fibroid tissue possibly requiring a procedure to deliver/remove the tissue.
  - (4) For male pelvic arterial embolizations, in addition to the risks under section 1 of this subparagraph: impotence (difficulty with or inability to obtain a penile erection).
  - (5) For embolizations of pulmonary arteriovenous fistulae/malformations, these risks in addition to those under section 1 of this subparagraph.
    - (a) New or worsening pulmonary hypertension (high blood pressure in the lung blood vessels).
    - (b) Paradoxical embolizations (passage of air or an occluding divide beyond the fistula/malformation and the arterial circulation) causing blockage of blood flow to tissue supplied by the receiving artery and damage to tissues served (for example the blood vessels supplying the heart (which could cause chest pain and/or heart attack) or brain (which could cause stroke, paralysis (inability to move) or other neurological injury).
  - (6) For varicocele embolization, these risks in addition to those under section 1 of this subparagraph.
    - (a) Phlebitis/inflammation of veins draining the testicles leading to decreased size and possibly decreased function or affected testis and sterility (if both sides performed).
    - (b) Nerve injury (thigh numbness or tingling).
  - (7) For ovarian vein embolization/pelvic congestion syndrome embolization: general angiography and embolization risks as listed in section 1 of this subparagraph.
  - (8) For cases utilizing ethanol (alcohol injection, in addition to the risks under section 1 of this subparagraph; shock or severe lowering of blood pressure).
  - (9) For varicose vein treatments (with angiography) see subparagraph (L) of this paragraph.

PT INITIALS

- ☐ **(G) Mesenteric angiography with infusional therapy (Vasopressin) for gastrointestinal bleeding**
- (1) All associated risks as listed under paragraph 2 (B) of this subsection.
  - (2) Ischemia/infarction of supplied or distant vascular beds (reduction in blood flow causing lack of oxygen with injury or death of tissues supplied by the treated vessel or tissues supplied by blood vessels away from the treated site including heart, brain, bowel, extremities).
  - (3) Antidiuretic hormone side effects of vasopressin (reduced urine output with disturbance of fluid balance in the body, rarely leading to swelling of the brain).

PT INITIALS

- ☐ **(H) Inferior vena caval filter insertion and removal**
- (1) All associated risks as listed under paragraph 2 (B) of this subsection.
  - (2) Injury to the inferior vena cava (main vein in the abdomen).
  - (3) Filter migration or fracture (filter could break and/or move from where it was placed).
  - (4) Caval thrombosis (clotting of the main vein in the abdomen and episodes of swelling of legs).
  - (5) Risk of recurrent pulmonary embolus (continued risk of blood clots going to blood vessels in the lungs despite filter).
  - (6) Inability to remove filter (for "optional"/retrievable filters).

PT INITIALS

- ☐ **(I) Pulmonary angiography**
- (1) All associated risks as listed under paragraph 2 (B) of this subsection.
  - (2) Cardiac arrhythmia (irregular heart rhythm) or cardiac arrest (heart stops beating).
  - (3) Cardiac injury/perforation (heart injury).
  - (4) Death.

PT INITIALS

- ☐ **(J) Percutaneous treatment of pseudoaneurysm (percutaneous thrombin injection versus compression)**
- (1) Thrombosis (clotting) of supplying vessel or branches in its territory.
  - (2) Allergic reaction to thrombin (agent used for direct injection).

PT INITIALS

- ☐ **(K) Vascular access- nontunneled catheters, tunneled catheters, implanted access**
- (1) Pneumothorax (collapsed lung).
  - (2) Injury to blood vessel.
  - (3) Hemothorax/hemomediastinum (bleeding into the chest around the lungs or around the heart).
  - (4) Air embolism (passage of air into blood vessel and possibly to the heart and/or blood vessels entering the lungs).
  - (5) Vessel thrombosis (clotting of blood vessel).

PT INITIALS

- ☐ **(L) Varicose vein treatment (percutaneous via laser, RFA, chemical or other method) without angiography.**
- (1) Burns.
  - (2) Deep vein thrombosis (blood clots in deep veins).
  - (3) Hyperpigmentation (darkening of the skin).
  - (4) Skin wound (ulcer).
  - (5) Telangiectatic matting (appearance of tiny blood vessels in treated area).
  - (6) Paresthesia and dysesthesia (numbness or tingling in the area or limb treated).
  - (7) Injury to blood vessel requiring additional procedure to treat.

