



**River Oaks Surgical Center  
4120 SW Freeway, Suite 100**

**List A  
Informed Consent**

The following treatments and procedures require full disclosure by the physician or health care provider to the patient or person authorized to give consent for the patient.

**I. ANESTHESIA:**

- A: Epidural**  
(1) Risks are enumerated in the Disclosure and Consent for Surgical Medical Procedures.
- B: General.**  
(1) Risks are enumerated in the Disclosure and Consent for Surgical Medical Procedures.
- C: Spinal**  
(1) Risks are enumerated in the Disclosure and Consent for Surgical Medical Procedures.

|                     |
|---------------------|
|                     |
| Patient<br>Initials |

**II. EYE TREATMENT AND PROCEDURES:**

- A: Eye muscle surgery.**  
(1) Additional treatment and/or surgery.  
(2) Double vision.  
(3) Partial or total loss of vision.
- B: Surgery for cataract with or without implantation of Intraocular lens.**  
(1) Complication requiring additional treatment and/or surgery.  
(2) Need for glasses or contact lenses.  
(3) Complication requiring the removal of implanted lens.  
(4) Partial or total loss of vision.
- C: Retinal or vitreous surgery.**  
(1) Complications requiring additional treatment and/or surgery.  
(2) Recurrence of spread of disease.  
(3) Partial or total loss of vision.
- D: Reconstructive and/or plastic surgical procedures of the eye and eye region; such as blepharoplasty, tumor, fracture, lachrymal surgery, foreign body, abscess or trauma.**  
(1) Worsening or unsatisfactory appearance.  
(2) Creation of additional problems, such as:
  - a. Poor healing or skin loss.
  - b. Nerve damage.
  - c. Painful or unattractive scarring.
  - d. Impairment of regional organs, such as eye or lip function.  
(3) Recurrence of the original condition.
- E: Photocoagulation and/or cryotherapy.**  
(1) Complication requiring additional treatment and/or surgery.  
(2) Pain.  
(3) Partial or total loss of vision.
- F: Corneal surgery such as: corneal transplant, retractive surgery and pterygium.**  
(1) Complication requiring additional treatment and/or surgery.  
(2) Possible pain.  
(3) Need for glasses or contact lenses.  
(4) Partial or total loss of vision.
- G: Glaucoma surgery by any method**  
(1) Complication requiring additional treatment and/or surgery.

- (2) Worsening of the glaucoma  
(3) Pain.  
(4) Partial or total loss of vision.
- H: ReRemoval of the eye or its contents (enucleation or evisceration).**  
(1) Complication requiring additional treatment and/or surgery.  
(2) Worsening or unsatisfactory appearance.  
(3) Recurrence or spread of disease.
- I: Surgery for penetrating ocular injury, including Intraocular foreign body.**  
(1) Complication requiring additional treatment and/or Surgery including removal of eye.  
(2) Chronic pain.  
(3) Partial or total loss of vision.

|                     |
|---------------------|
|                     |
| Patient<br>Initials |

**III. HEMATIC AND LYMPHATIC SYSTEMS:**

- A: Transfusion of blood and blood components**  
(1) Fever.  
(2) Transfusion reactions, which may include kidney failure or anemia.  
(3) Heart failure.  
(4) Hepatitis.  
(5) H.I.V. (A.I.D.S.).  
(6) Other infections.

|                     |
|---------------------|
|                     |
| Patient<br>Initials |

**IV. INTERGUMENTARY SYSTEM TREATMENTS AND PROCEDURES**

- A. Reconstruction and/or plastic surgical operations of the face and neck.**  
(1) Worsening or unsatisfactory appearance.  
(2) Creation of several additional problems, such as:
  - a. Poor healing or skin loss.
  - b. Nerve damage.
  - c. Painful or unattractive scarring
  - d. Impairment of regional organs, such as eye or lip function.  
(3) Recurrence of the original condition.

|                     |
|---------------------|
|                     |
| Patient<br>Initials |

**V. MUSCULOSKELETAL SYSTEM TREATMENTS AND PROCEDURES.**

- A. Arthroplasty of all joints with mechanical device.**  
(1) Impaired function such as shortening or deformity of an arm or leg, limp or foot drop.  
(2) Blood vessel or nerve injury.  
(3) Pain or discomfort.

- (4) Fat escaping from bone with possible damage to vital organ.
- (5) Failure of bone to heal.
- (6) Bone infection.
- (7) Removal of replacement of any implanted device or material.
- B. Mechanical internal prosthetic device.**
  - (1) Impaired function such as shortening or deformity of an arm or leg limp or foot drop.
  - (2) Blood vessel or nerve injury.
  - (3) Pain or discomfort.
  - (4) Fat escaping from bone with possible damage to vital organ.
  - (5) Failure of bone to heal.
  - (6) Bone infection.
  - (7) Removal of replacement of any implanted device or material.
- C. Open reduction with internal fixation.**
  - (1) Impaired function such as shortening or deformity of an arm or leg limp or foot drop.
  - (2) Blood vessel or nerve injury.
  - (3) Pain or discomfort.
  - (4) Fat escaping from bone with possible damage to vital organ.
  - (5) Failure of bone to heal.
  - (6) Bone infection.
  - (7) Removal of replacement of any implanted device or material organ.
- D. Osteotomy**
  - (1) Impaired function such as shortening or deformity of an arm or leg limp or foot drop.
  - (2) Blood vessel or nerve injury.
  - (3) Pain or discomfort.
  - (4) Fat escaping from bone with possible damage to vital organ.
  - (5) Failure of bone to heal.
  - (6) Bone infection.
  - (7) Removal of replacement of any implanted device or material organ.
- E. Ligaments reconstruction of joints.**
  - (1) Failure of reconstruction to work.
  - (2) Continued loosening of the joint.
  - (3) Degenerative arthritis.
  - (4) Continued pain.
  - (5) Increased stiffening.
  - (6) Bone infection.
  - (7) Cosmetic and/or function deformity.

- F. Children's orthopedics**
  - (1) Growth deformity.
  - (2) Additional surgery.

|                     |
|---------------------|
|                     |
| Patient<br>Initials |

**VI. NERVOUS SYSTEM TREATMENTS AND PROCEDURES**

- 1. Peripheral nerve operations, nerve grafts, decompression, transposition or tumor removal, neuroorrhaphy, neurectomy or neurolysis.**
  - a. Numbness
  - b. Impaired muscle function
  - c. Recurrence or persistence of the condition that required the operation
  - d. Continued, increased or different pain

|                     |
|---------------------|
|                     |
| Patient<br>Initials |

**VII. SPECIALTY SURGICAL PROCEDURES (ADDITIONAL)**

- A. Podiatry**
  - (1) Impairment function such as shortening of toe.
  - (2) Blood Vessels or nerve injury.
  - (3) Pain and/or Discomfort
  - (4) Fat escaping from bone with possible damage to vital organs
  - (5) Failure of bone to heal.
  - (6) Numbness.
  - (7) Impaired muscle function.
  - (8) Recurrence or persistent of the condition that required the operation.
  - (9) Continued losing of joint.
  - (10) Continued, increased or different pain.
  - (11) Failure of reconstruction to work.
  - (12) Degenerative arthritis.
  - (13) Increased stiffening.
  - (14) Cosmetic and/or functional deformity.
  - (15) Removal of implanted material.

|                     |
|---------------------|
|                     |
| Patient<br>Initials |