PT INITIALS

### 3. DIGESTIVE SYSTEM TREATMENTS AND PROCEDURES.

- ☐ **(A) Cholecystectomy with or without common bile duct exploration.**
- (1) Pancreatitis.
  - (2) Injury to the tube between the liver and the bowel.
  - (3) Retained stones in the tube between the liver and the bowel.
  - (4) Narrowing or obstruction of the tube between the liver and the bowel.
  - (5) Injury to the bowel and/or intestinal obstruction.

PT INITIALS





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|---|---|-------------|
| <input type="checkbox"/> (E) Photocoagulation and/or cryotherapy.   | (1) Complications requiring additional treatment and/or surgery.<br>(2) Pain.<br>(3) Partial or total blindness.  | PT INITIALS |
| <input type="checkbox"/> (F) Corneal surgery, such as corneal transplant, refractive surgery and pterygium. | (1) Complications requiring additional treatment and/or surgery.<br>(2) Pain.<br>(3) Need for glasses or contact lenses.<br>(4) Partial or total blindness. | PT INITIALS |
| <input type="checkbox"/> (G) Glaucoma surgery by any method.  | (1) Complications requiring additional treatment and/or surgery.<br>(2) Worsening of the glaucoma.<br>(3) Pain.<br>(4) Partial or total blindness.          | PT INITIALS |
| <input type="checkbox"/> (H) Removal of the eye or its contents (enucleation or evisceration).              | (1) Complications requiring additional treatment and/or surgery.<br>(2) Worsening or unsatisfactory appearance.<br>(3) Recurrence or spread of disease.     | PT INITIALS |
| <input type="checkbox"/> (I) Surgery for penetrating ocular injury, including intraocular foreign body.     | (1) Complications requiring additional treatment and/or surgery.<br>(2) Possible removal of the eye.<br>(3) Pain.<br>(4) Partial or total blindness.        | PT INITIALS |

#### 8. FEMALE GENITAL SYSTEM TREATMENTS AND PROCEDURES.

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| <input type="checkbox"/> (A) All fallopian tube and ovarian surgery with or without hysterectomy, including removal and lysis of adhesions. | (1) Injury to the bowel and/or bladder.<br>(2) Sterility.<br>(3) Failure to obtain fertility (if applicable).<br>(4) Failure to obtain sterility (if applicable).<br>(5) Loss of ovarian functions or hormone production from ovary(ies).   | PT INITIALS |
| <input type="checkbox"/> (B) Removing fibroids (uterine myomectomy).  | (1) Uncontrolled leakage of urine.<br>(2) Injury to bladder.<br>(3) Sterility.<br>(4) Injury to the tube (ureter) between the kidney and the bladder.<br>(5) Injury to the bowel and/or intestinal obstruction.<br>(6) May need to convert to hysterectomy.<br>If a power morcellator in laparoscopic surgery is utilized, include the following risks:<br>If cancer is present, may increase the risk of the spread of cancer.<br>Increased risk of damage to adjacent structures. | PT INITIALS |
| <input type="checkbox"/> (C) Uterine suspension.  | (1) Uncontrolled leakage of urine.<br>(2) Injury to bladder.<br>(3) Sterility.<br>(4) Injury to the tube (ureter) between the kidney and the bladder.<br>(5) Injury to the bowel and/or intestinal obstruction.   | PT INITIALS |
| <input type="checkbox"/> (D) Removal of the nerves to the uterus (presacral neurectomy).  | (1) Uncontrolled leakage of urine.<br>(2) Injury to bladder.<br>(3) Sterility.<br>(4) Injury to the tube (ureter) between the kidney and the bladder.<br>(5) Injury to the bowel and/or intestinal obstruction.<br>(6) Hemorrhage, complications of hemorrhage, with additional operation.  | PT INITIALS |
| <input type="checkbox"/> (E) Removal of the cervix.   | (1) Uncontrollable leakage of urine.<br>(2) Injury to bladder.<br>(3) Sterility.<br>(4) Injury to the tube (ureter) between the kidney and the bladder.<br>(5) Injury to the bowel and/or intestinal obstruction.<br>(6) Need to convert to abdominal incision.   | PT INITIALS |

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|--|---|-------------|
| <input type="checkbox"/> (F) Repair of vaginal hernia (anterior and/or posterior colporrhaphy and/or enterocele repair). | (1) Uncontrollable leakage of urine.<br>(2) Injury to bladder.<br>(3) Sterility.<br>(4) Injury to the tube (ureter) between the kidney and the bladder.<br>(5) Injury to the bowel and/or intestinal obstruction.<br>(6) Mesh erosion (with damage to the vagina and adjacent tissue) | PT INITIALS |
| <input type="checkbox"/> (G) Abdominal suspension of the bladder (retropubic urethropexy).                               | (1) Uncontrollable leakage of urine.<br>(2) Injury to bladder.<br>(3) Injury to the tube (ureter) between the kidney and the bladder.<br>(4) Injury to the bowel and/or intestinal obstruction.   | PT INITIALS |
| <input type="checkbox"/> (H) Conization of cervix.   | (1) Hemorrhage with possible hysterectomy to control.<br>(2) Sterility.<br>(3) Injury to bladder.<br>(4) Injury to rectum.  | PT INITIALS |
| <input type="checkbox"/> (I) Dilatation and curettage of uterus (diagnostic/therapeutic).                                | (1) Hemorrhage with possible hysterectomy.<br>(2) Perforation of the uterus.<br>(3) Sterility.<br>(4) Injury to the bowel and/or bladder.<br>(5) Abdominal incision and operation to correct injury.  | PT INITIALS |
| <input type="checkbox"/> (J) Surgical Abortion/dilatation and curettage/dilatation and evacuation                        | (1) Hemorrhage with possible hysterectomy to control.<br>(2) Perforation of the uterus.<br>(3) Sterility.<br>(4) Injury to the bowel and/or bladder.<br>(5) Abdominal incision and operation to correct injury.   | PT INITIALS |
| <input type="checkbox"/> (K) Medical Abortion/non-surgical   | (1) Hemorrhage with possible need for surgical intervention.<br>(2) Failure to remove all products of conception.<br>(3) Sterility.   | PT INITIALS |
| <input type="checkbox"/> (L) Selective salpingography and Fallopian tube recanalization.                                 | (1) Perforation (hole) created in the uterus or Fallopian tube.<br>(2) Ectopic pregnancy (pregnancy outside of the uterus).<br>(3) Pelvic infection.  | PT INITIALS |
| <input type="checkbox"/> (M) Fallopian tube occlusion (for sterilization with or without hysterectomy)                   | (1) Perforation (hole) created in the uterus or Fallopian tube.<br>(2) Future ectopic pregnancy (pregnancy outside of the uterus)<br>(3) Pelvic infection.<br>(4) Failure to obtain sterility   | PT INITIALS |
| <input type="checkbox"/> (N) Hysteroscopy  | (1) Perforation (hole) created in the uterus.<br>(2) Fluid overload/electrolyte imbalance.<br>(3) Possible hysterectomy.<br>(4) Abdominal incision to correct injury.   | PT INITIALS |





- ☐ (F) **Vertebroplasty/Kyphoplasty**
- (1) Nerve/spinal cord injury.
  - (2) Need for emergency surgery.
  - (3) Embolization of cement (cement used passes into the blood vessels and possibly the way to the blood vessels in the lungs).
  - (4) Fracture of adjacent vertebrae (bones in spine).
  - (5) Leak of cerebrospinal fluid (fluid around the brain and spinal cord).
  - (6) Pneumothorax (collapsed lung).
  - (7) Failure to relieve pain.
  - (8) Rib or vertebral (spine) fracture.
- PT INITIALS

- ☐ (G) **If the following procedures are performed on a child age 12 or under, problems with appearance, use, or growth requiring additional surgery should be disclosed.**
- (1) Arthrotomy (opening of joint).
  - (2) Closed reduction with or without pin or external fixation.
  - (3) Surgical management of open wound.
  - (4) Partial excision or removal of bone.
  - (5) Removal of external fixation device.
  - (6) Traction or casting with or without manipulation for reduction.
- PT INITIALS

- ☐ (H) **Amputation of limb.**
- (1) Pain and/or phantom sensation in removed limb.
  - (2) Need for further surgery.
  - (3) Infection.
  - (4) Hemorrhage (severe bleeding).
  - (5) Difficulty with prosthesis fitting.
- PT INITIALS

#### 14. NERVOUS SYSTEM TREATMENTS AND PROCEDURES.

- ☐ (A) **Craniotomy, Craniectomy or Cranioplasty**
- (1) Loss of brain function, such as memory and/or ability to speak.
  - (2) Recurrence, continuation or worsening of the condition that required this operation.
  - (3) Stroke.
  - (4) Blindness, deafness, inability to smell, double vision, coordination loss, seizures, pain, numbness and paralysis.
  - (5) Cerebral spinal fluid leak with potential for meningitis and severe headaches.
  - (6) Meningitis.
  - (7) Brain abscess.
  - (8) Persistent vegetative state.
  - (9) Hydrocephalus (abnormal fluid buildup causing pressure in the brain).
  - (10) Seizures (uncontrolled nerve activity).
  - (11) Need for permanent breathing tube and/or permanent feeding tube.
- PT INITIALS

- ☐ (B) **Cranial nerve operations.**
- (1) Weakness, numbness, impaired muscle function or paralysis.
  - (2) Recurrence, continuation or worsening of the condition that required this operation (no improvement or symptoms made worse).
  - (3) Seizures (uncontrolled nerve activity).
  - (4) New or different pain.
  - (5) Stroke (damage to brain resulting in loss of one or more functions).
  - (6) Persistent vegetative state (not able to communicate or interact with others).
  - (7) Loss of senses (blindness, double vision, deafness, smell, numbness, taste).
  - (8) Cerebrospinal fluid leak with potential for severe headaches.
  - (9) Meningitis (infection of coverings of brain and spinal cord).
  - (10) Need for prolonged nursing care.
  - (11) Need for permanent breathing tube and/or permanent feeding tube.
- PT INITIALS

- ☐ (C) **Spine operation, including laminectomy, decompression, fusion, internal fixation or procedures for nerve root or spinal cord compression; diagnosis; pain; deformity; mechanical instability; injury; removal of tumor, abscess or hematoma (excluding coccygeal operations).**
- (1) Weakness, pain, numbness or clumsiness.
  - (2) Impaired muscle function or paralysis.
  - (3) Incontinence, impotence or impaired bowel function (loss of bowel/bladder control and/or sexual function).
  - (4) Migration of implants (movement of implanted devices).
  - (5) Failure of implants (breaking of implanted devices).
  - (6) Adjacent level degeneration (breakdown of spine above and/or below the level treated).
  - (7) Cerebrospinal fluid leak with potential for severe headaches.
  - (8) Meningitis (infection of coverings of brain and spinal cord).
  - (9) Recurrence, continuation or worsening of the condition that required this operation (no improvement or symptoms made worse).
  - (10) Unstable spine (abnormal movement between bones and/or soft tissues of the spine).
- PT INITIALS

- ☐ (D) **Peripheral nerve operation: nerve grafts decompression, nerve decompression, transposition or tumor removal; neuroorrhaphy, neurectomy or neurolysis.**
- (1) Numbness.
  - (2) Impaired muscle function.
  - (3) Recurrence, continuation, or worsening of the condition that required the operation.
  - (4) Continued, increased or different pain.
  - (5) Weakness
- PT INITIALS

- ☐ (E) **Transphenoidal hypophysectomy or other pituitary gland operation.**
- (1) Cerebrospinal fluid leak with potential for severe headaches.
  - (2) Necessity for hormone replacement.
  - (3) Recurrence or continuation of the condition that required this operation.
  - (4) Deformity or perforation of nasal septum (hole in wall between the right and left halves of the nose).
  - (5) Facial nerve injury resulting in disfigurement (loss of nerve function controlling muscles in face).
  - (6) Loss of senses (blindness, double vision, deafness, smell, numbness, taste).
  - (7) Stroke (damage to brain resulting in loss of one or more functions).
  - (8) Persistent vegetative state (not able to communicate or interact with others).
  - (9) Headaches.
- PT INITIALS

- ☐ (F) **Cerebrospinal fluid shunting procedure or revision.**
- (1) Shunt obstruction (blockage of shunt/tubing causing it to stop draining adequately).
  - (2) Malposition or migration of shunt/tubing (improper positioning or later movement of shunt/tubing causing it to stop draining adequately).
  - (3) Seizures (uncontrolled nerve activity).
  - (4) Recurrence or continuation of brain dysfunction.
  - (5) Injury to internal organs of the chest or abdomen.
  - (6) Brain injury.
  - (7) Stroke (damage to brain resulting in loss of one or more functions).
  - (8) Persistent vegetative state (not able to communicate or interact with others).
  - (9) Loss of senses (blindness, double vision, deafness, smell, numbness, taste).
  - (10) Cerebrospinal fluid leak with potential for severe headaches.
  - (11) Meningitis (infection of coverings of brain and spinal cord).
  - (12) Need for prolonged nursing care.
  - (13) Need for permanent breathing tube and/or permanent feeding tube.
- PT INITIALS





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| <input type="checkbox"/> <b>(H) Open tracheostomy</b><br>(1) Loss of voice.<br>(2) Breathing difficulties.<br>(3) Pneumothorax (collapsed lung).<br>(4) Hemothorax (blood in the chest around the lung).<br>(5) Scarring in the trachea (windpipe).<br>(6) Fistula (connection) between trachea into esophagus (tube from the throat to stomach) or great vessels. <span style="float: right;">PT INITIALS</span> |
| <input type="checkbox"/> <b>(I) Respiratory tract/tracheobronchial balloon dilatation/stenting</b><br>(1) Stent migration (stent moves from position in which it was placed).<br>(2) Pneumomediastinum (air enters the space around the airways including the space around the heart).<br>(3) Mucosal injury (injury to lining of airways). <span style="float: right;">PT INITIALS</span>                        |

### 17. URINARY SYSTEM

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| <input type="checkbox"/> <b>(A) Partial nephrectomy (removal of part of the kidney)</b><br>(1) Incomplete removal of stone(s) or tumor, if present.<br>(2) Blockage of urine.<br>(3) Leakage of urine at the surgical site.<br>(4) Injury or loss of kidney.<br>(5) Damage to organs next to kidney. <span style="float: right;">PT INITIALS</span>                                       |
| <input type="checkbox"/> <b>(B) Radical nephrectomy (removal of kidney and adrenal gland for cancer)</b><br>(1) Loss of the adrenal gland (gland on top of kidney that makes certain hormones/chemicals body needs).<br>(2) Incomplete removal of tumor.<br>(3) Damage to organs next to kidney. <span style="float: right;">PT INITIALS</span>   |
| <input type="checkbox"/> <b>(C) Nephrectomy (removal of kidney)</b><br>(1) Incomplete removal of tumor if present.<br>(2) Damage to organs next to kidney.<br>(3) Injury to or loss of kidney. <span style="float: right;">PT INITIALS</span>   |
| <input type="checkbox"/> <b>(D) Nephrolithotomy and Pyelolithotomy (removal of kidney stone(s)).</b><br>(1) Incomplete removal of stone(s).<br>(2) Blockage of urine.<br>(3) Leakage of urine at surgical site.<br>(4) Injury or loss of kidney.<br>(5) Damage to organs next to the kidney. <span style="float: right;">PT INITIALS</span>   |
| <input type="checkbox"/> <b>(E) Pyeloureteroplasty (pyeloplasty or reconstruction of the kidney drainage system)</b><br>(1) Blockage of urine.<br>(2) Leakage of urine at surgical site.<br>(3) Injury to or loss of kidney.<br>(4) Damage to organs next to the kidney. <span style="float: right;">PT INITIALS</span>   |
| <input type="checkbox"/> <b>(F) Exploration of kidney or perinephric mass</b><br>(1) Incomplete removal of stone(s) or tumor, if present.<br>(2) Leakage of urine at surgical site.<br>(3) Injury to or loss of kidney.<br>(4) Damage to organs next to the kidney. <span style="float: right;">PT INITIALS</span>  |
| <input type="checkbox"/> <b>(G) Ureteroplasty (reconstruction of ureter (tube between kidney and bladder)).</b><br>(1) Leakage of urine at surgical site.<br>(2) Incomplete removal of the stone(s) or tumor (when applicable).<br>(3) Blockage of urine.<br>(4) Damage to organs next to ureter.<br>(5) Damage to or loss of the ureter. <span style="float: right;">PT INITIALS</span>  |
| <input type="checkbox"/> <b>(H) Ureterolithotomy (surgical removal of stone(s) from the ureter (tube between the kidney and bladder)).</b><br>(1) Leakage of urine at the surgical site.<br>(2) Incomplete removal of stone.<br>(3) Blockage of urine.<br>(4) Damage to organs next to the ureter.<br>(5) Damage to or loss of the ureter. <span style="float: right;">PT INITIALS</span> |

|   |
|---|
| <input type="checkbox"/> <b>(I) Ureterectomy (partial/complete removal of ureter (tube between kidney and bladder)).</b><br>(1) Leakage of urine at the surgical site.<br>(2) Incomplete removal of stone.<br>(3) Blockage of urine.<br>(4) Damage to organs next to the ureter. <span style="float: right;">PT INITIALS</span>   |
| <input type="checkbox"/> <b>(J) Ureterolysis (partial/complete removal of ureter (tube between kidney and bladder from adjacent tissue)).</b><br>(1) Leakage of urine at the surgical site.<br>(2) Blockage of urine.<br>(3) Damage to organs next to ureter.<br>(4) Damage or loss of ureter. <span style="float: right;">PT INITIALS</span>   |
| <input type="checkbox"/> <b>(K) Ureteral reimplantation (reinserting ureter (tube between the kidney and bladder) into the bladder)</b><br>(1) Leakage of urine at surgical site.<br>(2) Blockage of urine.<br>(3) Damage to organs next to the ureter.<br>(4) Damage to or loss of the ureter.<br>(5) Backward flow of urine from bladder into ureter. <span style="float: right;">PT INITIALS</span>                      |
| <input type="checkbox"/> <b>(L) Prostatectomy (partial or total removal of prostate)</b><br>(1) Leakage of urine at surgical site.<br>(2) Blockage of urine.<br>(3) Incontinence (difficulty with control of urine flow).<br>(4) Semen passing backward into bladder.<br>(5) Difficulty with penile erection (possible with partial and probable with total prostatectomy). <span style="float: right;">PT INITIALS</span>  |
| <input type="checkbox"/> <b>(M) Total Cystectomy (removal of the bladder)</b><br>(1) Probable loss of penile erection and ejaculation in the male.<br>(2) Damage to organs next to bladder.<br>(3) This procedure will require an alternate method of urinary drainage. <span style="float: right;">PT INITIALS</span>  |
| <input type="checkbox"/> <b>(N) Radical cystectomy</b><br>(1) Probable loss of penile erection and ejaculation in the male.<br>(2) Damage to organs next to bladder.<br>(3) This procedure will require an alternate method of urinary drainage.<br>(4) Chronic (continuing) swelling of thighs, legs and feet<br>(5) Recurrence or spread of cancer if present. <span style="float: right;">PT INITIALS</span>             |
| <input type="checkbox"/> <b>(O) Partial cystectomy (partial removal of bladder)</b><br>(1) Leakage of urine at surgical site.<br>(2) Incontinence (difficulty with control of urine flow).<br>(3) Backward flow of urine from bladder into ureter (tube between kidney and bladder).<br>(4) Blockage of urine.<br>(5) Damage to organs next to bladder. <span style="float: right;">PT INITIALS</span>                      |
| <input type="checkbox"/> <b>(P) Urinary diversion (ileal conduit, colon conduit)</b><br>(1) Blood chemistry abnormalities requiring medication.<br>(2) Development of stones, strictures or infection in the kidneys ureter or bowel (intestines).<br>(3) Leakage of urine at the surgical site.<br>(4) This procedure will require an alternate method of urinary drainage. <span style="float: right;">PT INITIALS</span> |





☐ (3) Periodontal surgery (surgery of the gums).

- (A) Gingivectomy and gingivoplasty (involves the removal of soft tissue).  
 (i) Tooth sensitivity to hot, cold, sweet, or acid foods.  
 (ii) Shrinkage of the gums upon healing resulting in teeth appearing longer and greater spaces between some teeth.
- (B) Anatomical crown exposure (removal of enlarged gingival tissue and supporting bone to provide an anatomically correct gingival relationship).  
 (i) Tooth sensitivity to hot, cold, sweet, or acid foods.  
 (ii) Shrinkage of the gums upon healing resulting in teeth appearing longer and greater spaces between some teeth.
- (C) Gingival flap procedure, including root planing (soft tissue flap is laid back or removed to allow debridement (cleaning) of the root surface and the removal of granulation tissue (unhealthy soft tissue)).  
 (i) Permanent or temporary numbness or altered sensation.  
 (ii) Tooth sensitivity to hot, cold, sweet, or acid foods.  
 (iii) Shrinkage of the gums upon healing resulting in teeth appearing longer and greater spaces between some teeth.
- (D) Apically positioned flap (used to preserve keratinized gingival (attached gum tissue) in conjunction with osseous resection (removal) and second stage implant procedure).  
 (i) Permanent or temporary numbness or altered sensation.  
 (ii) Shrinkage of the gums upon healing resulting in teeth appearing longer and greater spaces between some teeth.
- (E) Clinical crown lengthening (removal of gum tissue and/or bone from around tooth).  
 (i) Permanent or temporary numbness or altered sensation.  
 (ii) Shrinkage of the gums upon healing resulting in teeth appearing longer and greater spaces between some teeth.
- (F) Osseous surgery-including flap entry and closure (modification of the bony support of the teeth).  
 (i) Permanent or temporary numbness or altered sensation.  
 (ii) Tooth sensitivity to hot, cold, sweet, or acid foods.  
 (iii) Loss of tooth.  
 (iv) Shrinkage of the gums upon healing resulting in teeth appearing longer and greater spaces between some teeth.
- (G) Guided tissue regeneration-resorbable barrier.  
 (i) Permanent or temporary numbness or altered sensation.  
 (ii) Accidental aspiration (into the lungs) of foreign matter.  
 (iii) Rejection of donor materials.
- (H) Guided tissue regeneration-nonresorbable barrier (includes membrane removal).  
 (i) Permanent or temporary numbness or altered sensation.  
 (ii) Shrinkage of the gums upon healing resulting in teeth appearing longer and greater spaces between some teeth.  
 (iii) Accidental aspiration (into the lungs) of foreign matter.  
 (iv) Rejection of donor materials.
- (I) Pedicle soft tissue graft procedure.  
 (i) Permanent or temporary numbness or altered sensation.  
 (ii) Shrinkage of the gums upon healing resulting in teeth appearing longer and greater spaces between some teeth.  
 (iii) Rejection of donor materials.
- (J) Free soft tissue graft protection-including donor site surgery.  
 (i) Permanent or temporary numbness or altered sensation.  
 (ii) Shrinkage of the gums upon healing resulting in teeth appearing longer and greater spaces between some teeth.  
 (iii) Rejection of graft.
- (K) Sub epithelial connective tissue graft procedures.  
 (i) Permanent or temporary numbness or altered sensation.  
 (ii) Shrinkage of the gums upon healing resulting in teeth appearing longer and greater spaces between some teeth.  
 (iii) Rejection of graft.
- (L) Distal or proximal wedge procedure (taking off gum tissue from the very back of the last tooth or between teeth).  
 Shrinkage of the gums upon healing resulting in teeth appearing longer and greater spaces between some teeth.
- (M) Soft tissue allograft and connective tissue double pedicle graft from below (creates or augments gum tissue).  
 (i) Permanent or temporary numbness or altered sensation.  
 (ii) Tooth sensitivity to hot, cold, sweet, or acid foods.  
 (iii) Shrinkage of the gums upon healing resulting in teeth appearing longer and greater spaces between some teeth.

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☐ (4) Implant procedures.

- (A) Bone grafting (replacing missing bone).  
 (i) Permanent or temporary numbness or altered sensation.  
 (ii) Rejection of bone particles or graft from donor or recipient sites.  
 (iii) Damage to adjacent teeth or bone.
- (B) Surgical placement of implant body.  
 (i) Blood vessel or nerve injury.  
 (ii) Damage to adjacent teeth or bone fracture.  
 (iii) Sinus communication (opening from tooth socket into the sinus cavity).  
 (iv) Failure of implant requiring corrective surgery.  
 (v) Cyst formation, bone loss, or gum disease around the implant.

PT INITIALS

**20. PLASTIC SURGERY AND SURGERY OF THE INTEGUMENTARY SYSTEM.**

☐ (1) Augmentation mammoplasty (breast enlargement with implant).

- (A) Bleeding around implant.  
 (B) Sensory changes or loss of nipple sensitivity.  
 (C) Failure, deflation, or leaking of implant requiring replacement.  
 (D) Worsening or unsatisfactory appearance including asymmetry (unequal size or shape).  
 (E) Problems with or the inability to breastfeed.  
 (F) Capsular contracture (hardening of breast).

PT INITIALS

☐ (2) Bilateral breast reduction.

- (A) Skin flap or fat necrosis (injury or death of skin and fat).  
 (B) Loss of nipple or areola.  
 (C) Sensory changes or loss of nipple sensitivity.  
 (D) Problems with or the inability to breastfeed.  
 (E) Worsening or unsatisfactory appearance including asymmetry (unequal size or shape or not desired size).

PT INITIALS

☐ (3) Rhinoplasty or nasal reconstruction with or without septoplasty (repairing the middle wall of the nose).

- (A) Development of new problems, such as perforation of the nasal septum (hole in wall between the right and left halves of the nose) or breathing difficulty.  
 (B) Spinal fluid leak.  
 (C) Worsening or unsatisfactory appearance.

PT INITIALS

☐ (4) Reconstruction and/or plastic surgery operations of the face and neck.

- (A) Impairment of regional organs, such as eye or lip function.  
 (B) Recurrence of the original condition.  
 (C) Worsening or unsatisfactory appearance.

PT INITIALS

☐ (5) Liposuction (removal of fat by suction).

- (A) Shock.  
 (B) Pulmonary fat embolism (fat escaping with possible damage to vital organs).  
 (C) Damage to skin with possible skin loss.  
 (D) Loose skin.  
 (E) Worsening or unsatisfactory appearance.

PT INITIALS

☐ (6) Breast reconstruction with other flaps and/or implants.

- (A) Bleeding around implant.  
 (B) Sensory changes or loss of nipple sensitivity.  
 (C) Failure, deflation, or leaking of implant requiring replacement.  
 (D) Damage to internal organs.  
 (E) Worsening or unsatisfactory appearance including asymmetry (unequal size or shape).

PT INITIALS





## **Informed Consent/Authorization to Donate Tissue for Medical Research**

Sometimes tissue, blood, body fluids or cells are removed from your body during surgery. For simplicity we are calling all these things "tissue". Any removed tissue is used for your care, diagnosis and treatment first. After all tests are done, tissue may be left over. You may choose to donate it for medical research. No more tissue will be removed than would normally be removed for your care.



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Before you decide to donate your tissue, read this information and talk to your doctor or nurse and make sure all your questions are answered.

- You do not have to donate.
- Your choice to donate or not will not affect your healthcare in any way.
- If you change your mind after donating, we will discard any unused tissue.

### **What is the purpose of donating this tissue?**

- Human tissue research can help find new or better ways to diagnose, treat, cure and prevent disease.
- Human tissue research may develop new commercial medical products.

### **What will happen if you donate this tissue?**

- The tissue will be stored in a 'tissue bank' or repository for future use.
- Researchers may use donated tissue by submitting a research plan to either:
  - The Biorepository Resource Allocation Committee (BioRAC) for de-identified tissue (with no information given to the researchers that may personally identify the tissue), or
  - A committee called the Institutional Review Board (IRB). Requests are made to the IRB if the researchers plan to use patients' health information in addition to the tissue. In this case, the research plan will describe how the researchers will keep released information private.
- The BioRAC or IRB must approve the research plan before any tissue is released.
- The researchers will be primarily at Houston Methodist but the tissue or information from research on it may be shared with researchers from other universities and private companies.
- At Houston Methodist, your tissue will only be used for research and will not be sold.

### **Will this tissue be used for genetic research?**

This tissue could be used for genetic research or the study of genes. A gene is made from a long chain of molecules in cells called DNA. The molecules are arranged in pairs. The order of the pairs is called "DNA sequencing". Every person has a unique combination of molecule pairs so it is called a genetic code. Researchers are trying to find out if certain codes are linked to diseases.

- Researchers may release the genetic code information to public databases on the Worldwide Web.
- Only genetic code information will be released. Your name or personal information that could identify you will not be released.
- Researchers and others can search these databases for codes that may be linked to certain diseases.
- There is a very small chance that the genetic code could be traced to you. This is only possible if another specimen or information that was already linked to you could be compared to all the information in the database.



## **AUTHORIZATION TO USE AND DISCLOSE PROTECTED HEALTH INFORMATION**

By signing below, you consent to the use of your excess tissue/blood/body fluid/cell samples and authorize the use and disclosure of your personal health information for research as described in the previous pages.

I have voluntarily agreed to donate my tissue, blood, bodily fluids or cells ("tissue") to Houston Methodist to be used for medical research. I understand that Houston Methodist will not condition treatment, payment, or enrollment or eligibility for benefits (as applicable) on whether I agree to this authorization. As part of this donation, I understand and agree that Houston Methodist may use my personal health information in conducting medical research on my tissue. It may also release my personal health information to other researchers or institutions, or to government agencies, as part of Houston Methodist's research. Finally, I understand that Houston Methodist may release my personal information to other researchers or institutions who may wish to conduct their own research on my tissue.

This authorization is valid until all research activities directly or indirectly related to the tissue bank program of Houston Methodist are terminated, or until I revoke it. I understand that I may revoke this authorization at any time and any identifiable tissue that has not been released from the tissue bank will be destroyed. I understand that the revocation will not apply to information that already has been released or actions that have already been taken in response to this authorization. I understand that if I revoke this authorization, I must do so by contacting Dr. Blythe Gorman, or her designee in Houston Methodist Department of Pathology at 713-441-6409 or write to the Pathology Department MS 205, 6565 Fannin, Houston, TX 77030. I have a right to request a copy of any of my health information that is released under this authorization.

I understand that other researchers or institutions to which Houston Methodist may release my health information may not be covered by Federal or Texas privacy laws. As such, my information may not be protected under these laws once it is disclosed and, therefore, may be subject to re-disclosure or use by such individuals or institutions.

I will be given a copy of this form to keep.

\_\_\_\_\_ **INITIAL HERE if you agree to be contacted** by researchers if additional information is needed.

\_\_\_\_\_  
Signature of Subject or  
Legally Authorized Representative

\_\_\_\_\_  
Date

